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 ProviderConnect℠?
  - Accessing ProviderConnect℠

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 out of date)	✓Submit

How to Access ProviderConnect℠

ProviderConnect℠ Registration

- Providers register online with ProviderConnect℠
  - 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 ProviderConnect℠ log-in with instructions so that you can begin using ProviderConnect℠
- ProviderConnect℠ 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

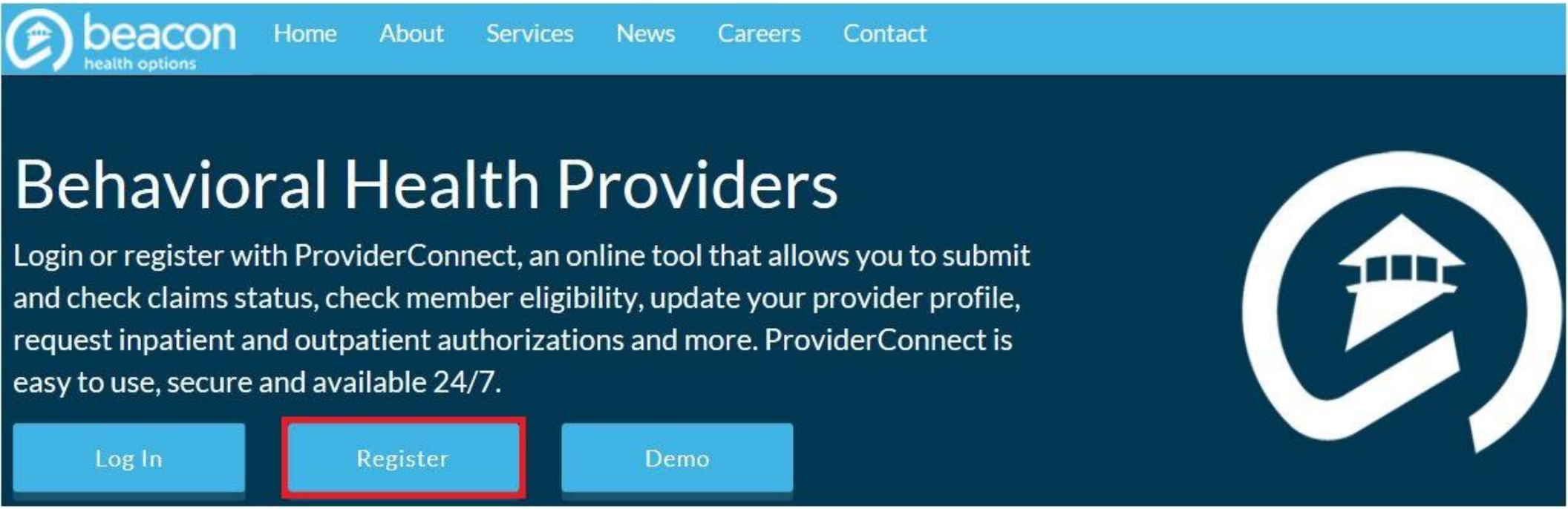
ProviderConnect^{SM} Registration

- From the homepage, click “Behavioral Health Providers”

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

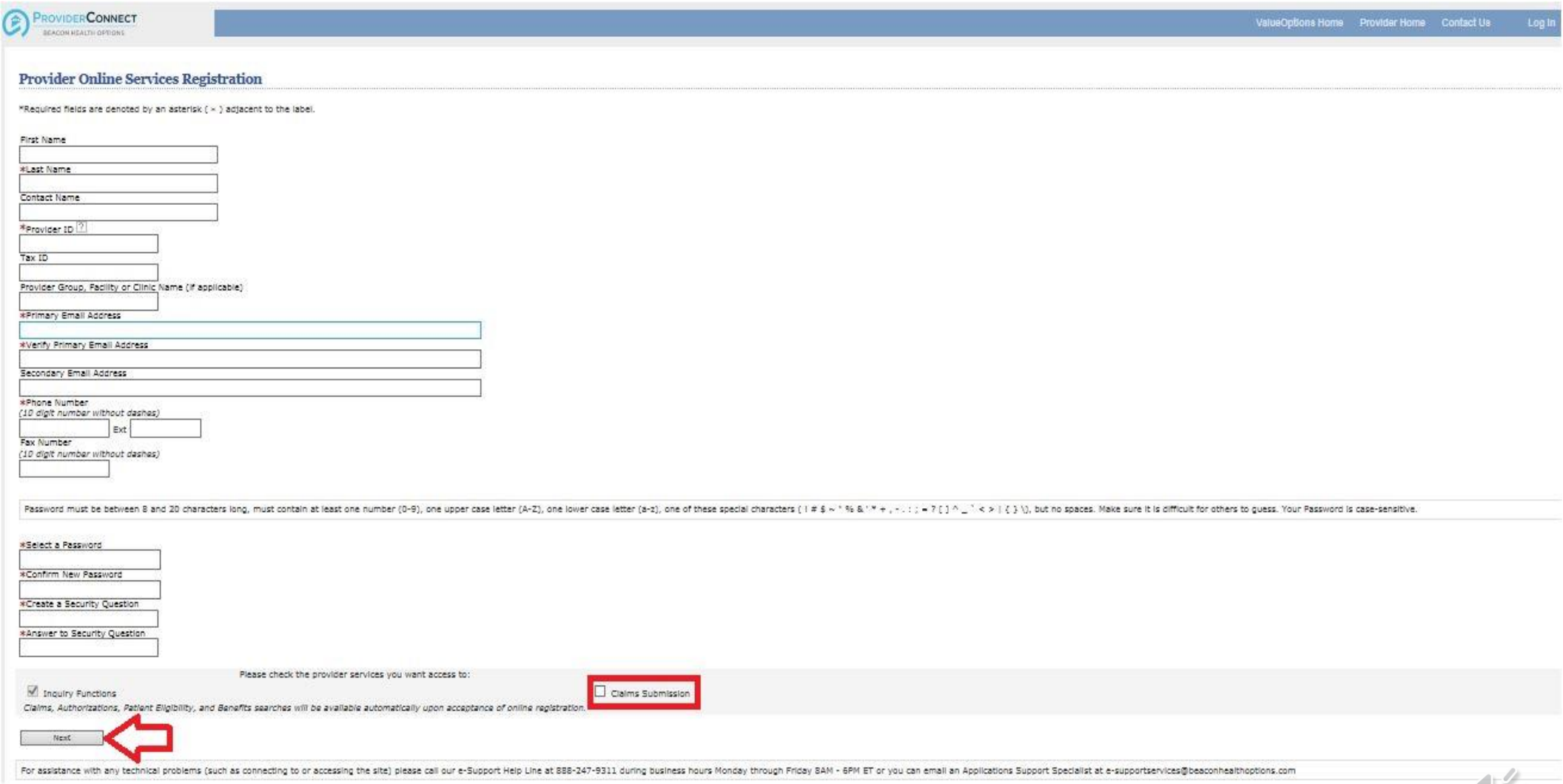
ProviderConnect^{SM} Registration Forms

- Click on the “Register” button to begin the ProviderConnect^{SM} registration process.



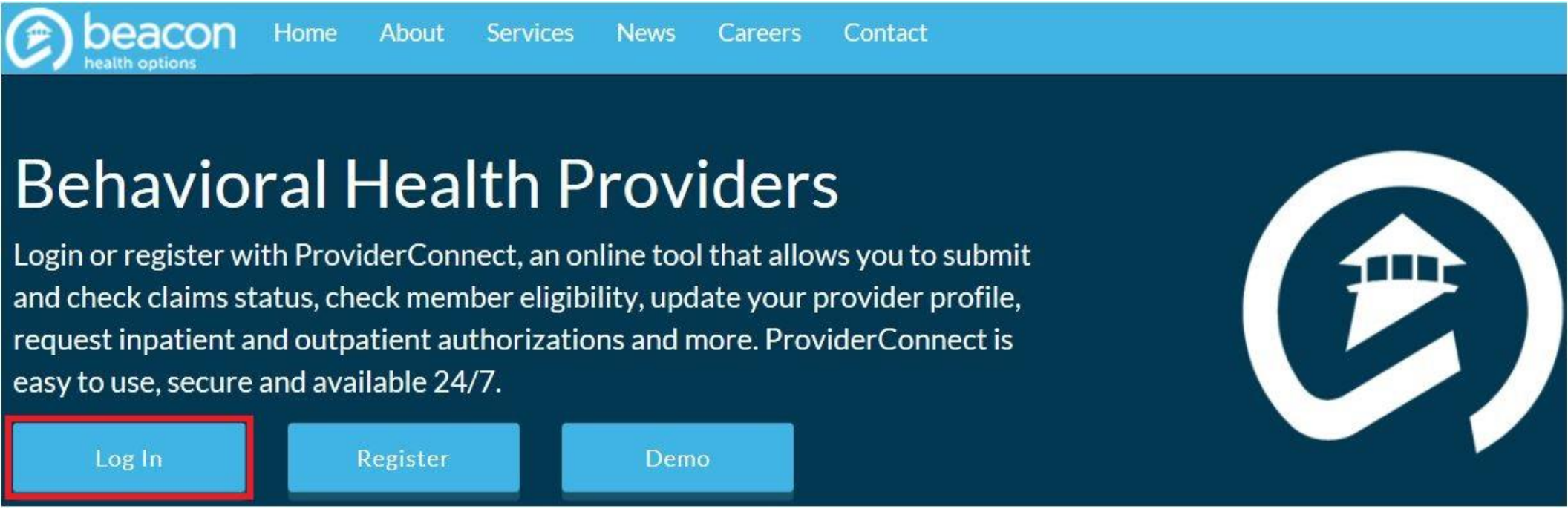
ProviderConnect[SM] Registration Forms

- 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 ProviderConnect[SM]



Accessing ProviderConnect℠

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



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

EDI Helpdesk

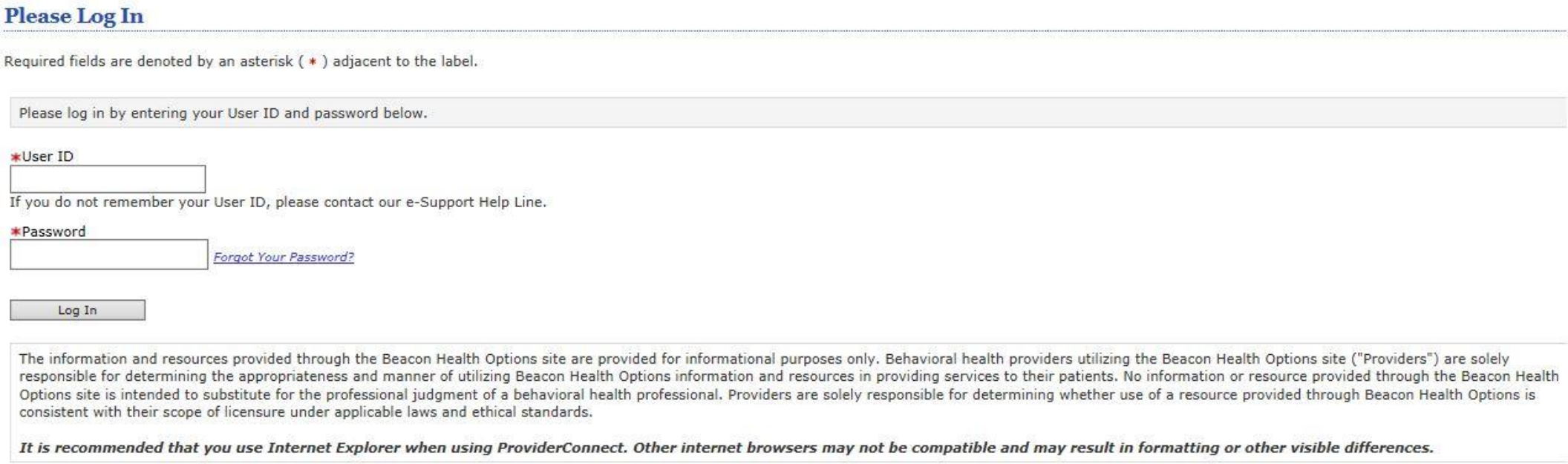
8 a.m.– 6 p.m. ET, Monday through Friday

Phone: 888-247-9311

Email: e-supportservices@beaconhealthoptions.com

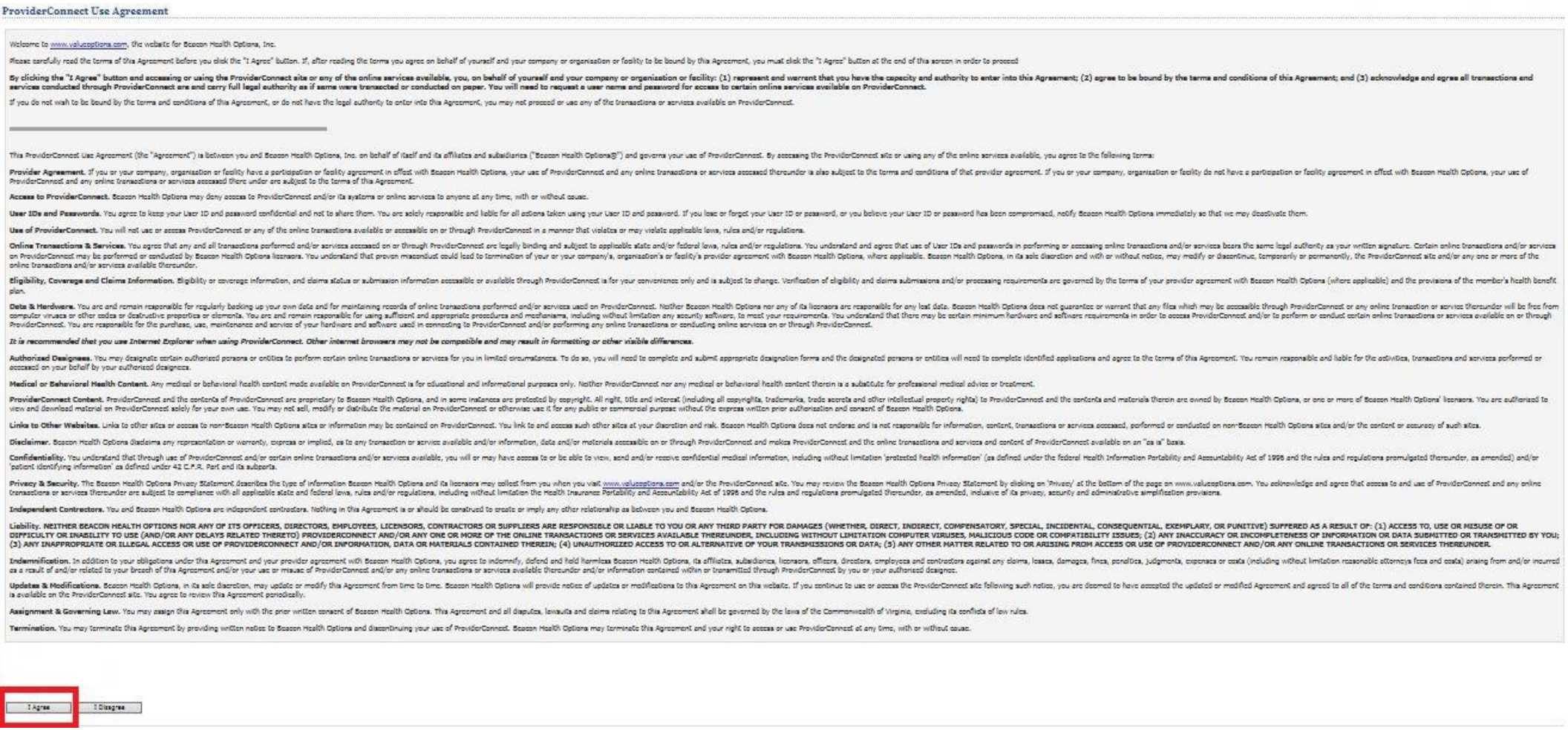
Logging into ProviderConnect℠

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



Logging into ProviderConnect℠

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



ProviderConnect Use Agreement

Welcome to www.valuecptions.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 there under 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 licensors. 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 licensors 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 sufficient 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. You are responsible for the purchase, use, maintenance and service of your hardware and software used in connecting to ProviderConnect and/or performing any online transactions or conducting online services 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.

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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 licensors may collect from you when you visit www.valuecptions.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.valuecptions.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 ALTERNATIVE 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, licensors, 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 designee.

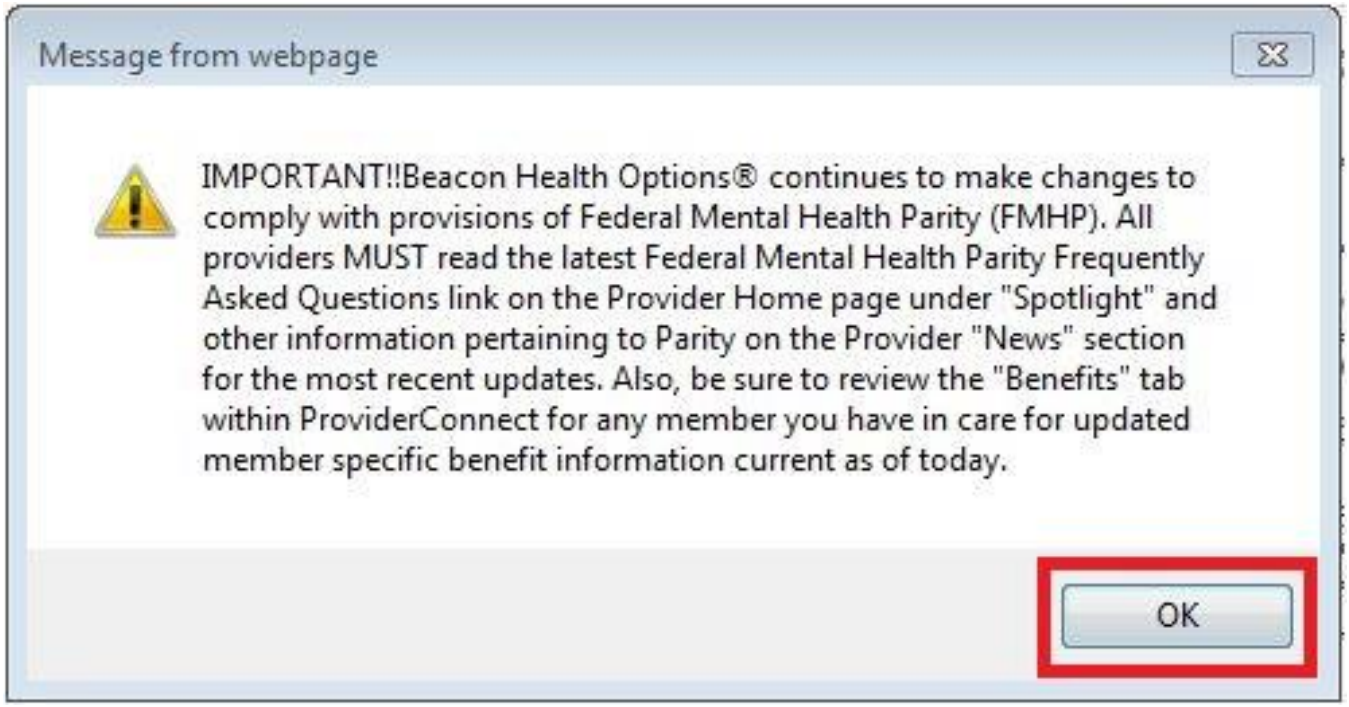
Updates & Modifications. Beacon Health Options, in its sole discretion, may update or modify this Agreement from time to time. Beacon Health Options will provide notice of updates or modifications to this Agreement on this website. If you continue to use or access the ProviderConnect site following such 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.

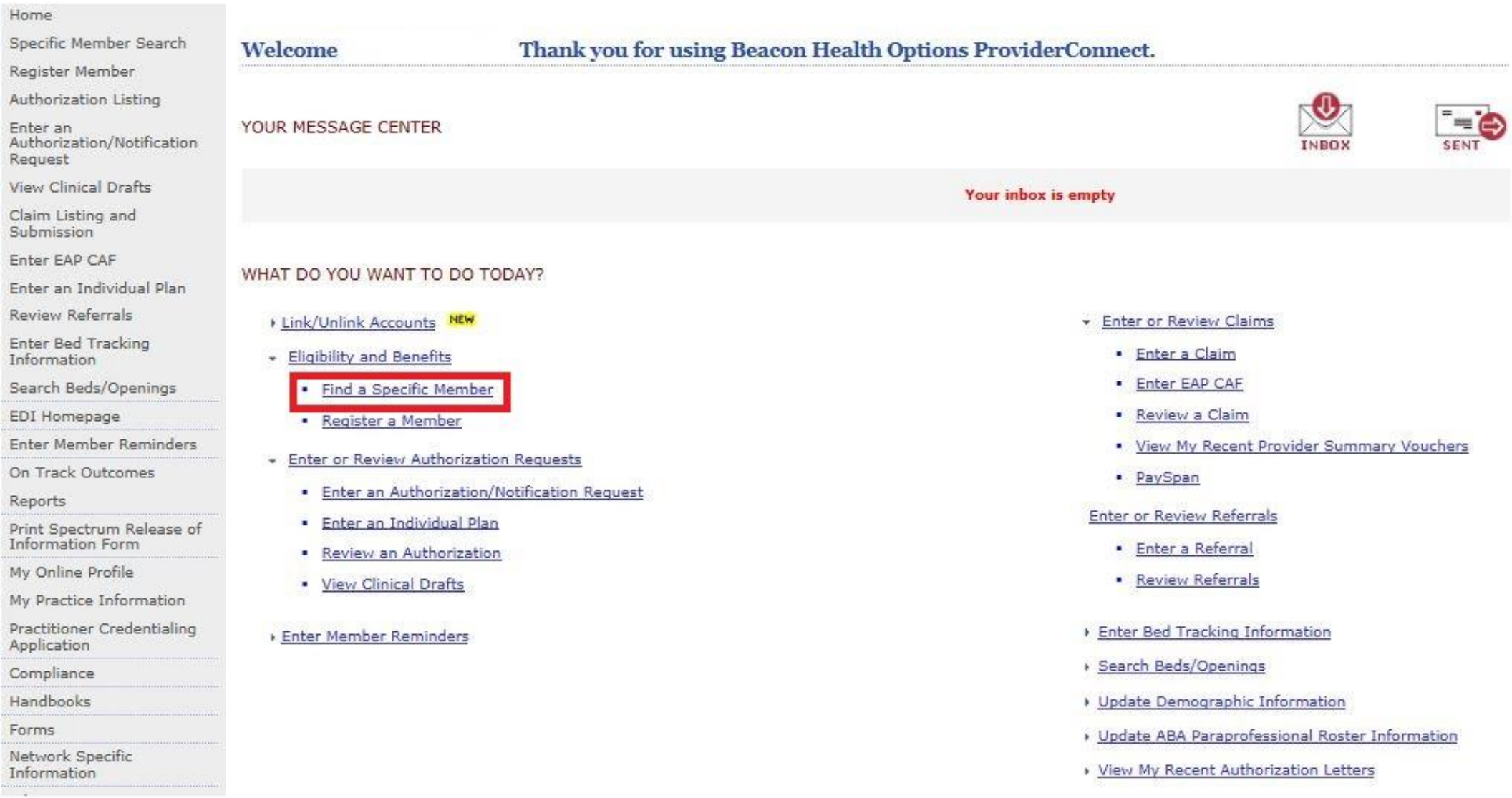
I Agree | I Disagree

Logging into ProviderConnect℠



Verifying Participant Eligibility

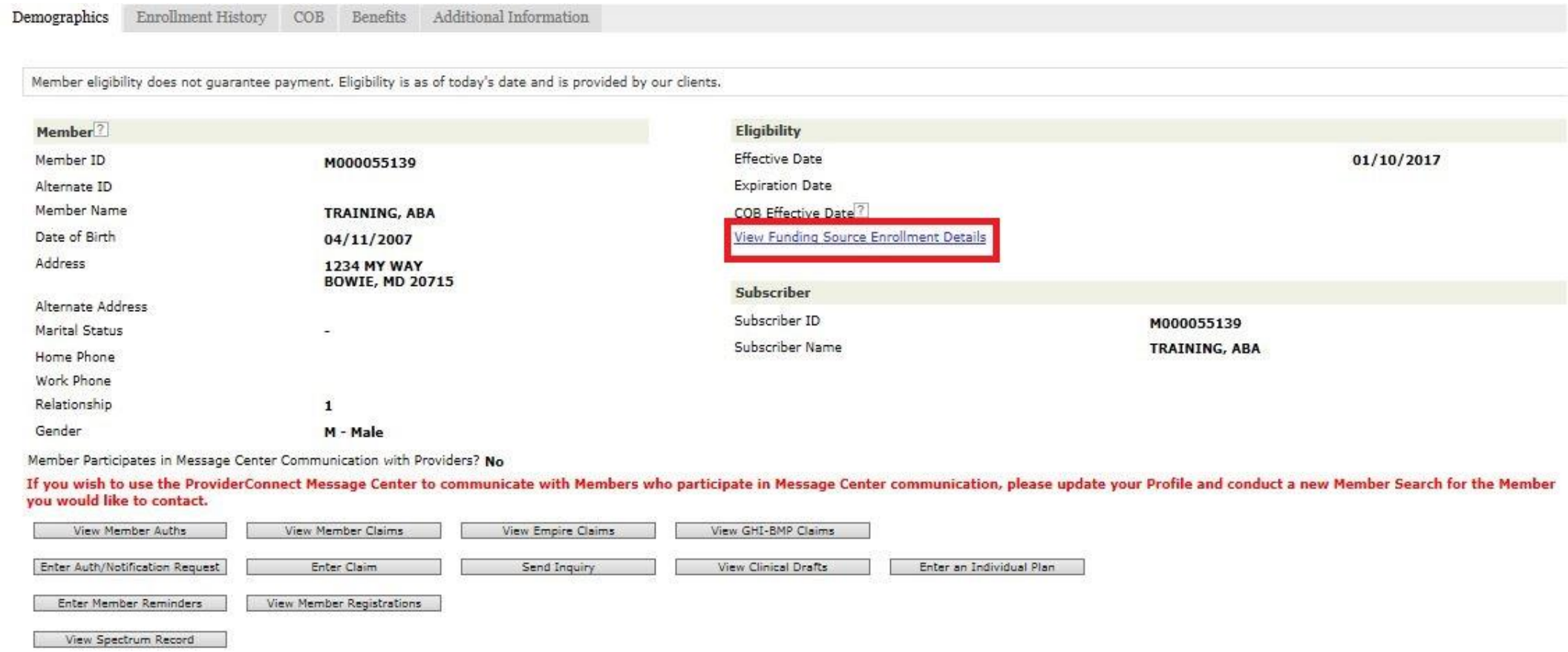
Checking Participant Eligibility



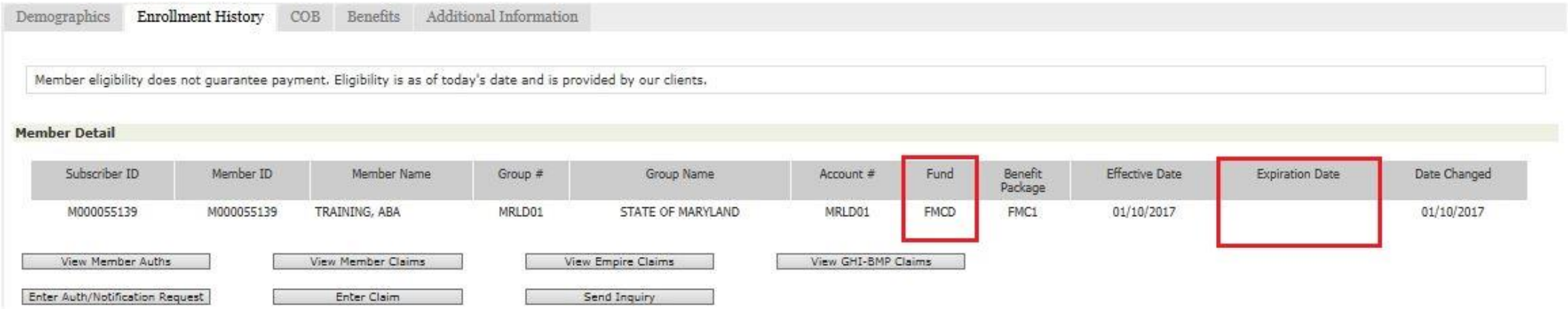
Checking Participant Eligibility

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

Checking Participant Eligibility



Checking Participant Eligibility

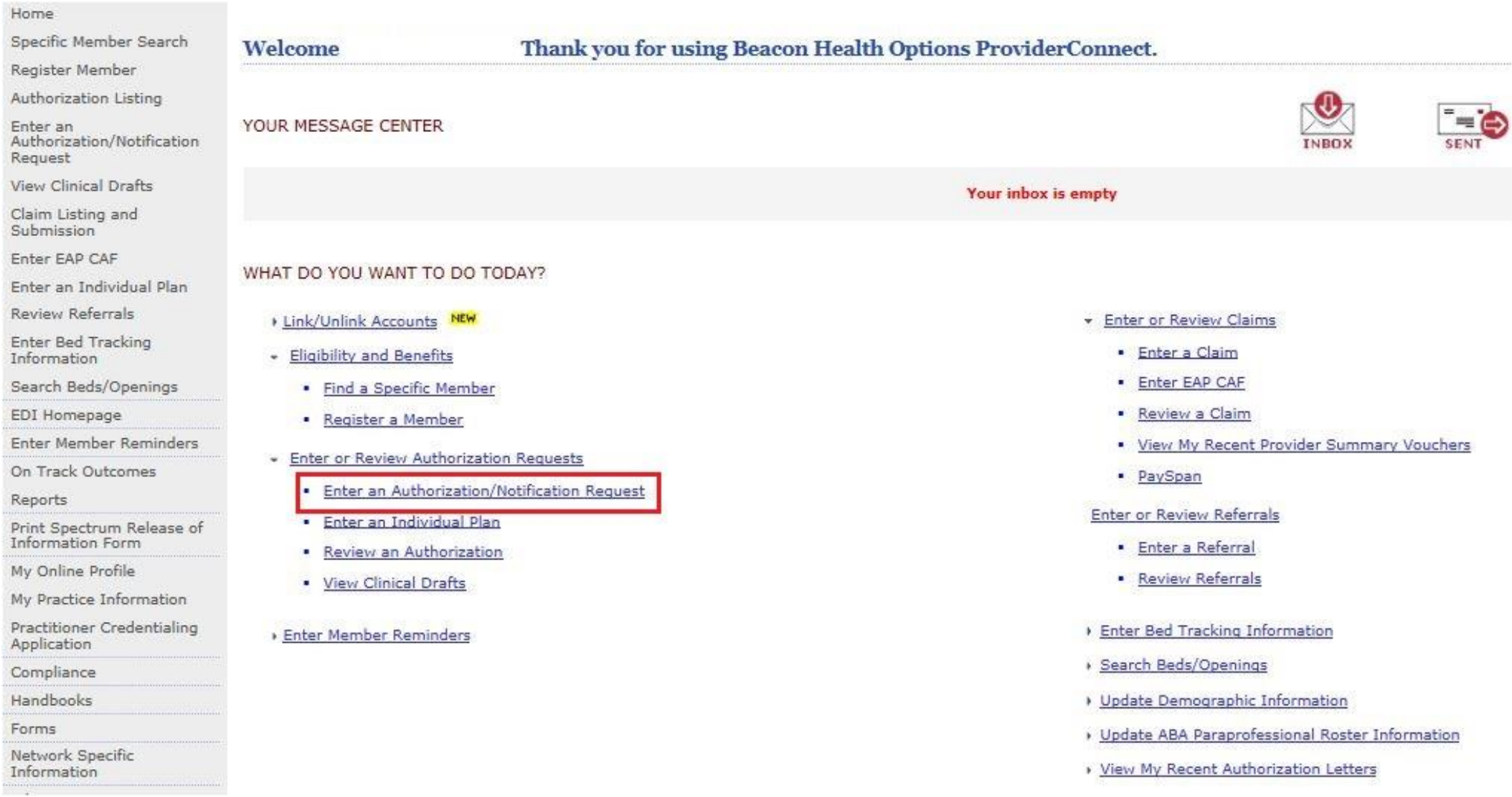


Authorizations

Authorizing ABA Services

- ABA services through Beacon require prior authorization as requested within ProviderConnect℠
- An authorization letter will be generated through and posted in ProviderConnect℠ 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

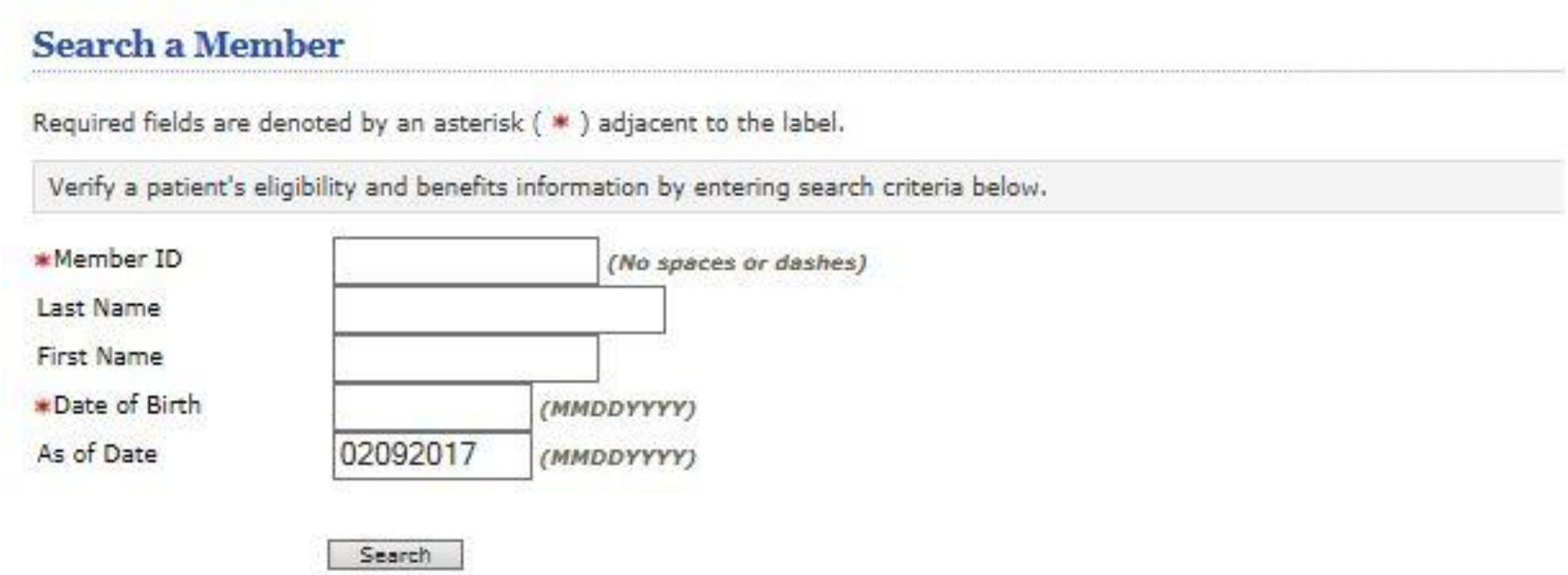


Disclaimer

- Read the Disclaimer and click the “Next” button

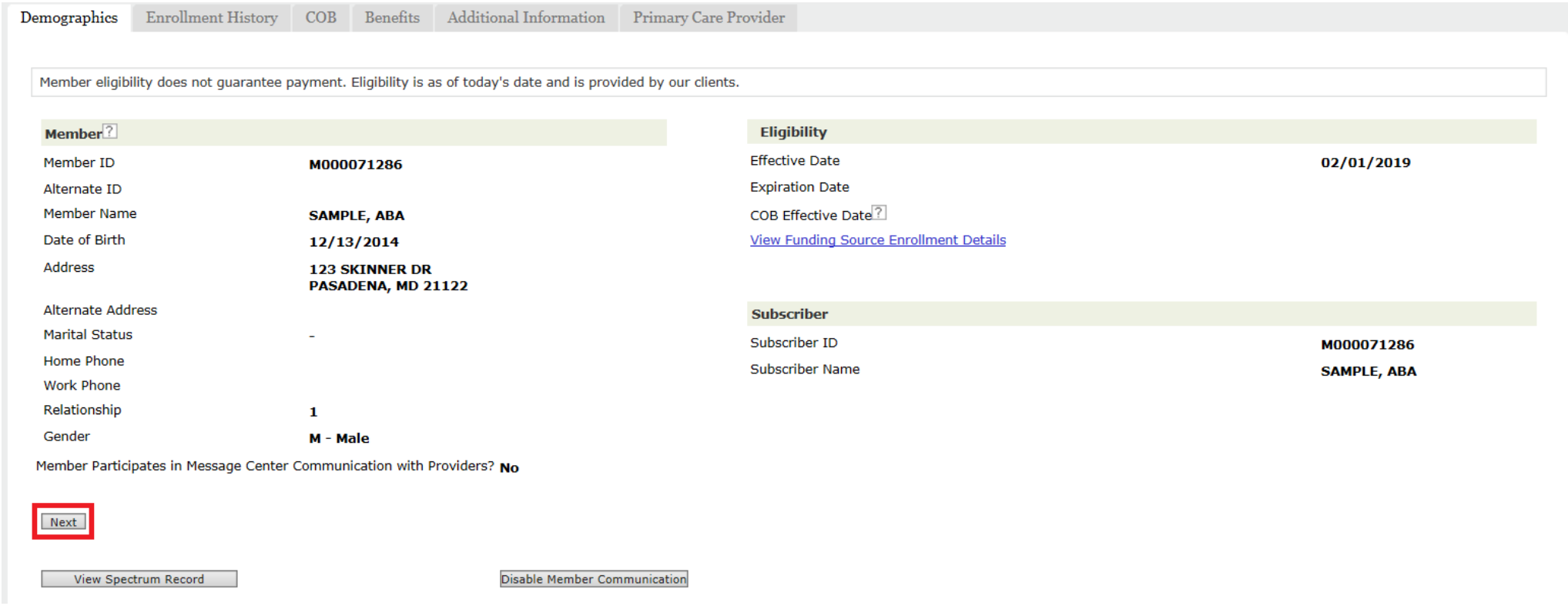
Entering an Authorization Request

- Enter the participants information that you are requesting authorization for

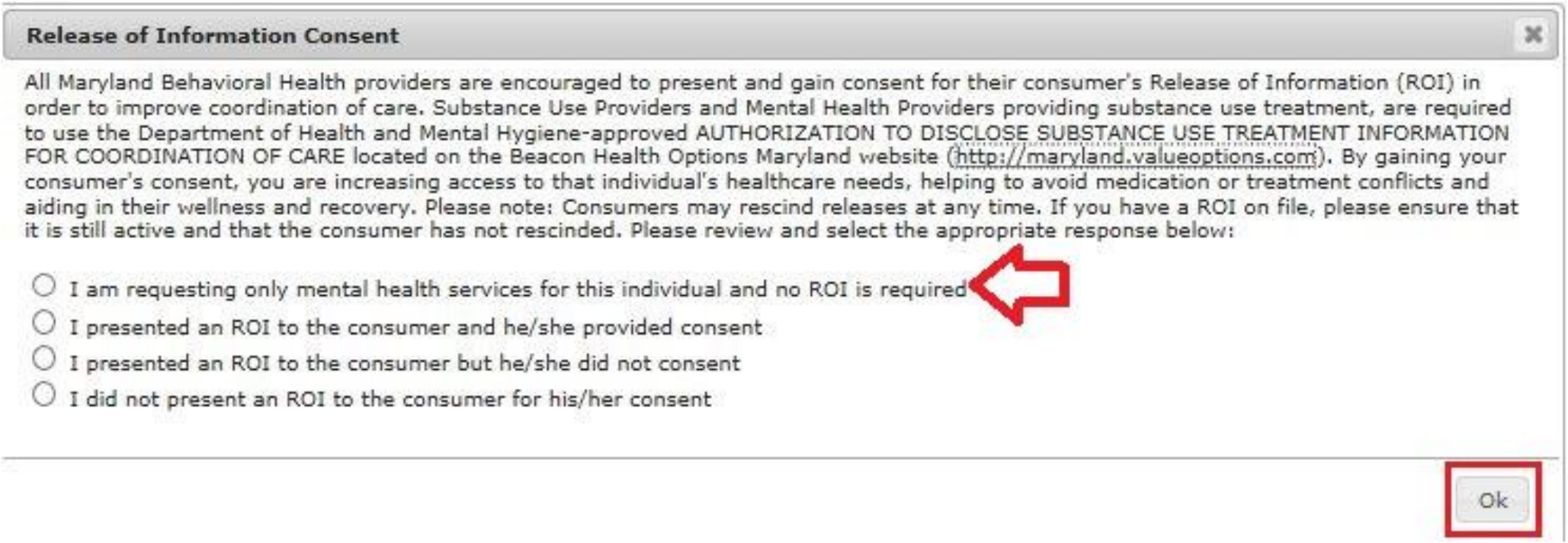


Entering Authorization Request

- Ensure correct participant is identified
- Click “Next”

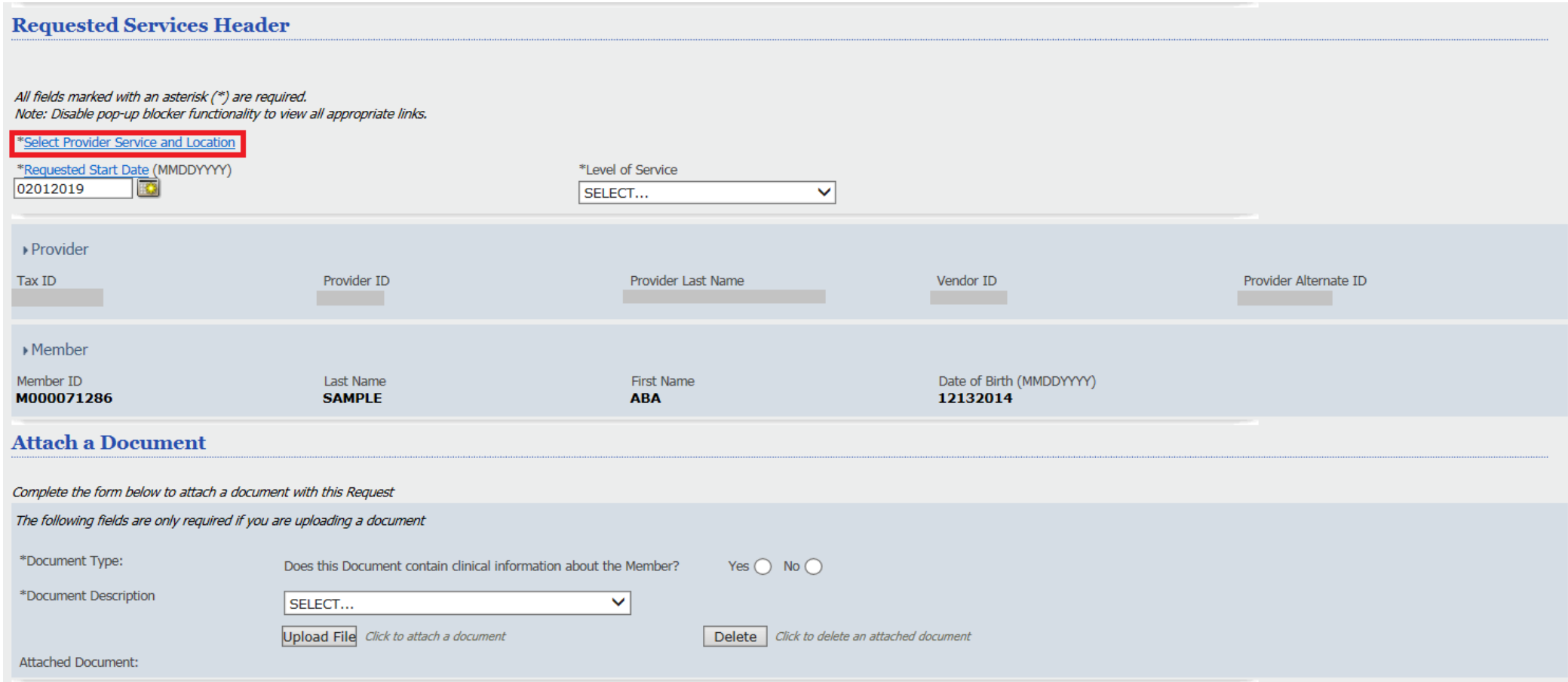


Release of Information



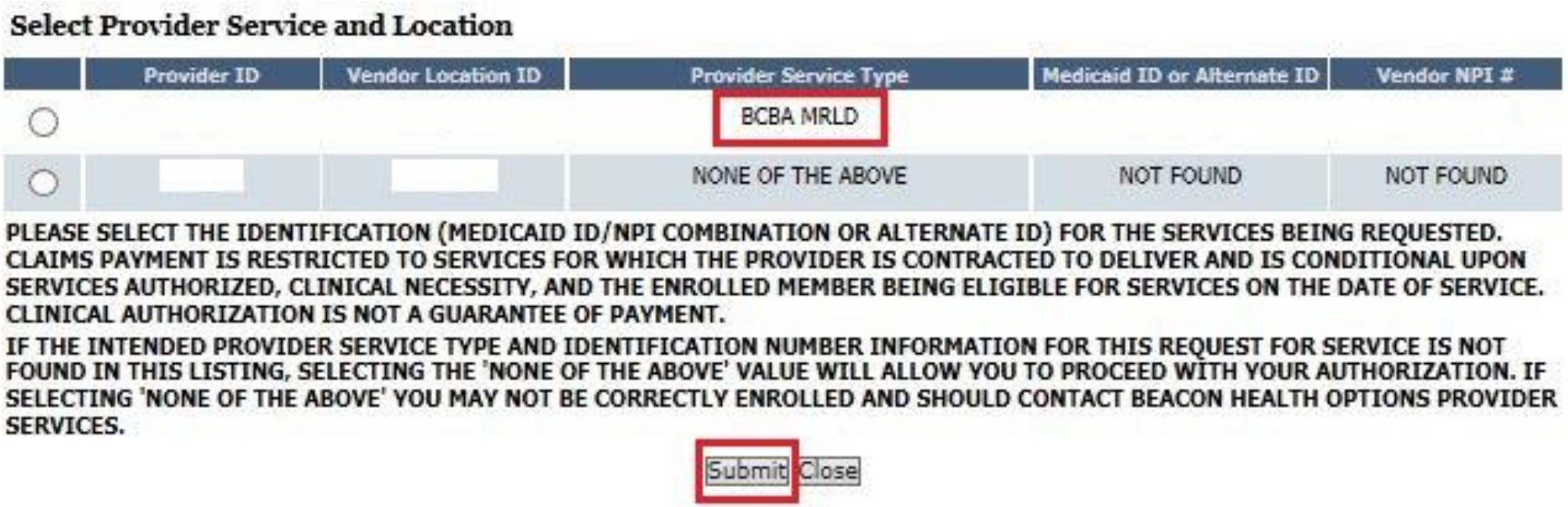
Service Address

Service Location



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 #
○			BCBA MRLD		
○			NONE OF THE ABOVE	NOT FOUND	NOT FOUND

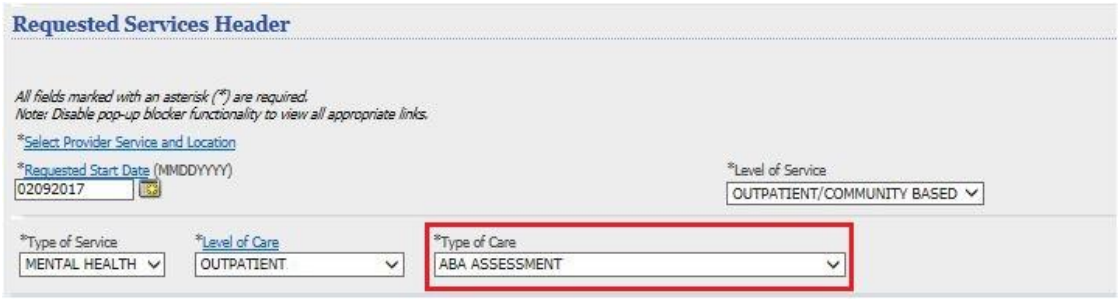
PLEASE SELECT THE IDENTIFICATION (MEDICAID ID/NPI COMBINATION OR ALTERNATE ID) FOR THE SERVICES BEING REQUESTED. CLAIMS PAYMENT IS RESTRICTED TO SERVICES FOR WHICH THE PROVIDER IS CONTRACTED TO DELIVER AND IS CONDITIONAL UPON SERVICES AUTHORIZED, CLINICAL NECESSITY, AND THE ENROLLED MEMBER BEING ELIGIBLE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

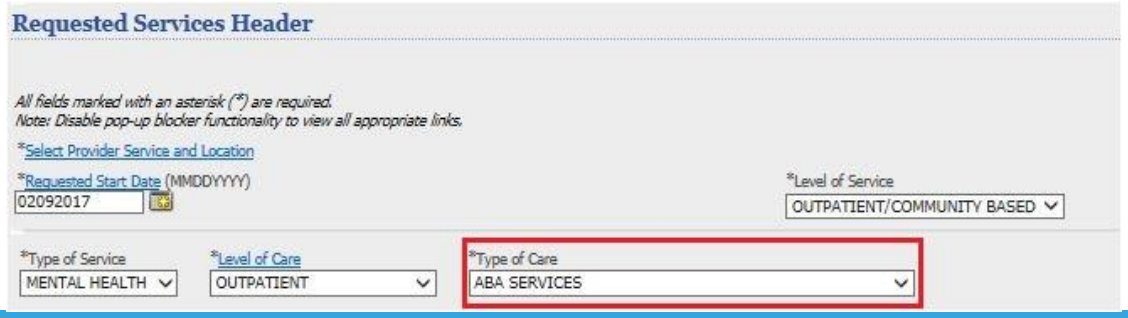
IF THE INTENDED PROVIDER SERVICE TYPE AND IDENTIFICATION NUMBER INFORMATION FOR THIS REQUEST FOR SERVICE IS NOT FOUND IN THIS LISTING, SELECTING THE 'NONE OF THE ABOVE' VALUE WILL ALLOW YOU TO PROCEED WITH YOUR AUTHORIZATION. IF SELECTING 'NONE OF THE ABOVE' YOU MAY NOT BE CORRECTLY ENROLLED AND SHOULD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

Submit Close

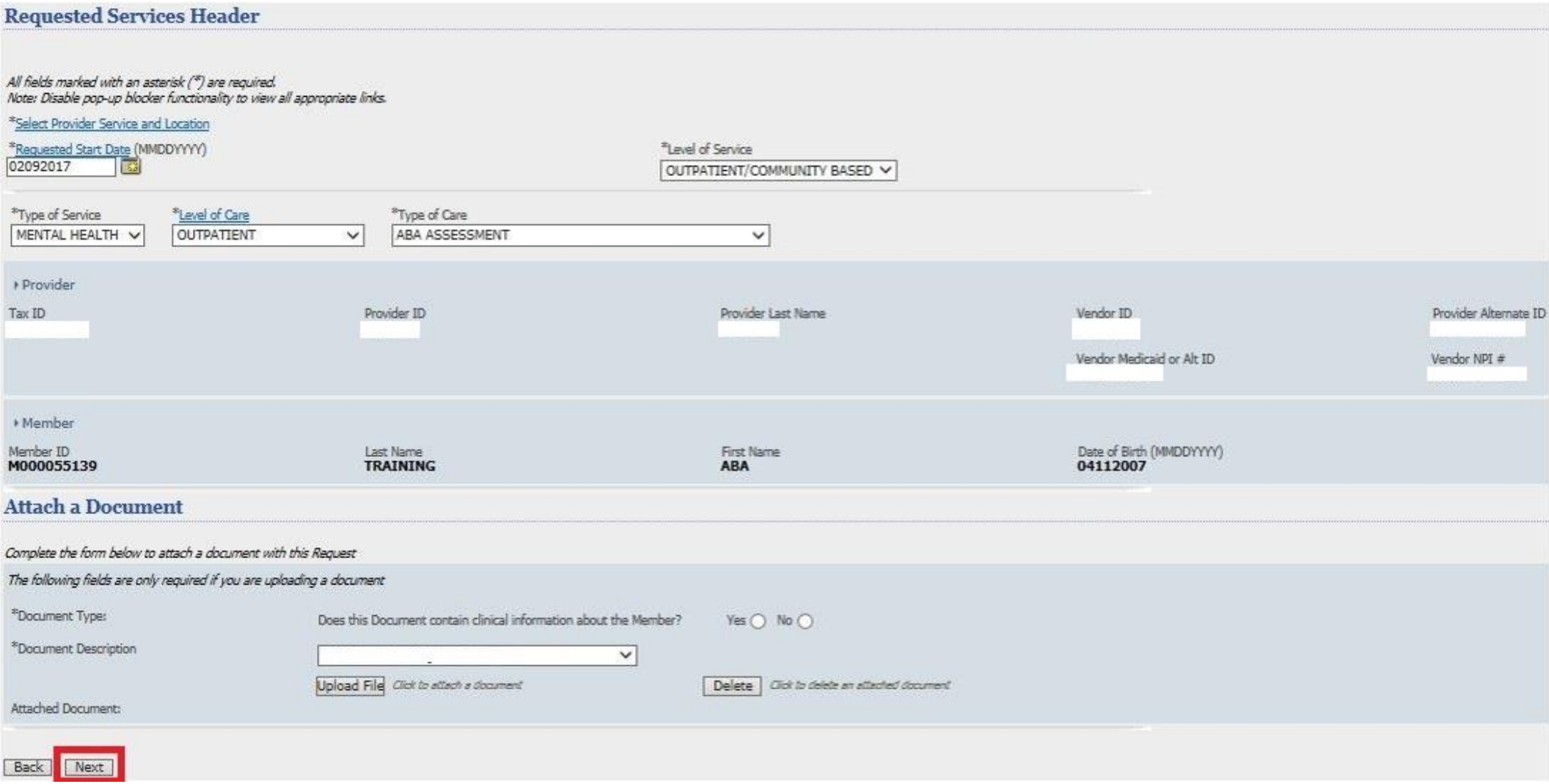
Selection of Assessment or Services

- 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

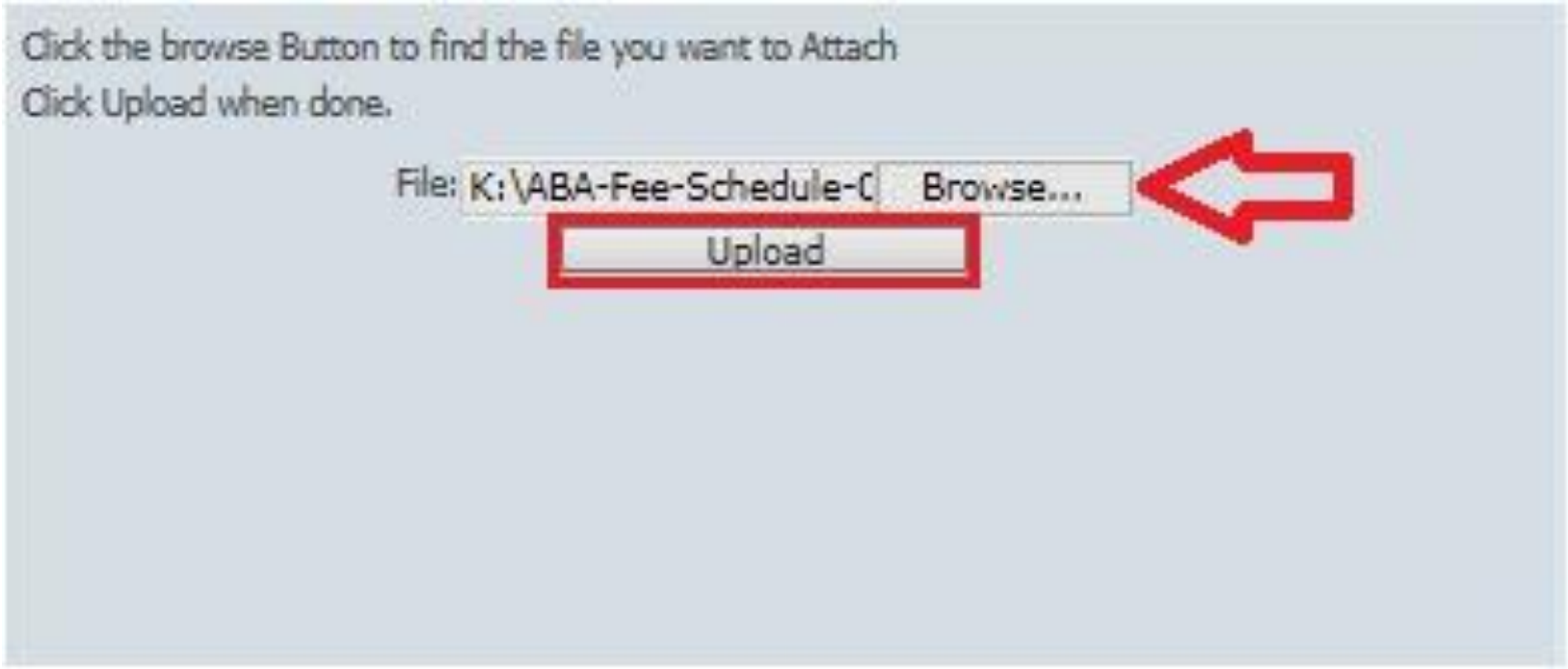




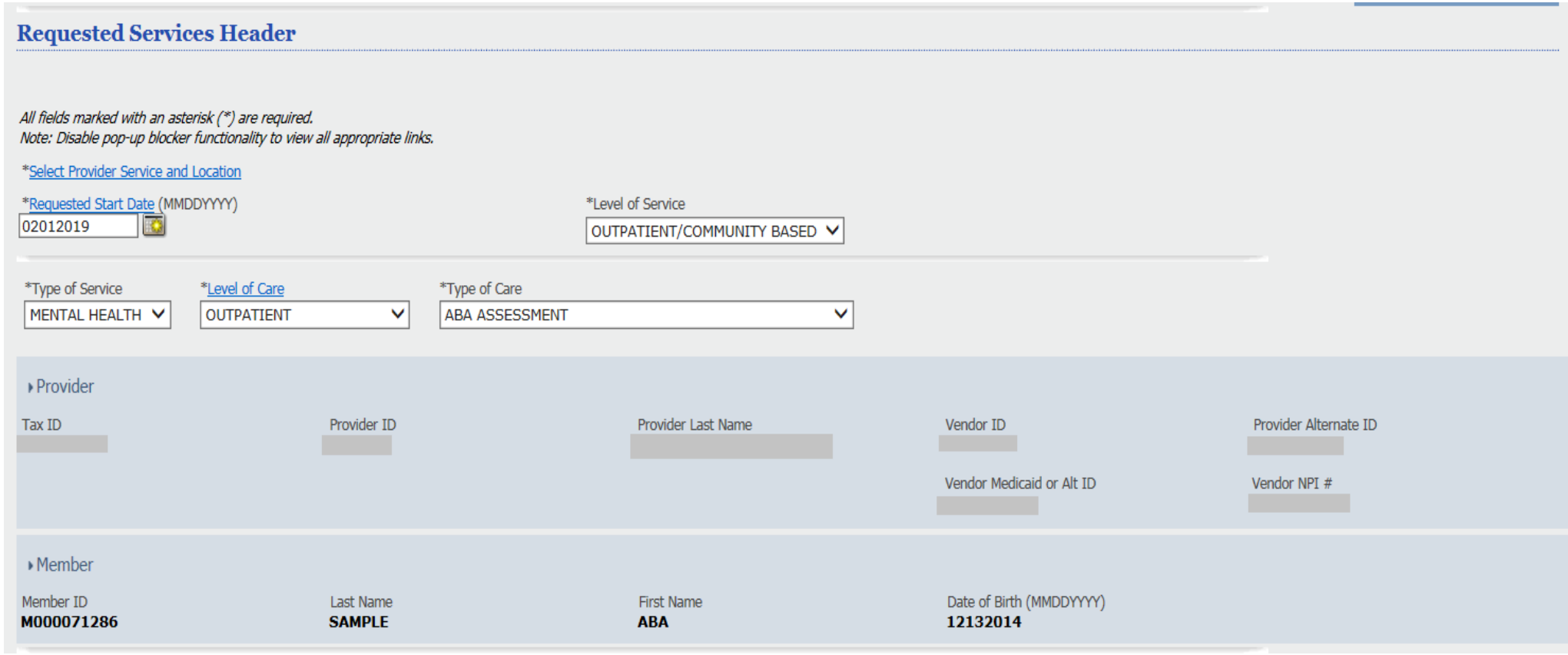
ABA Assessment



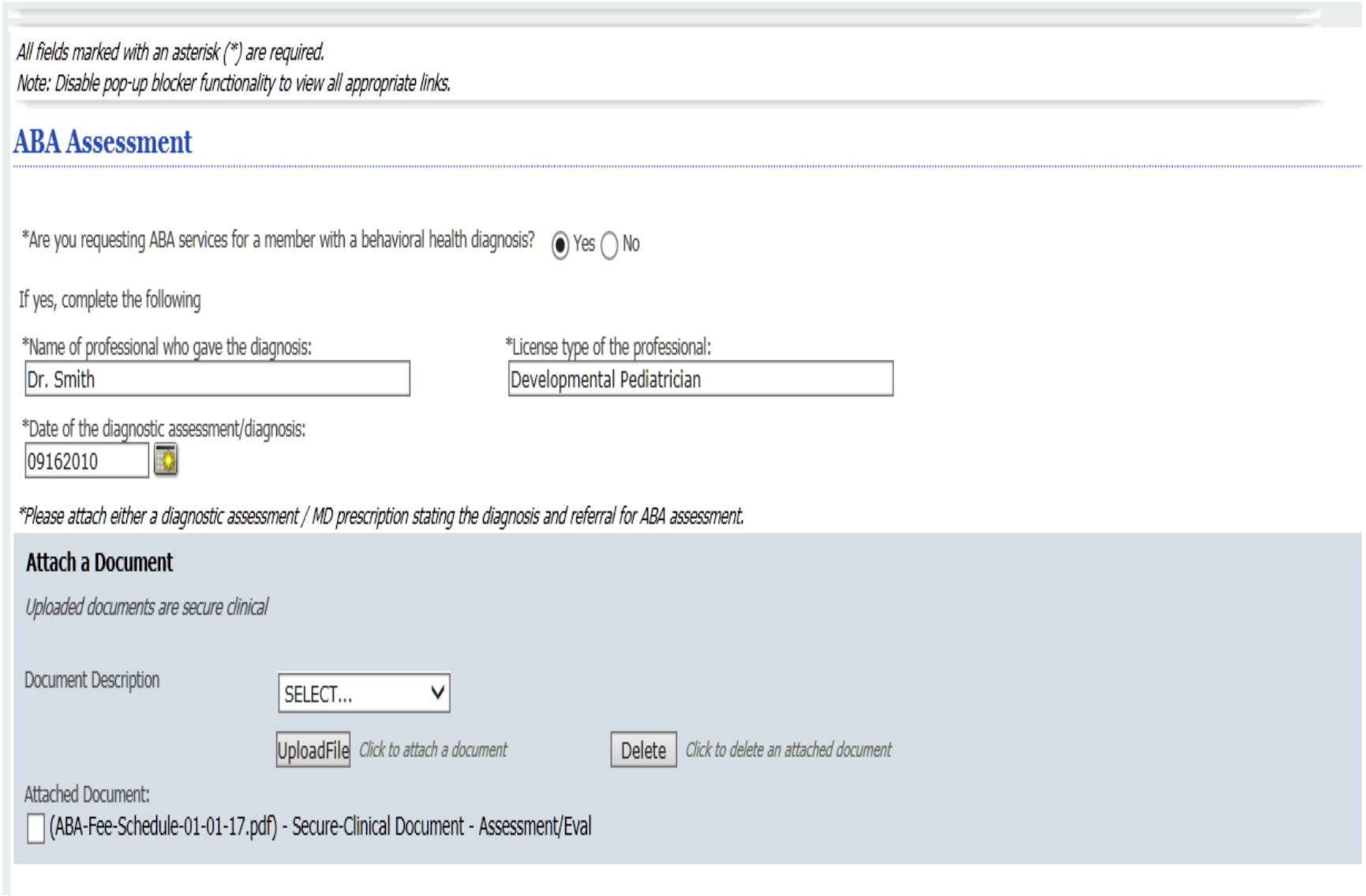
ABA Assessment



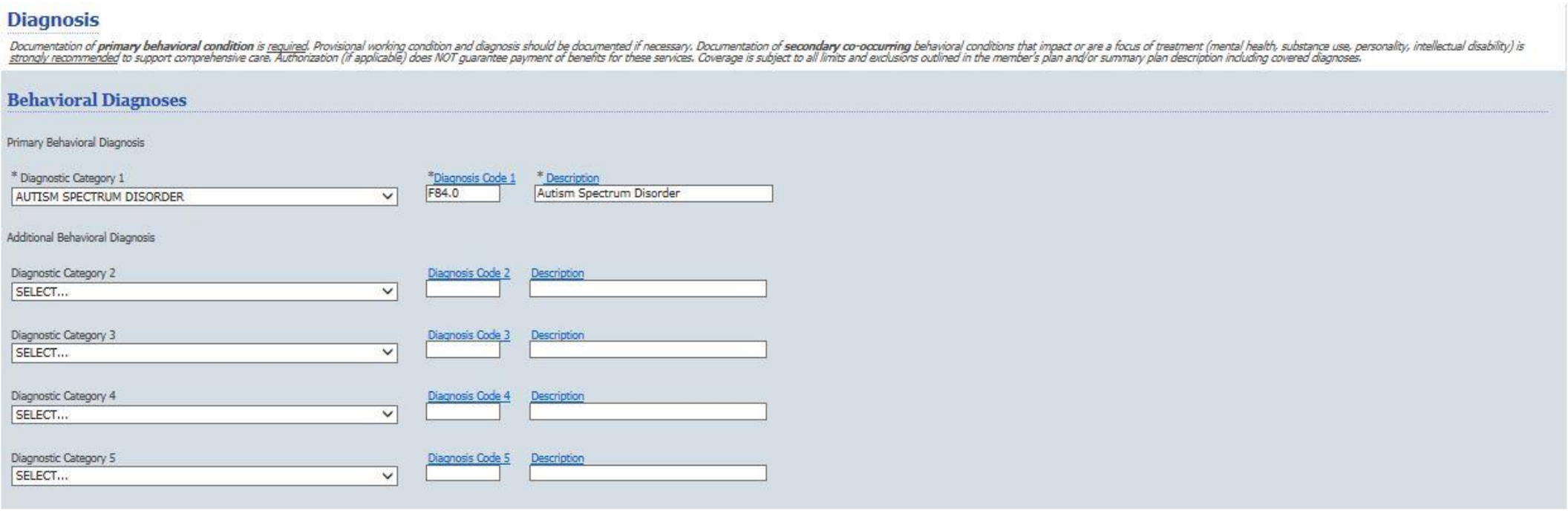
ABA Assessment



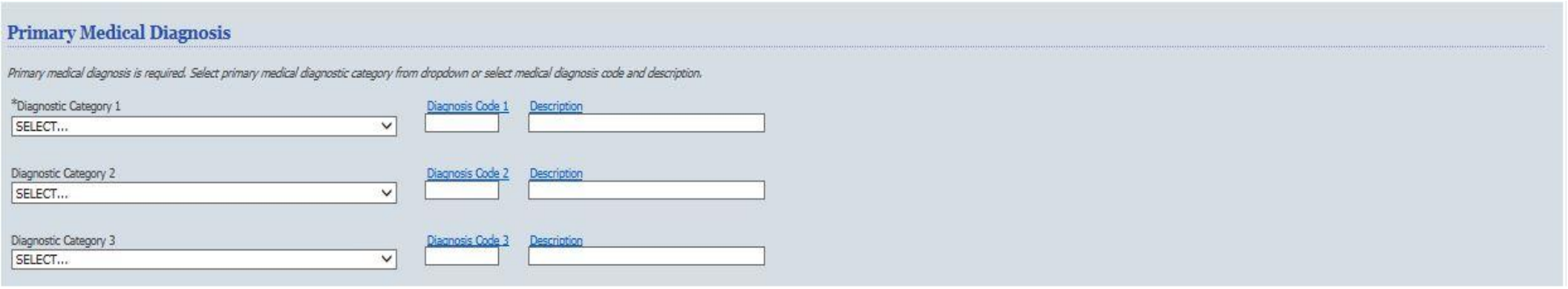
ABA Assessment



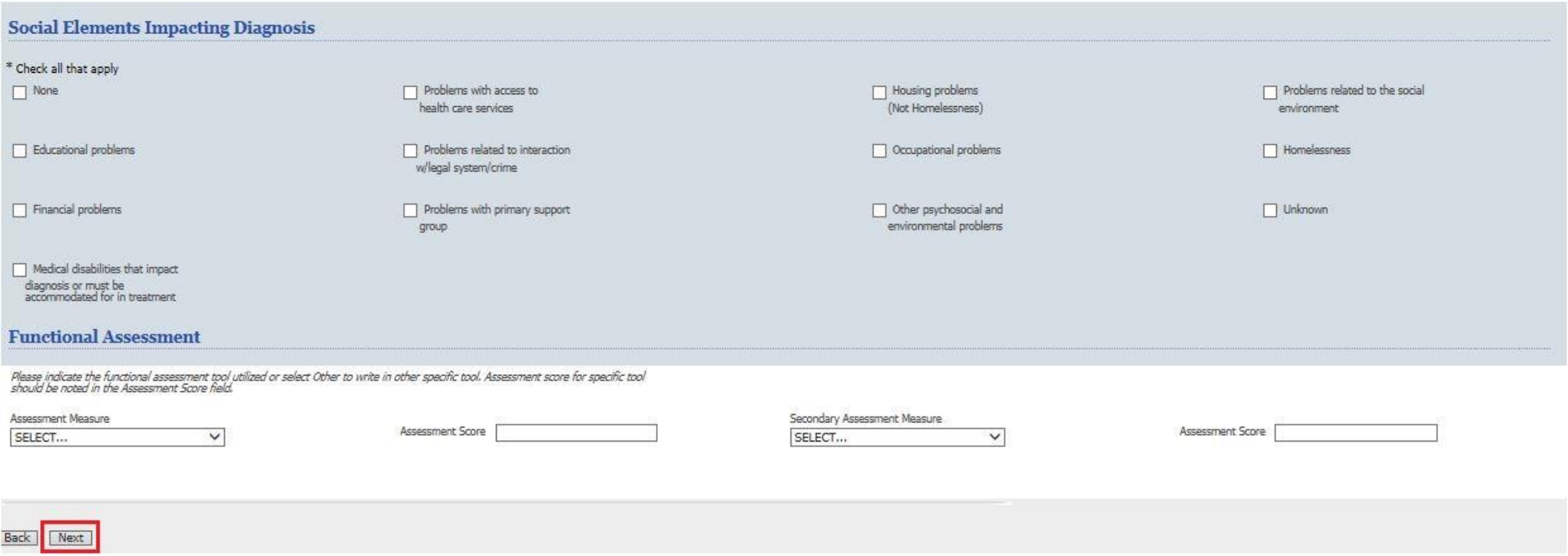
ABA Assessment
Behavioral Diagnosis



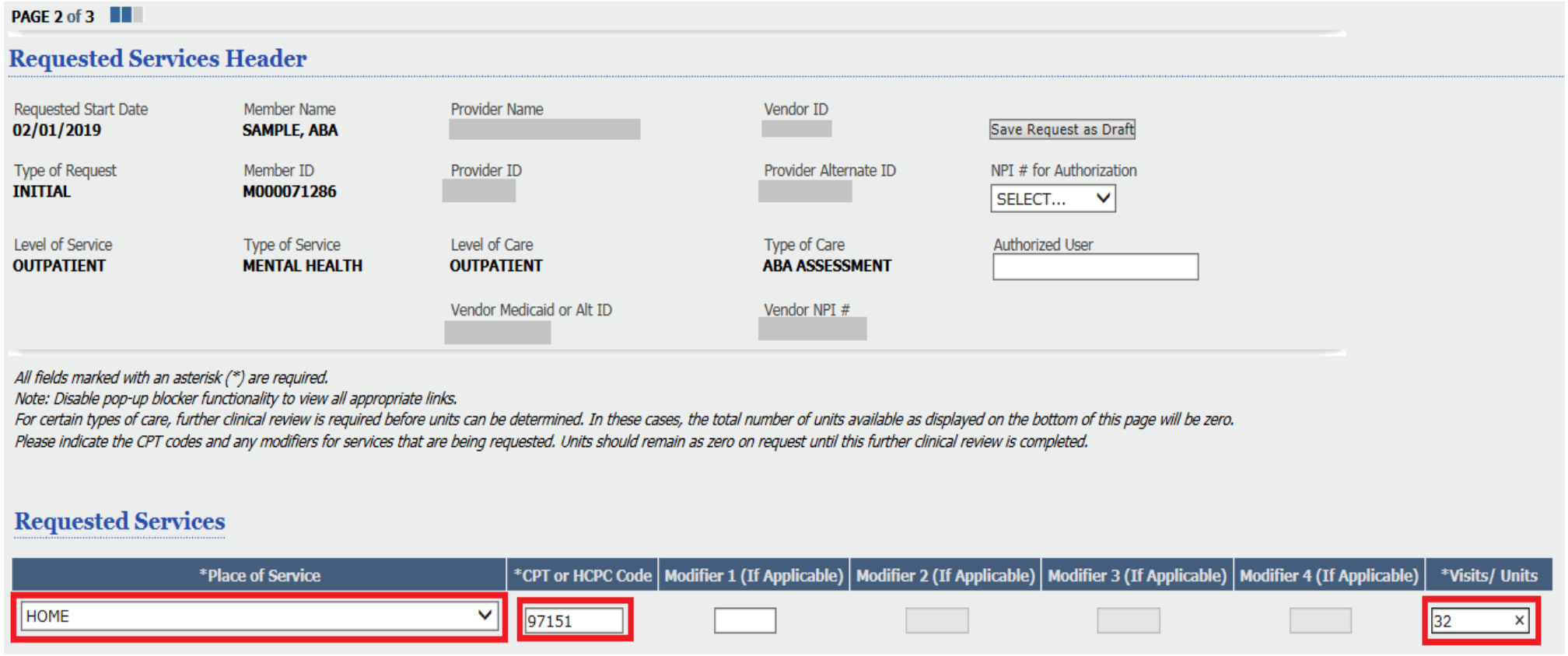
ABA Assessment
Medical Diagnosis



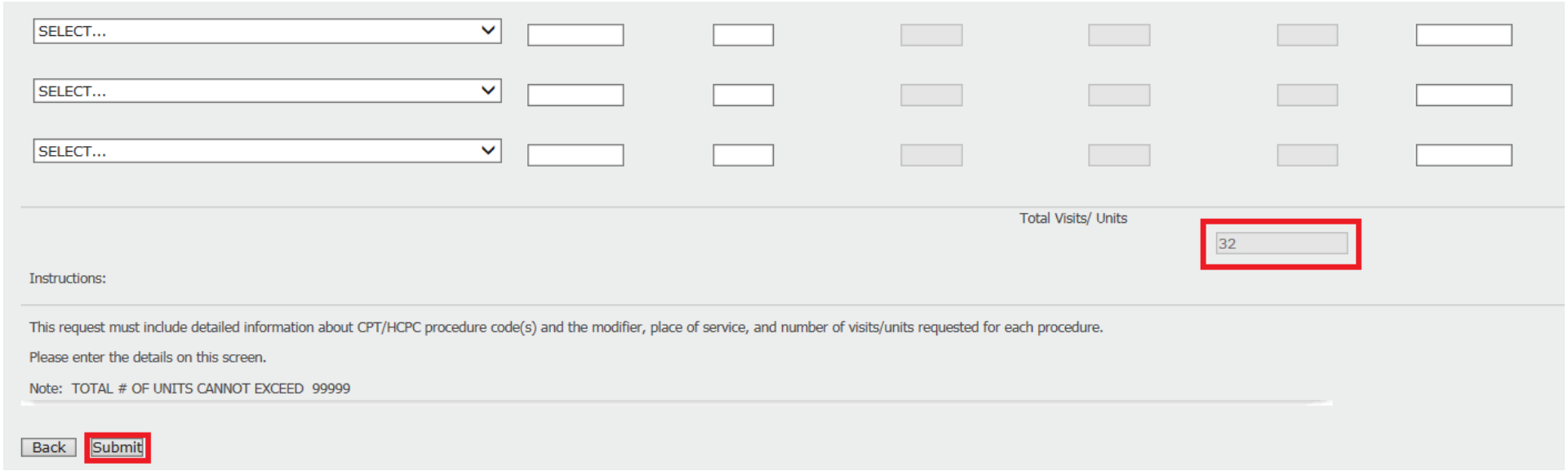
ABA Assessment
Social Elements Impacting Diagnosis



ABA Assessment
Requested Services



ABA Assessment
Requested Services



ABA Assessment Results

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	Member ID	Member DOB	Subscriber Name	Subscriber ID
ABA SAMPLE	**M000071286**	**12/13/2014**	**ABA SAMPLE**	**M000071286**

Pended 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 Alt ID

Vendor NPI #

Place of Service	CPT	Mod 1	Mod 2	Mod 3	Mod 4	Service Class	Description	Visits 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

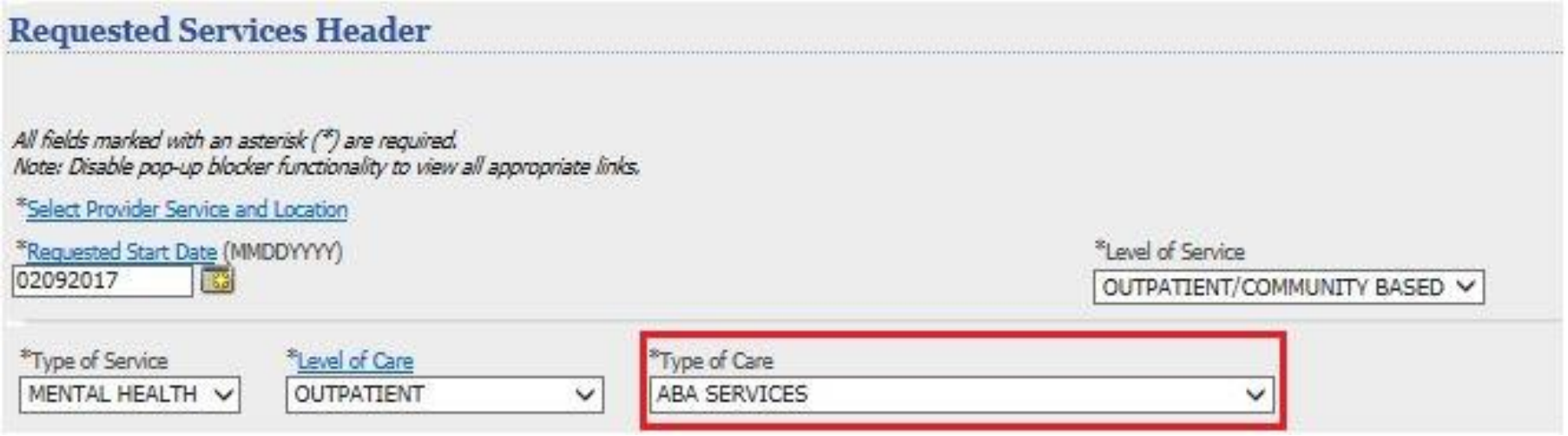
Authorization Printing & Downloading Options:
(For the best print results, please print in 'Landscape' format)

Print Authorization/Notification Result	Print Authorization/Notification Request	Download Authorization/Notification Request	Return to Provider Home
Print the Results page (this page)	*Print the entire Authorization Request*	*Download the entire Authorization Request*	*Return to the ProviderConnect homepage*

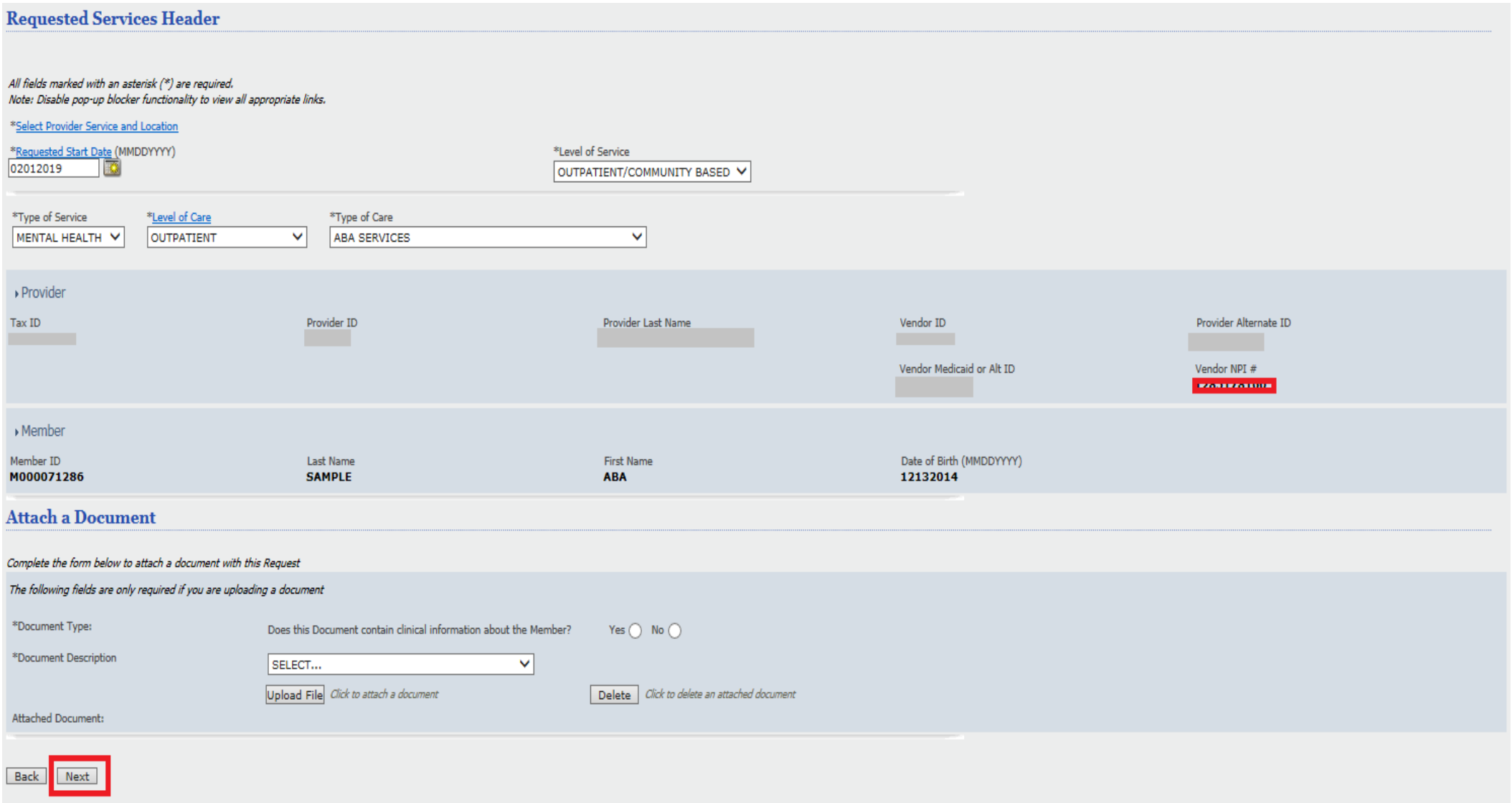
Selection of ABA Services

- To enter a request for ABA treatment, complete the following steps

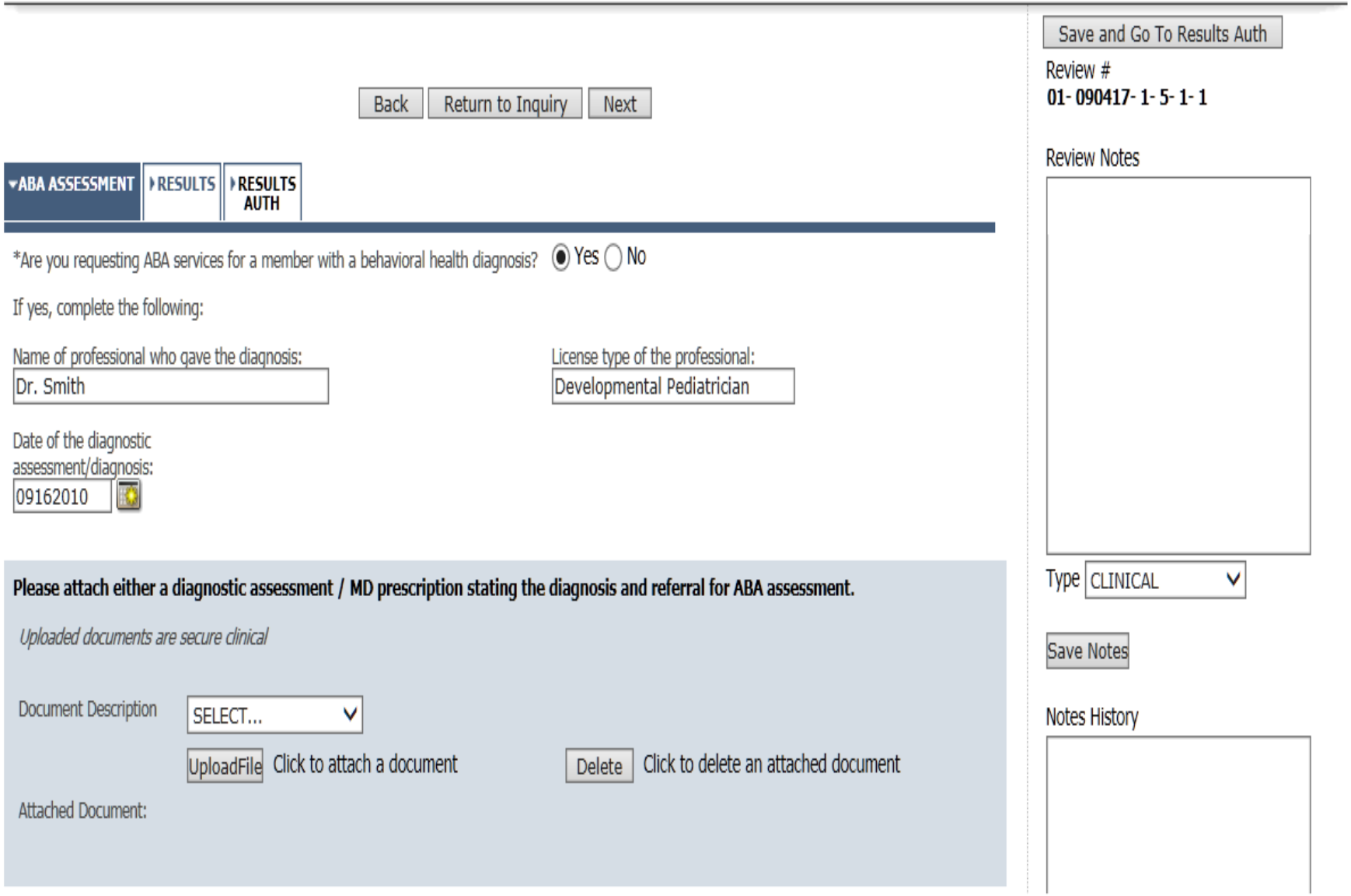
1. Select Level of Service: Outpatient/Community Based; Type of Service: Mental Health; Level of Care: Outpatient; and Type of Care: ABA Services



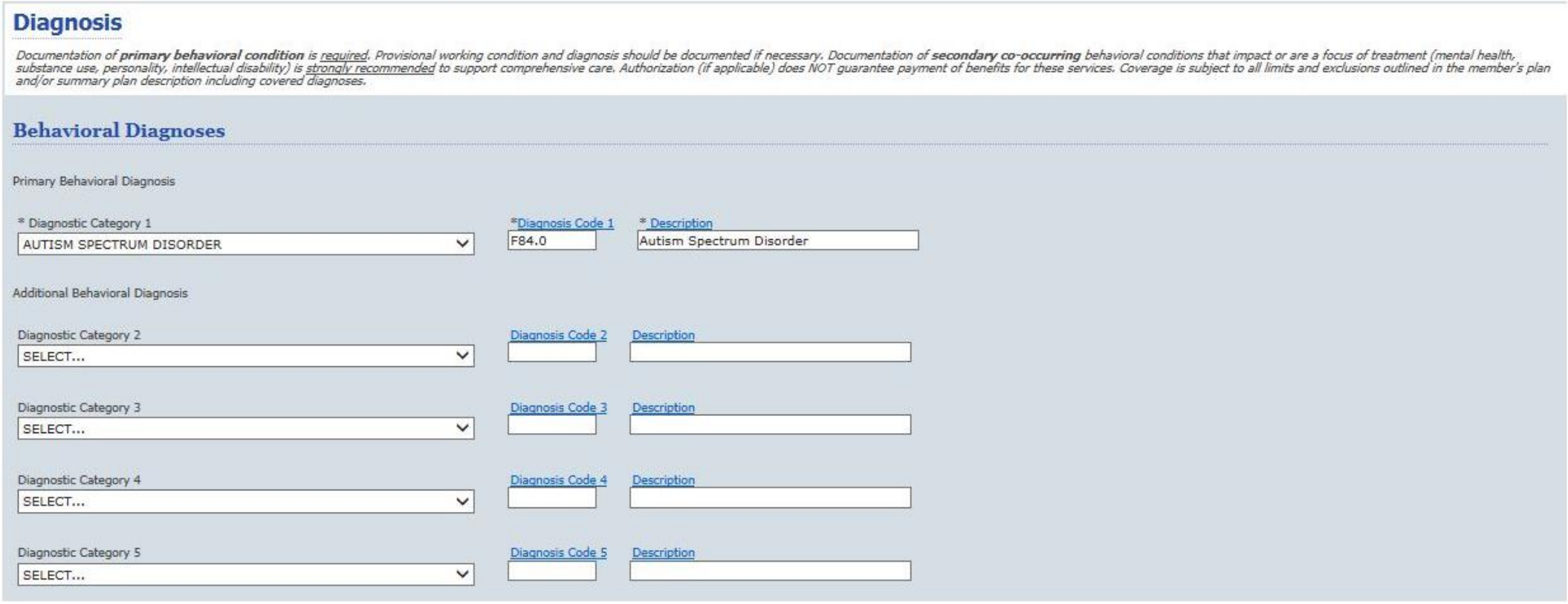
ABA Services



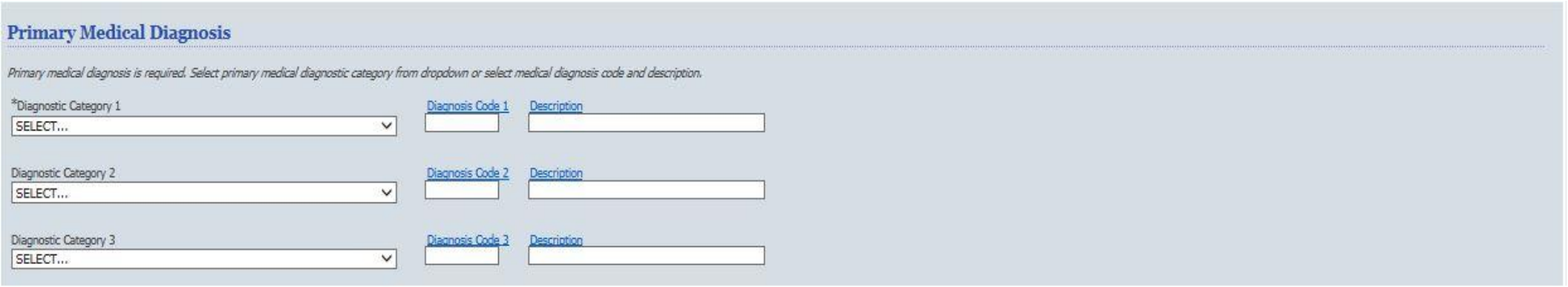
ABA Services



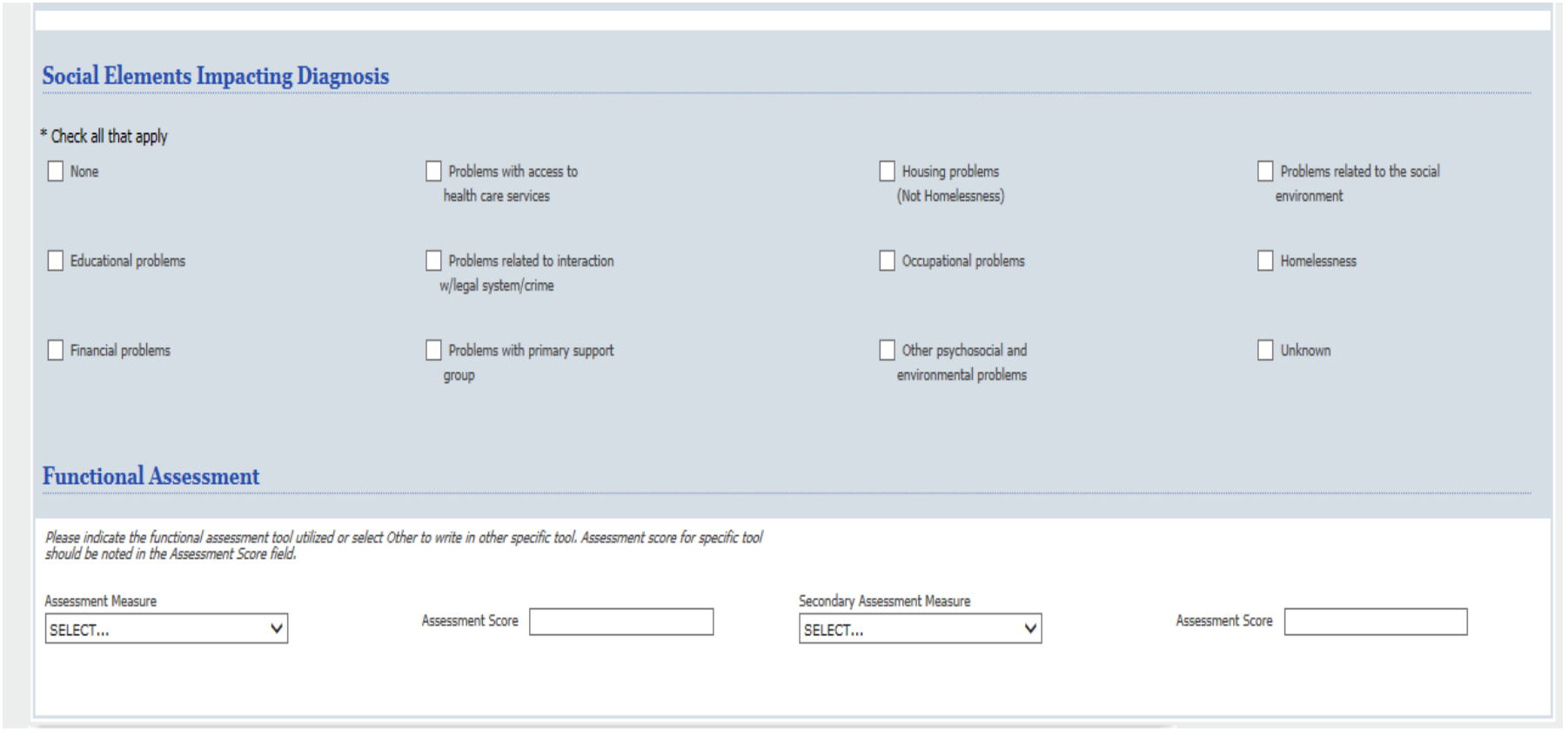
ABA Services
Behavioral Diagnosis



ABA Services
Medical Diagnosis



ABA Services
Social Elements Impacting Diagnosis



Social Elements Impacting Diagnosis

* Check all that apply

- [ ] None
- [ ] Problems with access to health care services
- [ ] Housing problems (Not Homelessness)
- [ ] Problems related to the social environment
- [ ] Educational problems
- [ ] Problems related to interaction w/legal system/crime
- [ ] Occupational problems
- [ ] Homelessness
- [ ] Financial problems
- [ ] Problems with primary support group
- [ ] Other psychosocial and environmental problems
- [ ] 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.

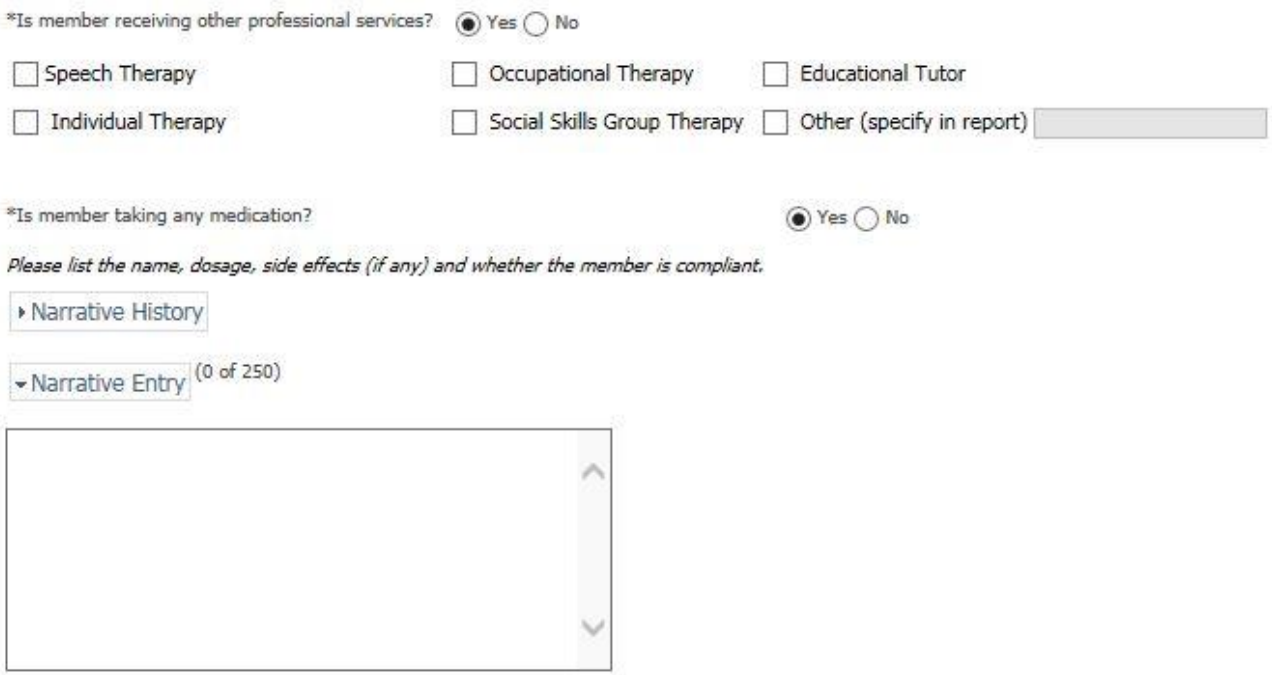
Assessment Measure: SELECT...

Assessment Score:

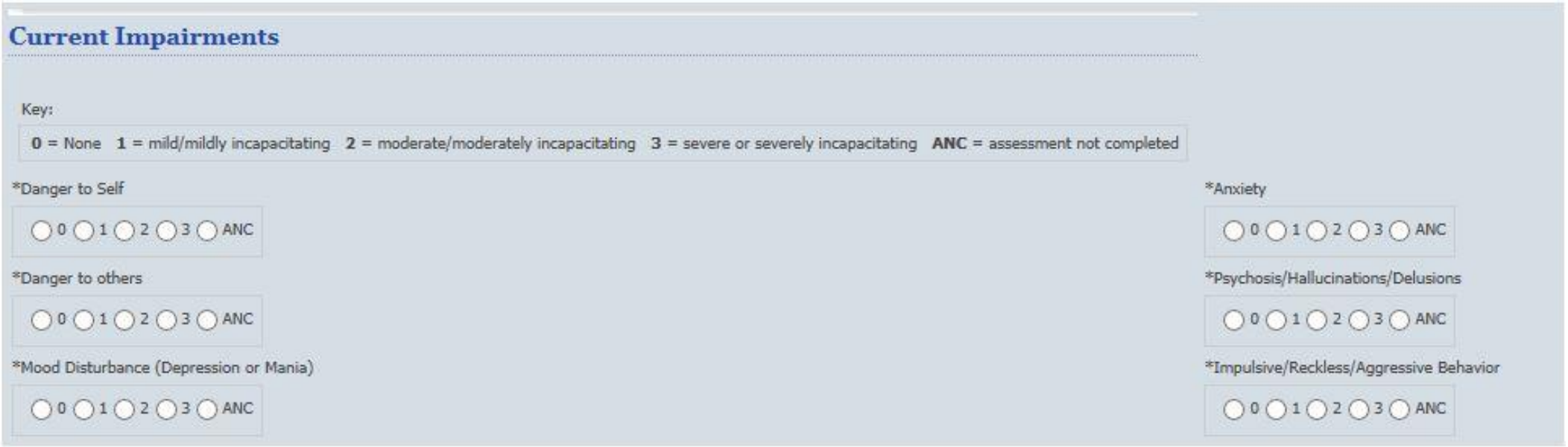
Secondary Assessment Measure: SELECT...

Assessment Score:

ABA Services



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

*Language/Communication Skills

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ ANC

*Reduction of Interfering Behaviors

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ ANC

*Safety Skills

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ ANC

*Social Skills

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ ANC

*Adaptive and Self-Help Skills

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ ANC

*Play and Leisure Skills

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ ANC

*Coping and tolerance Skills

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ ANC

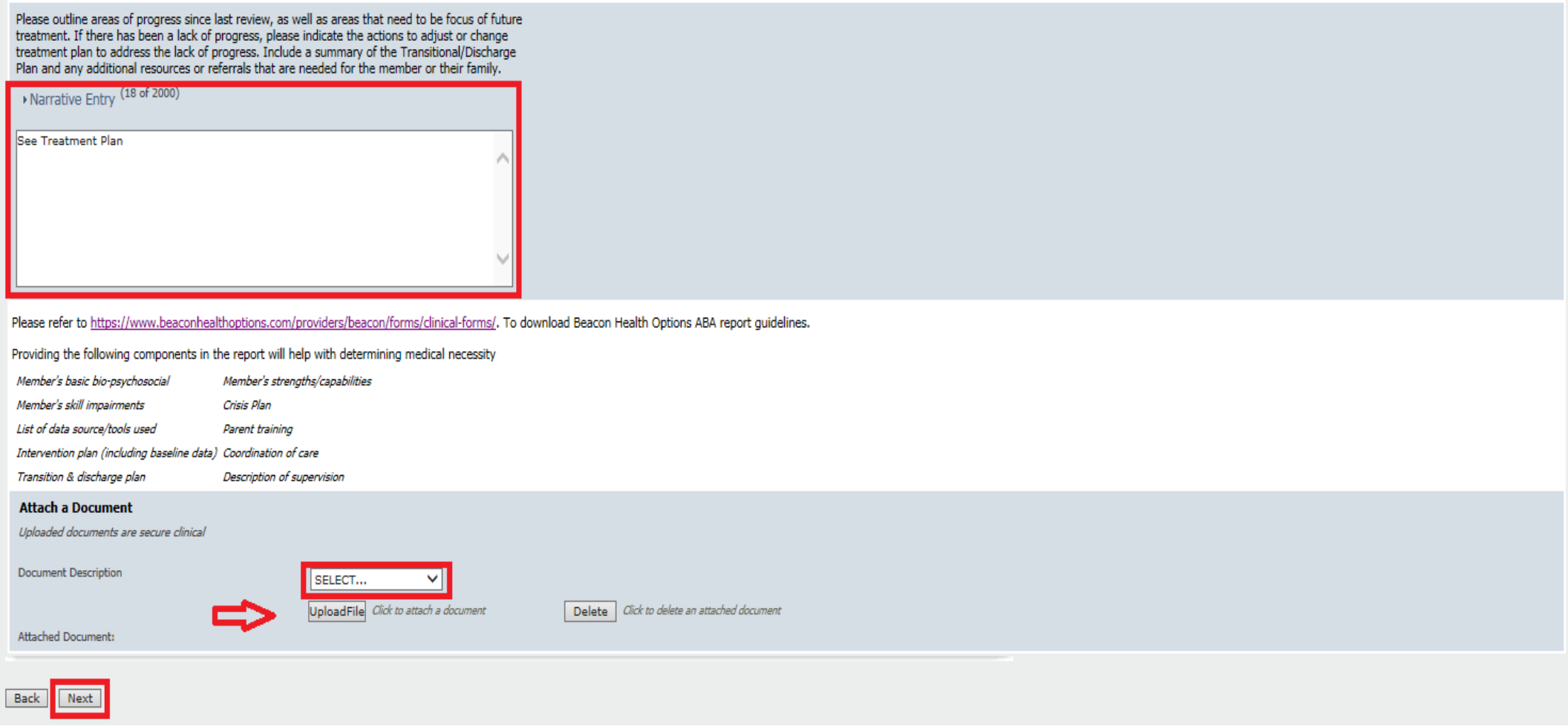
*Community Integration

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ ANC

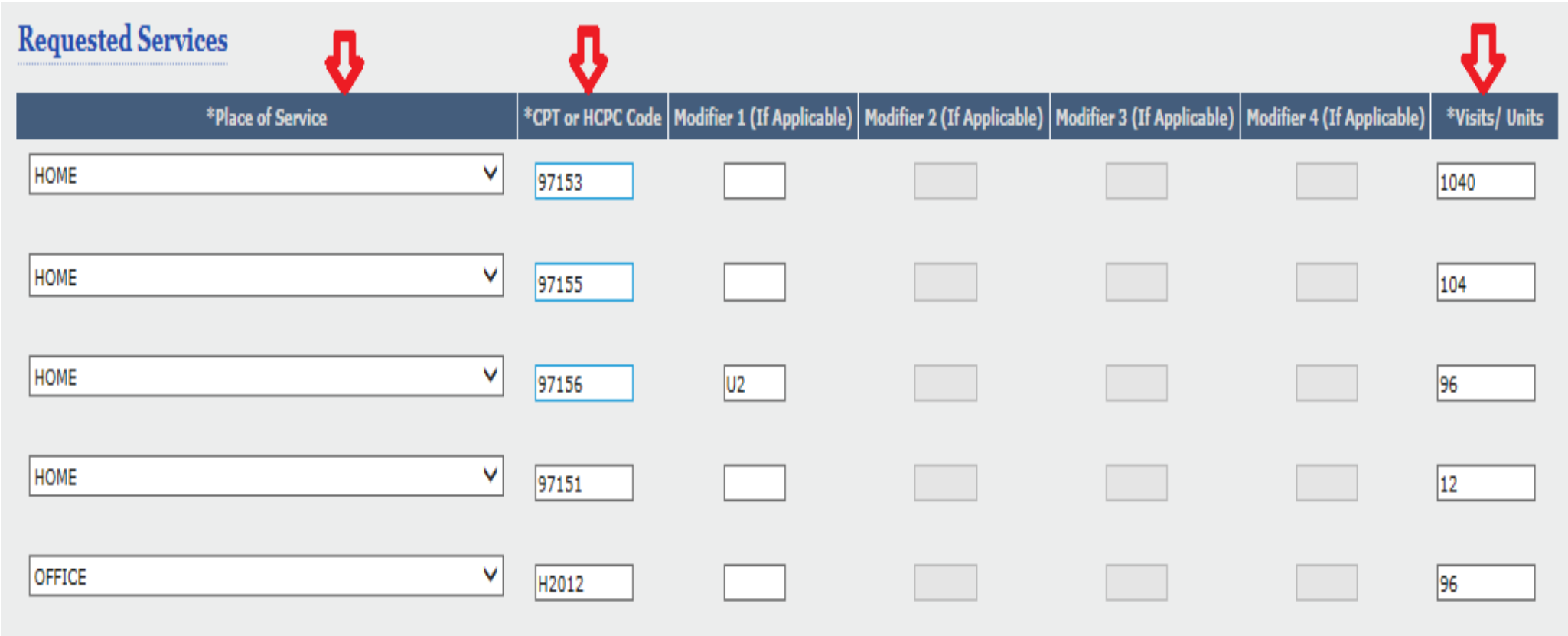
*Other (specify in report)

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ ANC

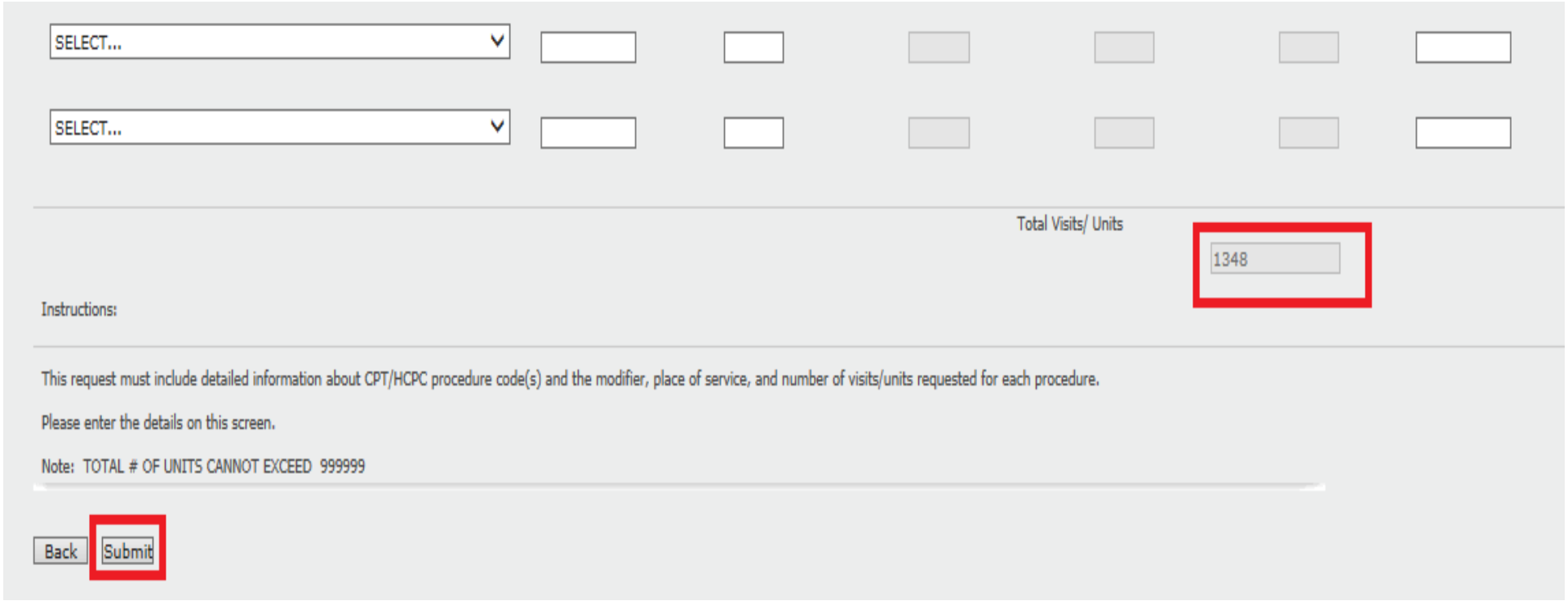
ABA Services Progress



ABA Services
Requested Services



ABA Services
Requested Services



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	Member ID	Member DOB	Subscriber Name	Subscriber ID
ABA SAMPLE	**M000071286**	**12/13/2014**	**ABA SAMPLE**	**M000071286**

Pended Authorization #	Client Authorization #	Type of Request
020119-1-9	**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 SERVICES**

Reason Code
P84

Provider Name & Address	Provider ID	Provider Alternate ID	NPI # for Authorization
HUMANIM ABA SERVICES **1701 N GAY ST** **BALTIMORE MD 21213**	**915920**	**977801200**	**N/A**

Vendor Medicaid or Alt ID	Vendor NPI #
977801200	**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

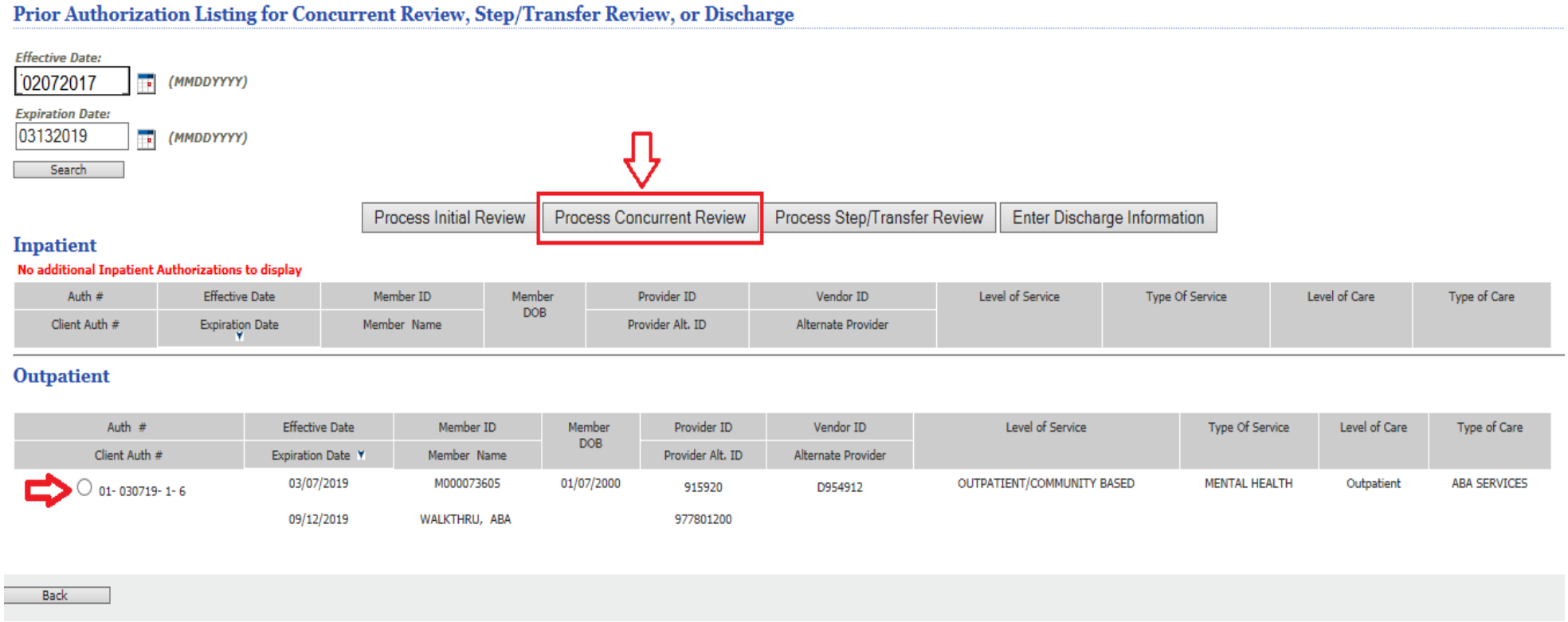
Attached Documents
Document Title — There are no documents attached with this Authorization Request
Document Description

Authorization Printing & Downloading Options:
(For the best print results, please print in 'Landscape' format)

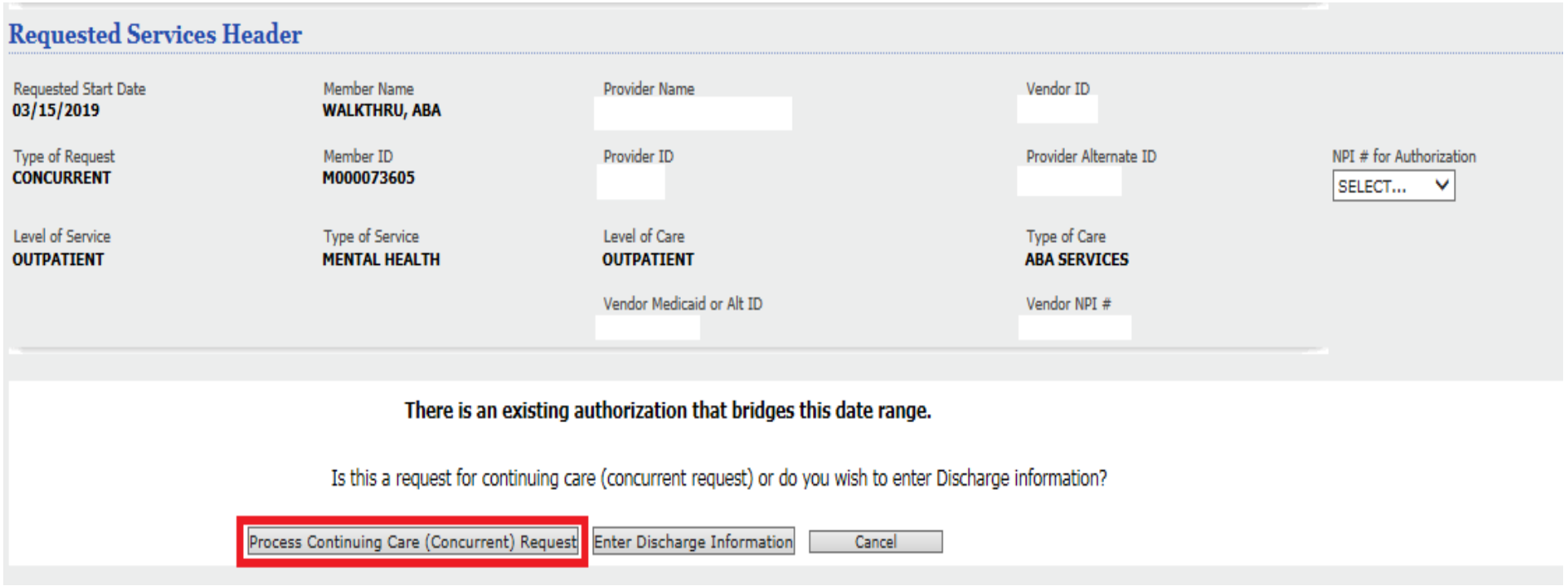
Print Authorization/Notification Result	Print Authorization/Notification Request	Download Authorization/Notification Request	Return to Provider Home
Print the Results page (this page)	*Print the entire Authorization Request*	*Download the entire Authorization Request*	*Return to the ProviderConnect homepage*

Concurrent Requests

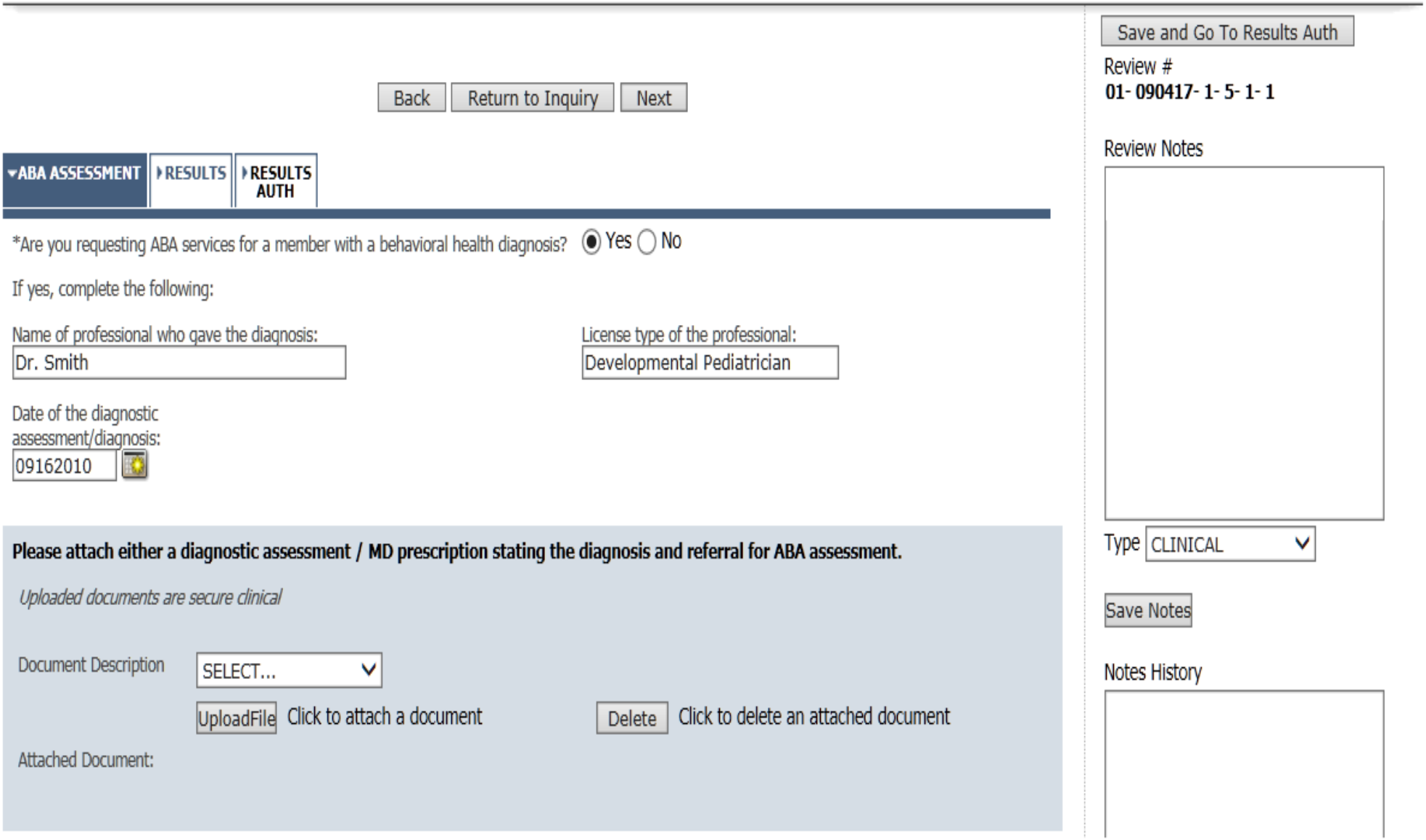
Concurrent Requests



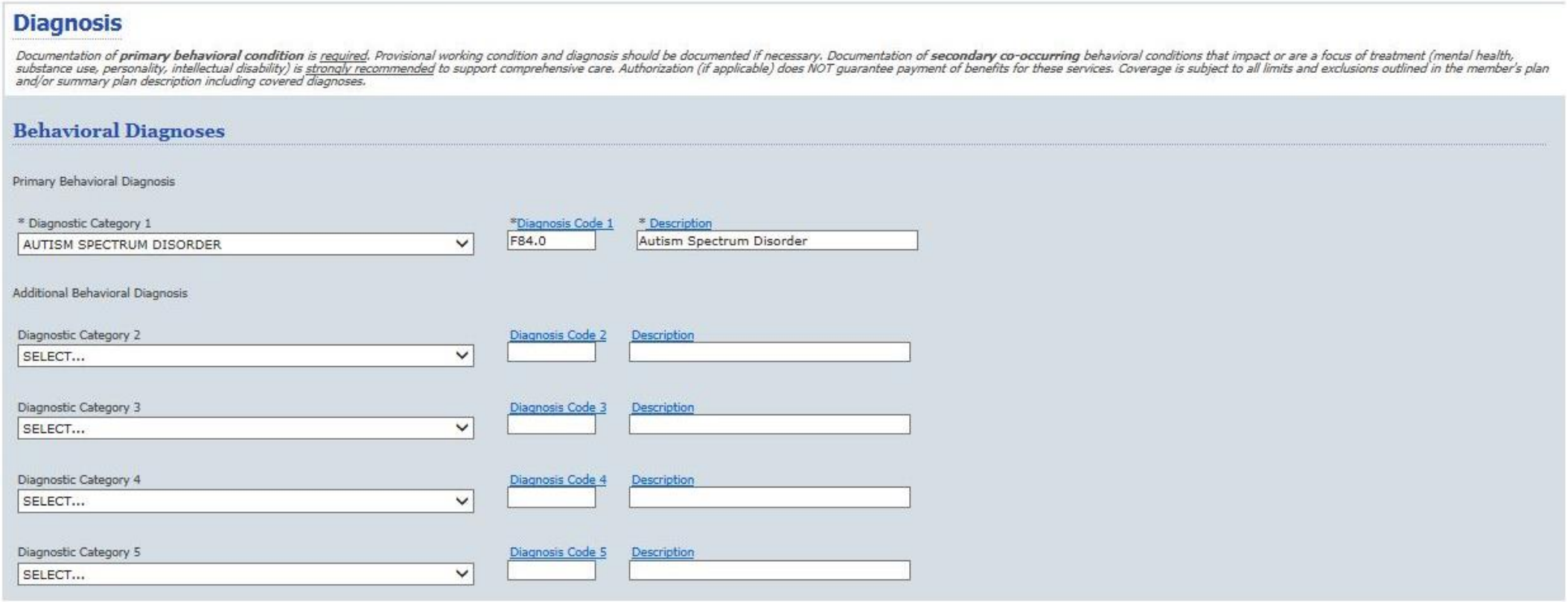
Concurrent Requests



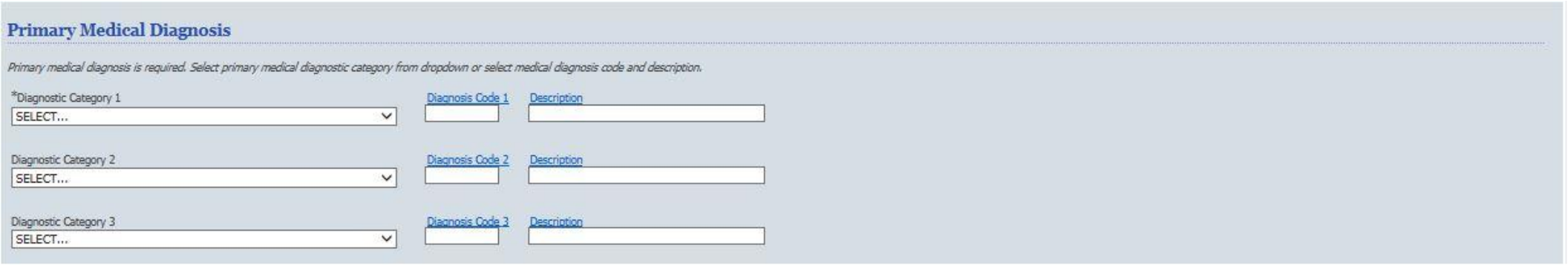
Concurrent Requests



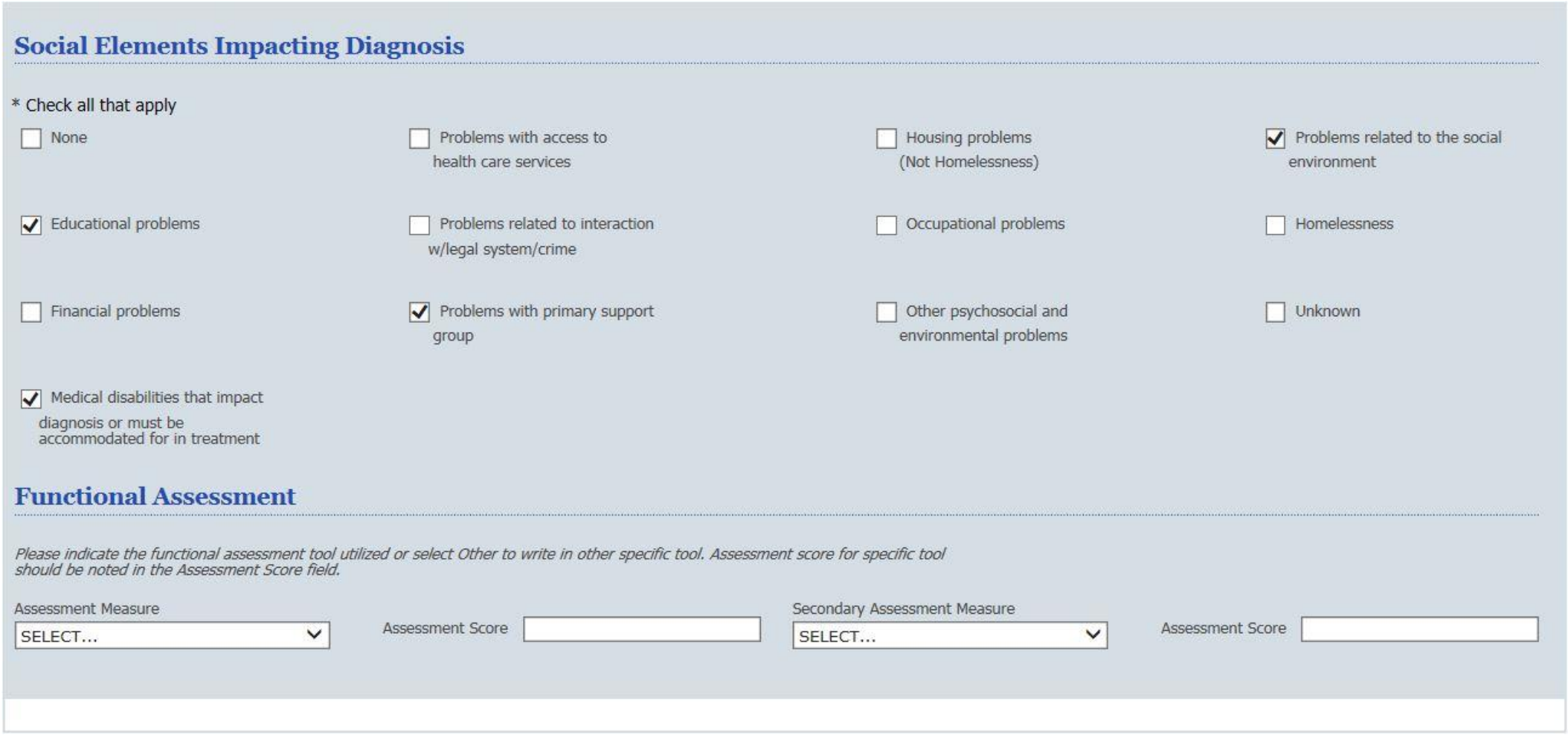
Concurrent Requests
Behavioral Diagnosis



Concurrent Requests
Medical Diagnosis



Concurrent Requests
Social Elements Impacting Diagnosis



Social Elements Impacting Diagnosis

* Check all that apply

- [ ] None
- [ ] Problems with access to health care services
- [ ] Housing problems (Not Homelessness)
- [x] Problems related to the social environment
- [x] Educational problems
- [ ] Problems related to interaction w/legal system/crime
- [ ] Occupational problems
- [ ] Homelessness
- [ ] Financial problems
- [x] Problems with primary support group
- [ ] Other psychosocial and environmental problems
- [ ] Unknown
- [x] 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.

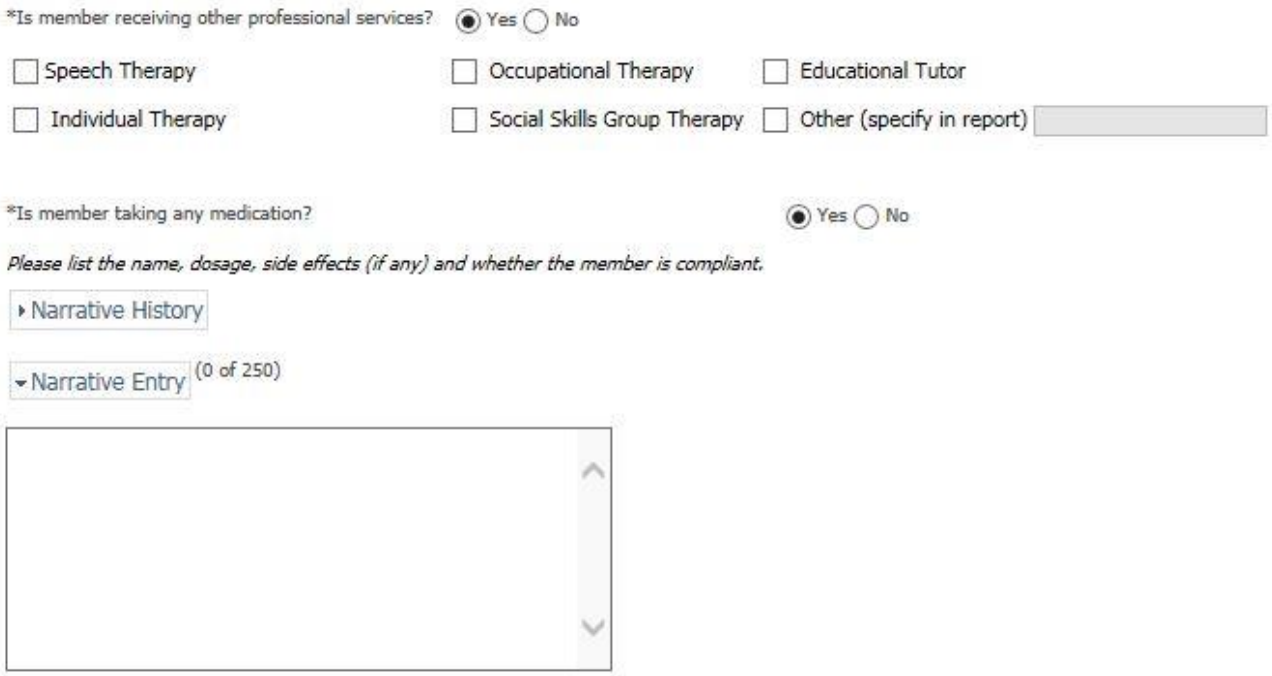
Assessment Measure: SELECT...

Assessment Score:

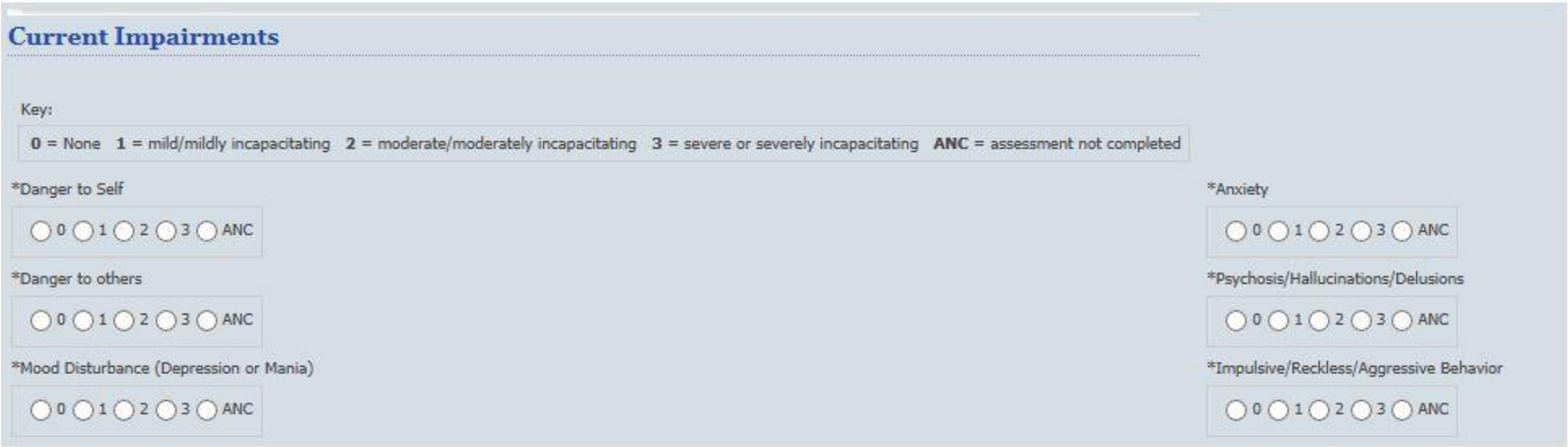
Secondary Assessment Measure: SELECT...

Assessment Score:

Concurrent Requests



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

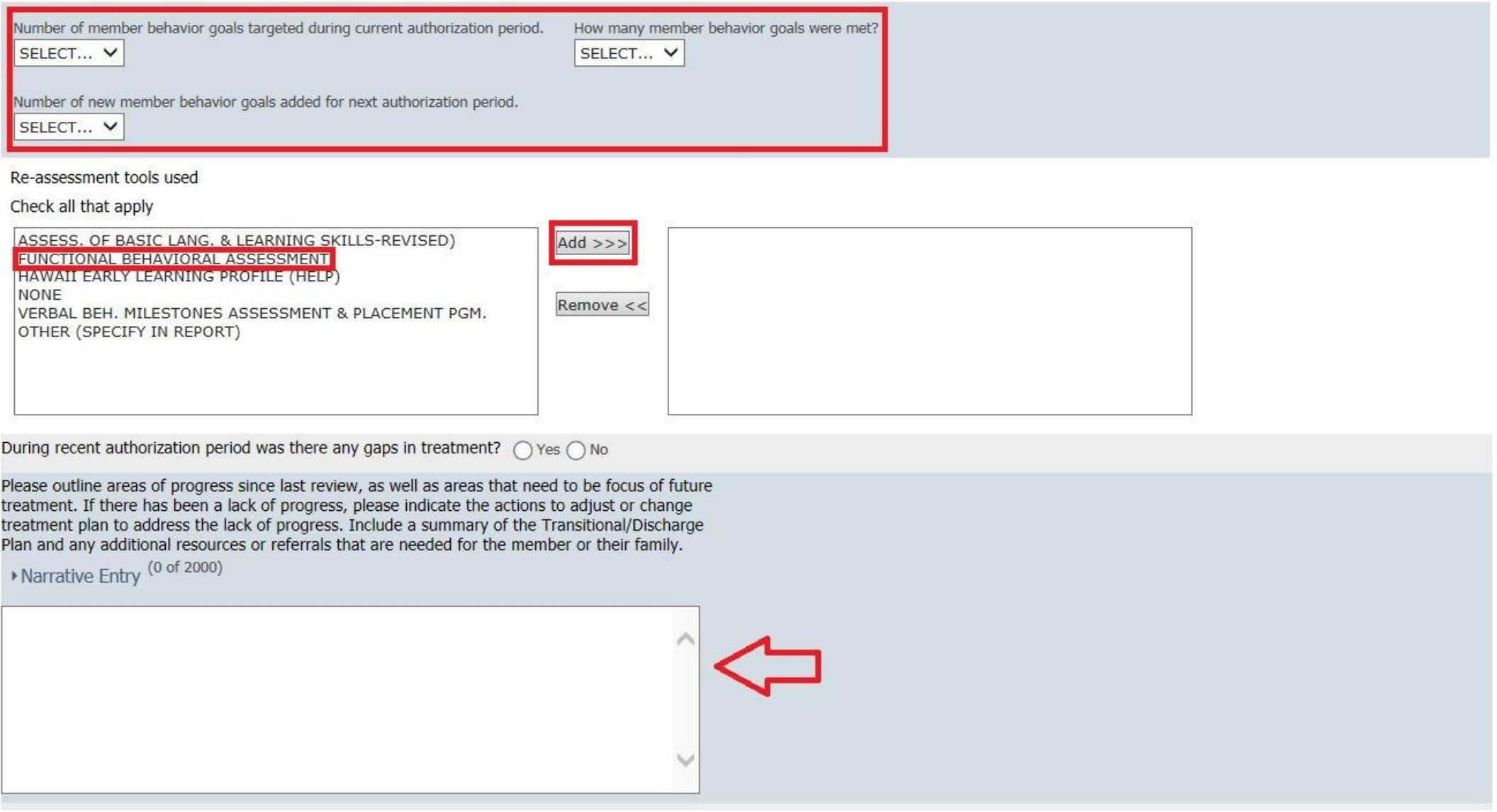
*Coping and tolerance Skills

○ 0 ○ 1 ○ 2 ○ 3 ○ ANC

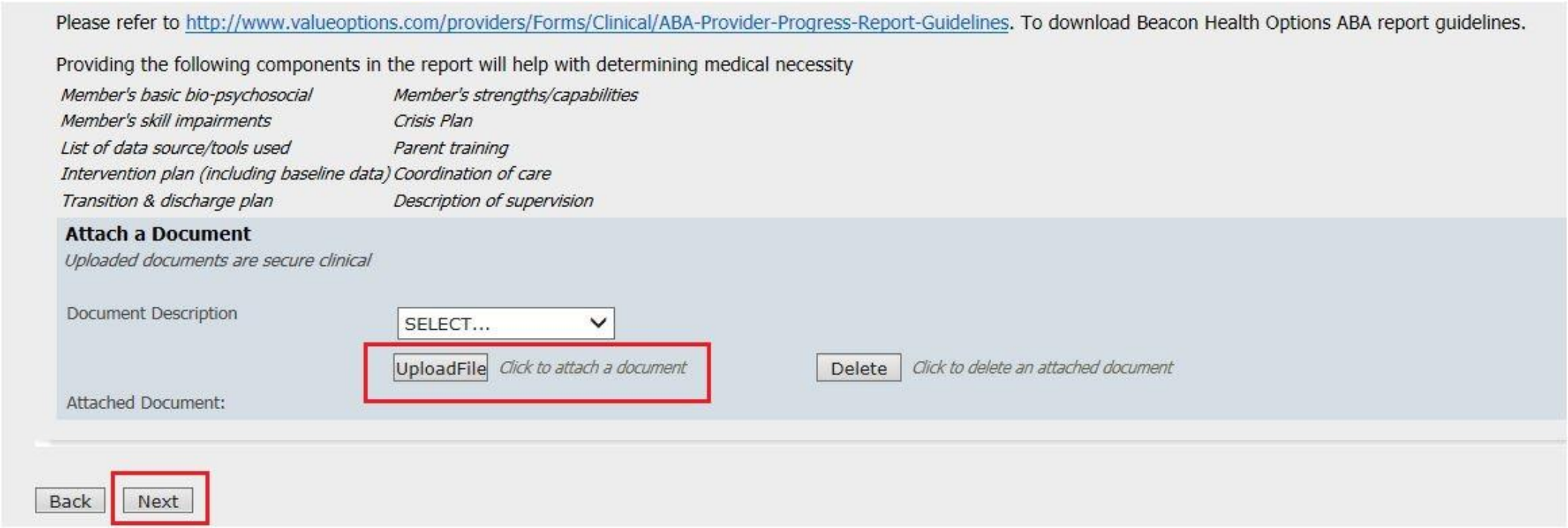
*Other (specify in report)

○ 0 ○ 1 ○ 2 ○ 3 ○ ANC

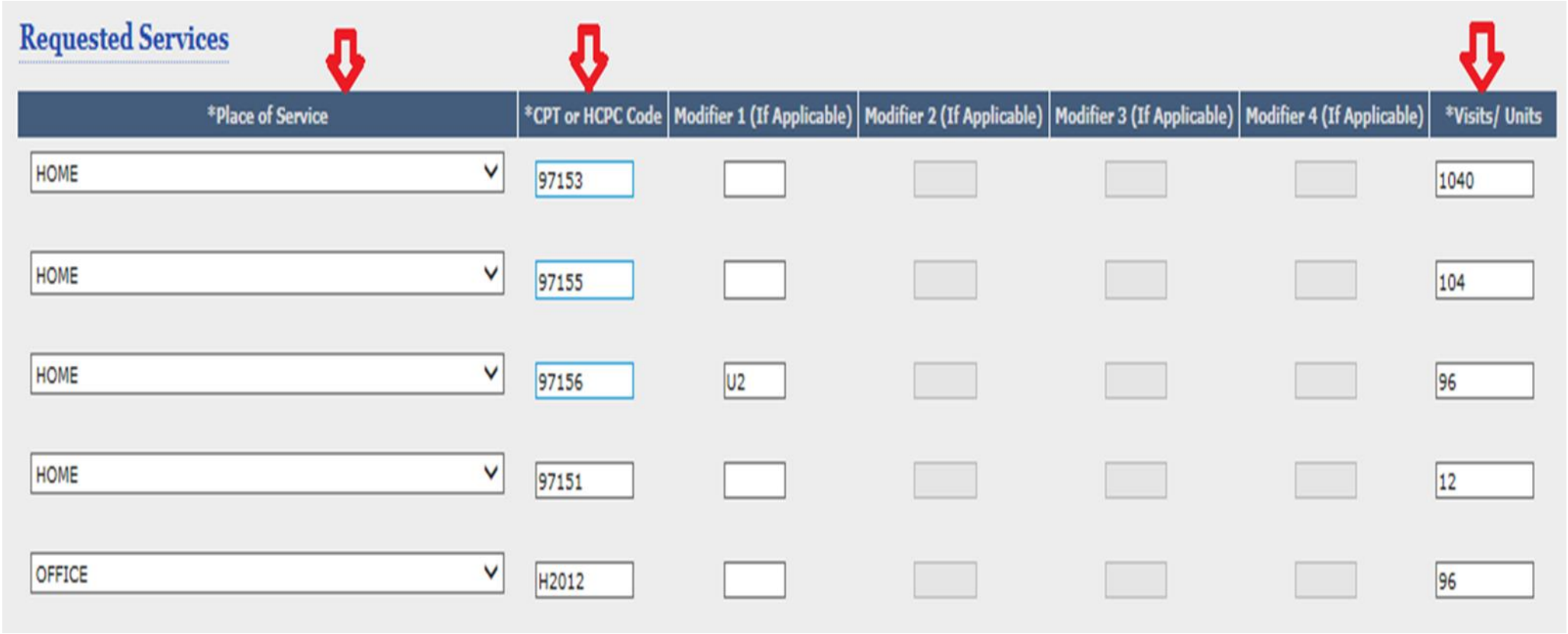
Concurrent Requests Progress



Concurrent Requests – Upload Treatment Plan



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

Concurrent Requests
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	Member ID	Member DOB	Subscriber Name	Subscriber ID
ABA SAMPLE	M000071286	12/13/2014	ABA SAMPLE	M000071286

Pended Authorization #	Client Authorization #	Type of Request
020119-1-9	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 SERVICES

Reason Code
P84

Provider Name & Address	Provider ID	Provider Alternate ID	NPI # for Authorization
HUMANIM ABA SERVICES 1701 N GAY ST BALTIMORE MD 21213	915920	977801200	N/A

Vendor Medicaid or Alt ID	Vendor NPI #
977801200	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

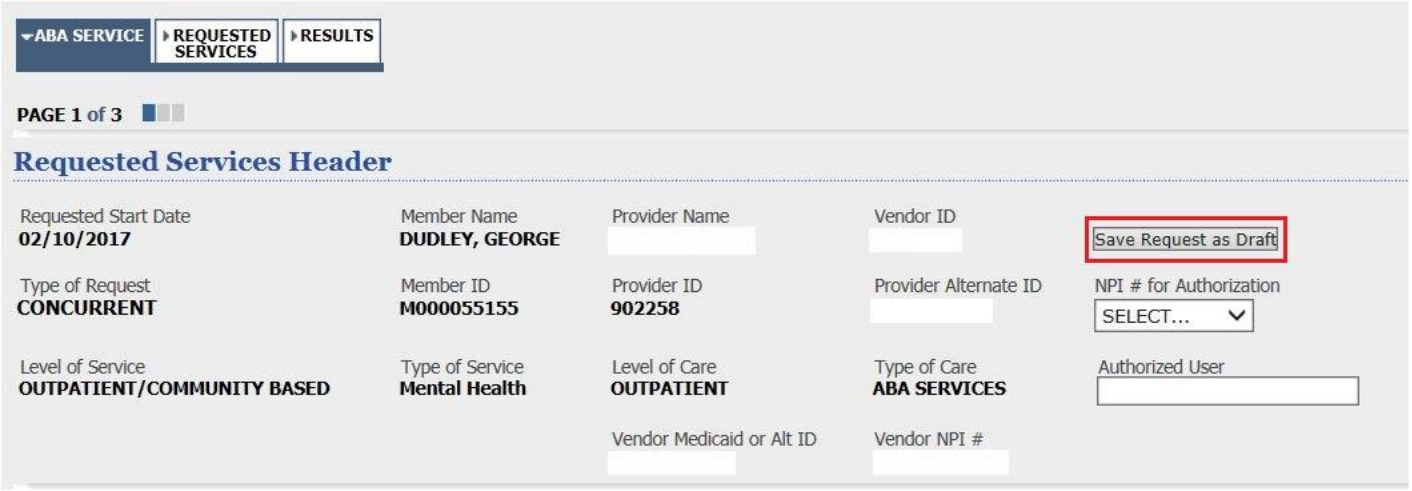
Document Title | Document Description

Authorization Printing & Downloading Options:
(For the best print results, please print in 'Landscape' format)

Print Authorization/Notification Result	Print Authorization/Notification Request	Download Authorization/Notification Request	Return to Provider Home
Print the Results page (this page)	*Print the entire Authorization Request*	*Download the entire Authorization Request*	*Return to the ProviderConnect homepage*

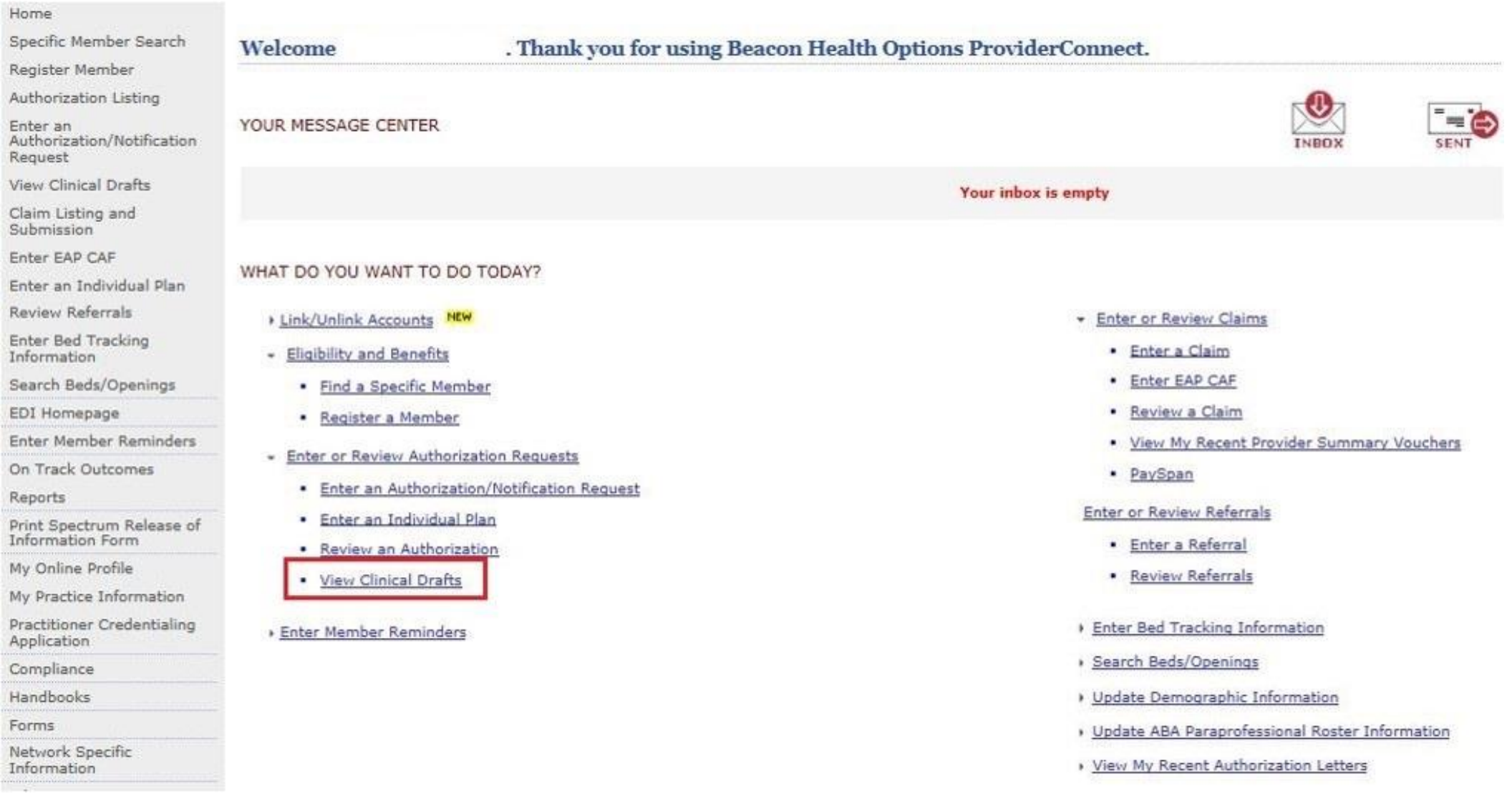
ProviderConnect TIP

- 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



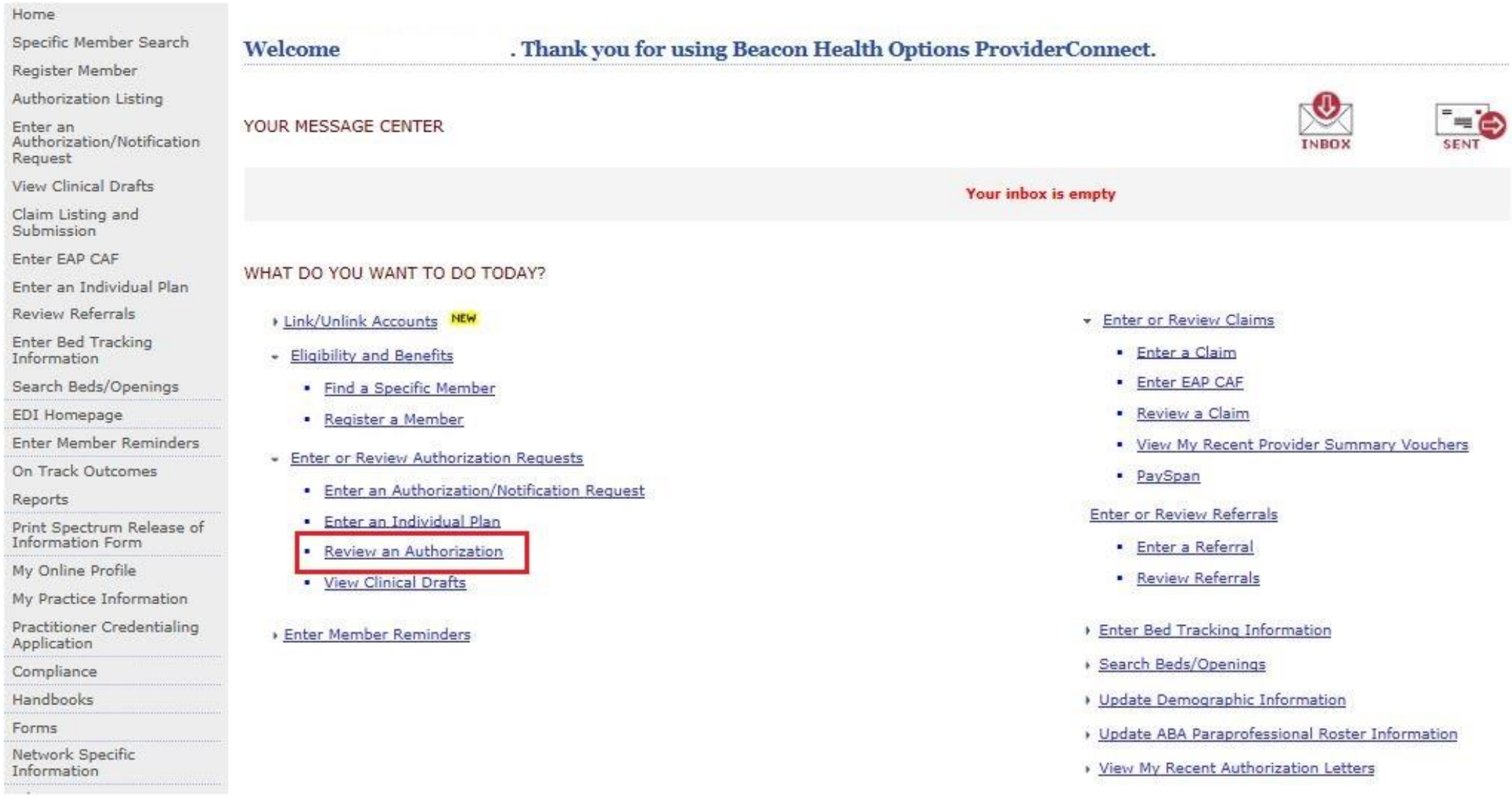
- Keep in mind, saved drafts are not automatically submitted to Beacon – be sure to go back, complete the draft, and submit in a timely fashion
- NOTE: Attach all documents prior to submission as attachments do not save on drafts

Locate “Save as Draft”

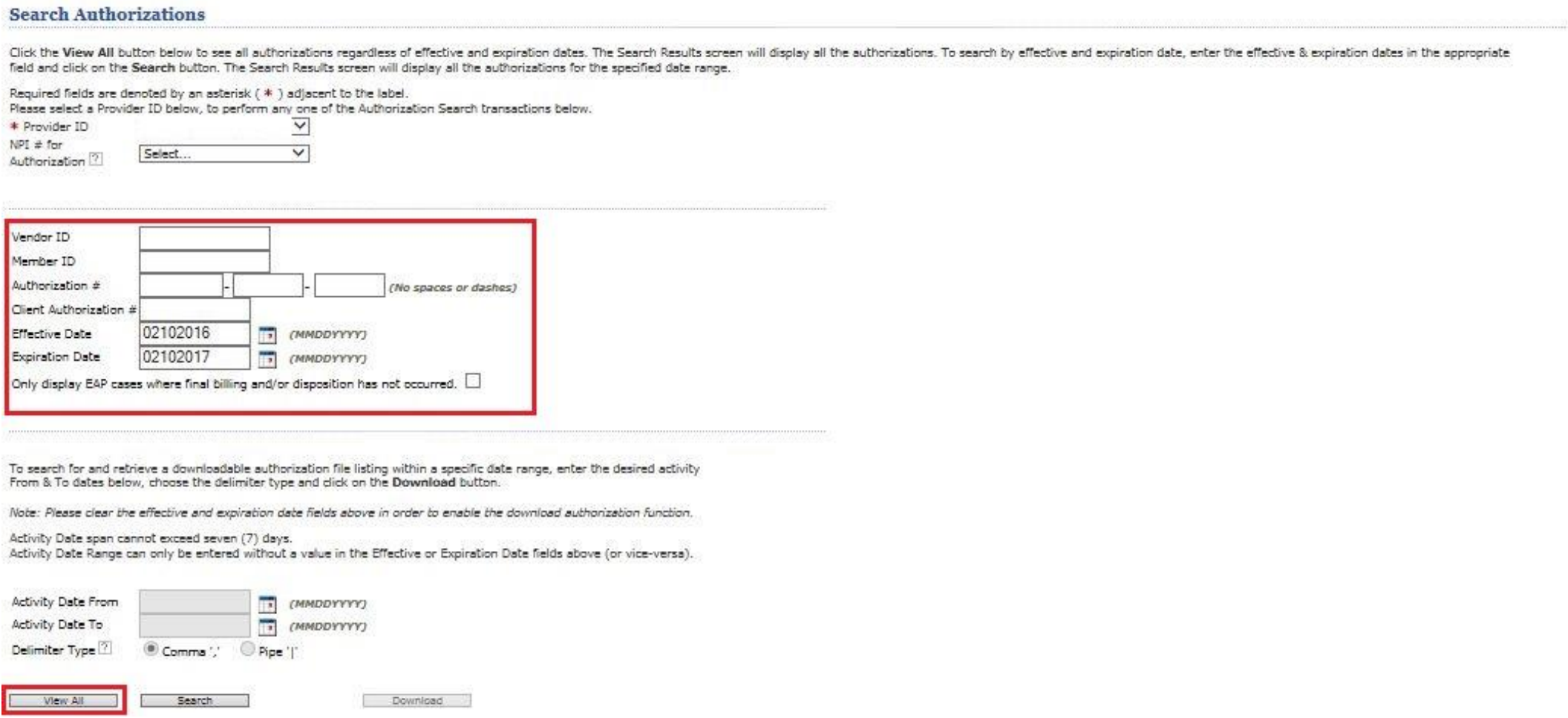


Review an Authorization

Review an Authorization



Search Authorizations



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.

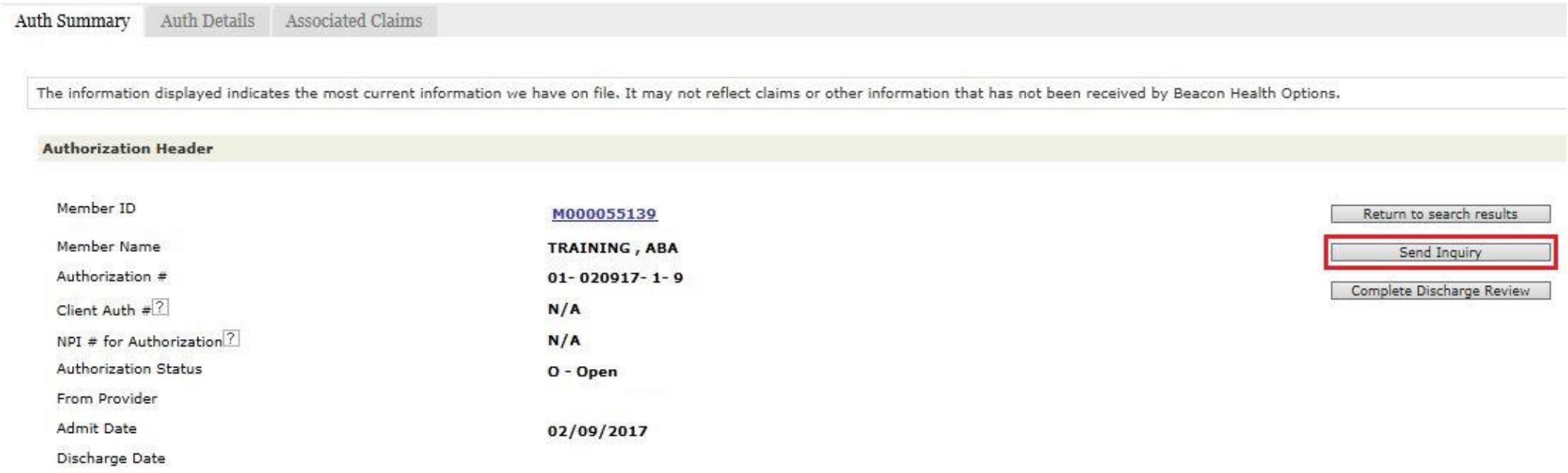
The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter 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	04/11/2007			ABA SERVICES
	TRAINING, ABA				OUTPATIENT
01- 020917- 1- 8	M000055139	04/11/2007			ABA ASSESSMENT
	TRAINING, ABA				OUTPATIENT

Authorization Search Results

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



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 1	2	3	4	Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Fund	Status	Reason
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