TIPS FOR WORKING IN-NETWORK AS A TENNCARE PROVIDER...

Mastering the Maze!
Presenters

Bruce Davis, PhD, BCBA-D
Martha Felker, MEd, BCBA
Pam Travis, Beacon Administrative Secretary
Presentation Objectives

• Identify potential ethical considerations and barriers to effective practice as an independent ABA vendor

• Describe best practices concerning assessment, planning & documentation according to BACB Code of Ethical & Professional Conduct

• Identify how to become a TennCare MCO network ABA provider & bill successfully for services rendered
Nine Core Ethical Principles

• Do No Harm
• Respecting Autonomy
• *Benefitting Others*
• Being Just
• *Being Truthful*
• According Dignity
• Treating Others with Caring and Compassion
• *Pursuing Excellence*
• *Accepting Responsibility*
Common Ethical Problems for Behavior Analysts

- **Right to Effective Treatment**
- Responsibility to Recommend Scientifically Supported and Most Effective Treatments
- **Behavior Analyst’s Assessments are Sufficient to Provide Appropriate Substantiation For Their Findings**
- Dual Relationships and Conflicts of Interest
- Functional Assessment
Becoming a TennCare ABA Provider

**Step 1: Get registered!**

- **NPI #: [https://nppes.cms.hhs.gov/](https://nppes.cms.hhs.gov/)** You MUST get this first, then ...

- **Medicaid ID#: [www.tennessee.gov](http://www.tennessee.gov)** → provider registration → individual provider OR group provider → TennCare Provider Registration portal

- Registration confirmation usually within 5-10 business days

- Medicaid ID# usually within 15-20 business days
Becoming a TennCare ABA Provider

Step 2: Complete on-line CAQH profile

- CAQH link: [https://proview.caqh.org](https://proview.caqh.org)
- Takes 1-2 hours to complete
- Add Medicaid # as soon as you get it
- MUST re-attest every 120 days
Becoming a TennCare ABA Provider

Step 3: Credentialing & Contracting

• TennCare managed care organizations (MCOs):
  ➢ BlueCare/TennCare Select
  ➢ Amerigroup
  ➢ United Healthcare Community Plan
• Each has different credentialing requirements, contract agreements & rates
Credentialing Requirements for...
BlueCare TennCare Select

- Completed CAQH profile
- ABA credentialing limited to BCBAs
- 1 year post-BACB certification experience (usually)
- Link to request provider application & contract: www.bcbst.com/secure/providers/request-contracts/
- Credentialing docs: Provider Enrollment Form (PEF), Disclosure, contract
Credentialing Requirements for... Amerigroup

- Completed CAQH profile
- ABA credentialing limited to BCBAs
- Link to request provider application & contract: https://providers.amerigroup.com
- Credentialing forms: Health Professional Application & Info Release form, Practitioner Attestation, Disclosure, contract
Credentialing Requirements for... United Healthcare Community Plan

• Completed CAQH profile
• Credentialing for Behavior Specialist & BCBA
• 1 year post-BACB certification experience
• Contact for credentialing & contracting: Jason Webb, Regional Contract Manager, 952-202-8664 or jason_webb@uhc.com
Contracting as a TennCare ABA Provider

• Contracts are signed in conjunction with credentialing but confirmed separately (usually 2-3 weeks after credentialing is confirmed)

• Established rates for ABA vary among MCOs and are determined (set) by the MCOs

• On rare occasions, they may negotiate the rate if there is a significant shortage of providers in the area you cover
2.02 Responsibility
(Referrals, Service Description & Consent)

• Referral policy
  – Referral process should help determine medical necessity (see hand-out)
  – Declaration/Description of Services
  – Consent (assess, bill, access records, HIPAA)

• Establish a hierarchy of responsibilities upon referral
  – The person [above all others 2.04 (d)]
  – The family
  – Caregivers
  – The funding source
1.02 Boundaries of Competence

• Identify your client (who you will serve)
  – Accept
  – Request consultation or mentorship if needed
  – Refer to someone else – make contacts
Precertification required for ALL ABA services!

- All ABA services (assessment & treatment) MUST be preauthorized by the MCO before they are delivered, OR you will not get paid! This is a TennCare rule.
- TennCare requires a reciprocal agreement between MCOs; otherwise no retroactive authorizations allowed.
- Precertification process differs slightly between MCOs.
- Up to 30 days for assessment; up to 90 days per request for concurrent reviews (ongoing treatment).
- Check auths for correctness (auth dates & units).
MCO Requirements for Initial Assessment

• **Doctor’s order**: Signed by MD, usually diagnosis of either ASD or ID required, specifically prescribes ABA services (NOT behavior therapy, behavioral intervention, etc)

• **Clinical notes** verifying other interventions that have been tried over past 3-6 months (i.e. medication, counseling, case management, etc)

• **Formal psychological evaluation** (AG only)

• **Assessment request**: Codes and service units differ between MCOs (see hand-out)
2.10 Documenting Professional Work

4.05 Program Objectives

Documentation Models (see hand-outs)

- Contact note
- Encounter form
- Assessment (FBA), behavior change procedures & objectives
- Progress reports/Concurrent reviews
1.04 Integrity
(Conflicts of Interest, Fraud)

• Keeping it together – The new BA
• Carrying out commitments
• Ethical conflicts with organizations
• Fraud, waste & abuse: Annual training required!
  ➢ www.cms.gov (search FWA toolkit - July 2016)
2.15 Interrupting or Discontinuing Services

- Discontinuation only occurs when reasonable transition efforts have been made or when the client...
  - All or most objectives mastered/No longer needs the service
  - Is not benefitting; higher level of care recommended
  - Is being harmed
  - Caregiver discontinues the service (see hand-out)

- Behavior analysts don’t abandon clients; DO NOT HARM!!
2.11 Records and Data
(Managing & Storage)

Maintain all client records in accordance with TennCare policy/regulations

- Protection of client’s right to privacy (HIPAA)
- Audit/Litigation: Protection of the service provider
- Minimum 10 year retention
TennCare MCO Claims Billing

Now the hard part...getting paid!!

It really IS a maze!
Each MCO has its own unique billing process
Billing requirements & limitations can change...quickly. So stay informed!
Have an accountability system in place to check for billing accuracy & minimize errors
Identify whether claims denials are caused by errors on your end or the MCO’s. The burden of proof is always on your end...regardless.
MCO errors can be VERY difficult and costly to resolve!!
Claims Billing for...
United Healthcare Community Plan

• Use 1500 claims form (see hand-out) OR bill on-line through Office Ally

• Billing code: H0031
  - All FTF services (assessment & treatment)
  - Billed in quarter hour units
  - 2-hour cap/day (8 units total)

• Billing code: H0032
  - Non-FTF services: Assessment /Plan development (write time)
  - Billed in 1-hour units
  - No daily cap...but beware!
Claims Billing for...
United Healthcare Community Plan

Billing Deadlines...

• 120 days to bill from date of service; claim received, not postmarked!
• 60 days from denial to collect
• Provider assistance (customer service): 1-800-690-1606
Claims Billing for...
BlueCare TennCare Select

- Bill on-line at [www.bcbst.com](http://www.bcbst.com)
- Billing code: H0032
  - Assessment
  - Billed in quarter hour units
- Billing code: H2019
  - Treatment
  - Billed in quarter hour units
- Clients with commercial primary insurance (TennCare secondary) & rebills: On-line using PC-ACE
Claims Billing for...
BlueCare TennCare Select

Billing Deadlines...
• 120 days to bill from date of service; claim received, not postmarked!
• 120 days from denial to collect
• Provider assistance (customer service): 1-800-276-1978
Claims Billing for...
Amerigroup

- Use 1500 claims form (see hand-out) OR bill on-line through Availity
- Billing code: H0032 for assessment AND treatment...everything!
- Billed in 1 hour units only
Claims Billing for...
Amerigroup

Billing Deadlines...

• 120 days to bill from date of service; claim received, not postmarked!
• 120 days from denial to collect
• Provider assistance (customer service): 1-800-454-3730
Tips for Rebilling

• Amerigroup & United Healthcare: Rebill in same manner you billed
• ALWAYS reference original claim #
• Rebill codes
  ➢ 7 - Replacement/Correction
  ➢ 8 - Void
• BlueCare/TennCare Select: Rebills must be submitted through PC-ACE (BC/TC clearinghouse)
If you would like a copy of today’s presentation, contact Martha Felker @ mfelker@att.net or download it at www.beaconbehavioralconsultants.com