

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

Mastering the Maze II!





Presenters

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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
- Assessments (FBAs) are Sufficient to Provide Appropriate Substantiation For Their Findings
- Dual Relationships and Conflicts of Interest

1.02 Boundaries of Competence

Identify your client (who you will serve)

- Experienced in treating the presenting problem behavior? Accept
- Not experienced? Request consultation or mentorship if needed...OR...
- Refer to someone else!

2.01 Accepting Clients

2.06 Maintaining Confidentiality

Referral process for new clients should...

- Describe type services to be provided
- Provide adequate info to determine if client meets ABA medical necessity guidelines (see hand-outs)
- Require written consent (assess, bill, access records, treat)
- Insure privacy (HIPAA policy clearly described)

2.10 Documenting Professional Work

2.11 Records & Data

Documentation Requirements (Models)

- Contact notes/Encounter forms
- Assessment report (FBA)
- Behavior treatment plan/Service objectives
- Concurrent reviews (i.e. progress reports)

Maintaining records

- HIPAA: Protection of client's right to privacy
- Audit/Litigation: Protection of the service provider
- Minimum 10 year retention

2.13 Accuracy in Billing Reports

- Each MCO has it's 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!!
(More on this later in presentation)

1.04 Integrity

1.06 Multiple Relationships & Conflicts of Interest

- Keeping it together – The new BA
- Carrying out commitments sometimes places you in ethical conflicts with organizations and billing entities
- Avoid careless actions that could lead to fraud, waste & abuse. Be informed!! See www.cms.gov for on-line training **Required annually by TennCare**

2.15 Interrupting or Discontinuing Services

Discontinuation only occurs when...

- All or most objectives have been mastered
- Maximum treatment effect reached (data levels out)
- Barriers to treatment prevent further improvement (environmental, medical, complex MH issues)
- Legal custodian/client wishes to stop services
- Service is causing harm

Behavior analysts do not abandon clients!

So You Want to Become an ABA Provider??



If **ONLY** it were so simple....

Step 1

Get registered!

- **NPI #:** <https://nppes.cms.hhs.gov/> You MUST get this first, then ...
- **Medicaid ID#:** 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 20-30 business days

Step 2

Complete on-line CAQH profile



- CAQH link: <https://proview.caqh.org>
- Takes 1-2 hours to complete
- Add Medicaid # as soon as you get it
- MUST re-attest every 120 days

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

- ABA credentialing limited to BCBAAs
- 1 year post-BACB certification experience (usually)
- Request provider application & contract at...
www.bcbst.com/secure/providers/request-contracts/
- Additional documentation required...
 - *Provider Enrollment Form (PEF)
 - *Disclosure

Credentialing Requirements for...

Amerigroup

- ABA credentialing limited to BCBAAs and BCaBAAs
- Request provider application & contract at...
<https://providers.amerigroup.com>
- Additional documentation required...
 - *Health Professional Application
 - *Info Release form
 - *Practitioner Attestation
 - *Disclosure

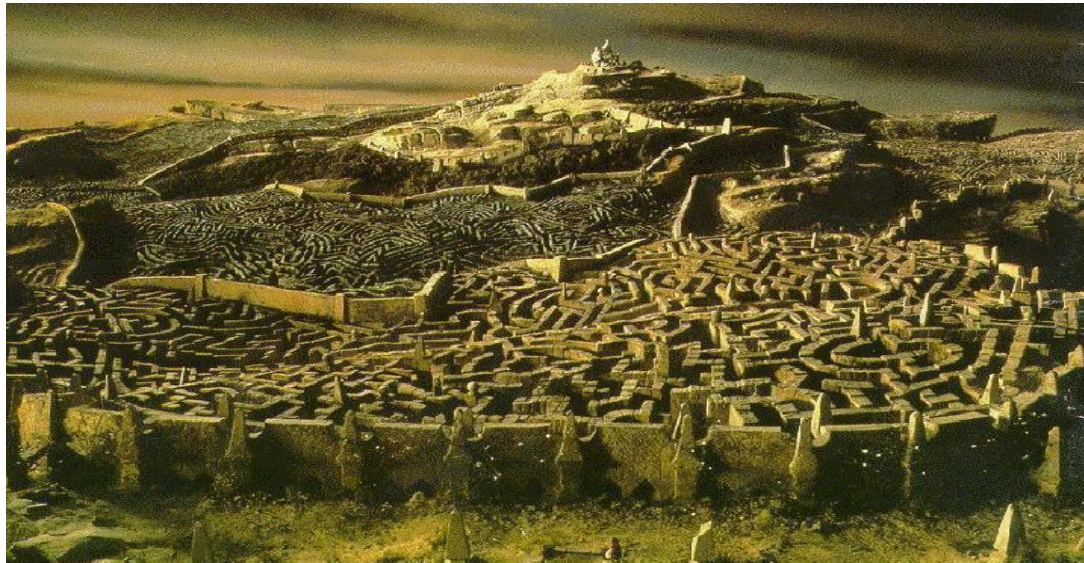
Credentialing Requirements for...

United Healthcare Community Plan

- Credentialing limited to BCBA's and BCaBA's
- 1 year post-BACB certification experience
- Contact for credentialing & contracting: Greg Bailey, Regional Contract Manager, (763) 361-7146 or gregory_bailey@uhc.com

Authorization & Billing

Now the hard part...getting services
authorized & paid!!



It really **IS** a maze!

TennCare ABA Precertification (Prior Authorization)

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 60 days per request for concurrent reviews (ongoing treatment)
- ALWAYS check auths for correctness (esp. dates & units)

MCO Requirements for Initial Assessment

- **Complete & submit MCO request (different for each MCO)...**
 - ***BC/TC:** Authorization Request Form (download form at <https://bluecare.bcbst.com/providers/forms.html>) **FAX*
 - ***Amerigroup:** Outpatient Treatment Request-Form C **FAX*
 - ***UHCCP:** Initial Request for ABA Services **EMAIL*
- **Doctor's order:** Signed by MD, diagnosis of ASD, ID or TBI required, specifically prescribes ABA services (NOT behavior therapy, behavioral intervention, etc)
- **Clinical notes** verifying that other less expensive treatments have been tried first (medication, counseling, case management, etc)
- **Formal psychological evaluation** (AG only)
- **NOTE:** Assessment codes and service units differ between MCOs

MCO Requirements for Ongoing ABA Treatment

- **Complete & submit MCO request (different for each MCO)...**
 - ***BC/TC:** Authorization Request Form **FAX*
 - ***Amerigroup:** Outpatient Treatment Request-Form C **FAX*
 - ***UHCCP:** Concurrent Request for ABA Services **EMAIL*
- PLUS initial assessment report & behavior plan w/first request for ALL MCOs
- Submit new request every 30-60 days thereafter
- MUST demonstrate that behavior is improving/continues to meet MCO medical necessity guidelines for ABA (copies in packet)
- Update behavior plan at least every 180 days (6 months)

Claims Billing for...

BlueCare/TennCare

- Bill on-line at 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



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

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
- Billing code: H0032
 - Non-FTF services: Assessment /Plan development (write time)
 - Billed in 1-hour units

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

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: Rebills must be submitted through PC-ACE (BC/TC clearinghouse)

QUESTIONS & ANSWERS





If you would like a copy of today's presentation, contact Martha Felker @ mfelker@att.net or download it at www.beaconbehavioralconsultants.com