



# Indiana Medicaid

ABA Provider Orientation

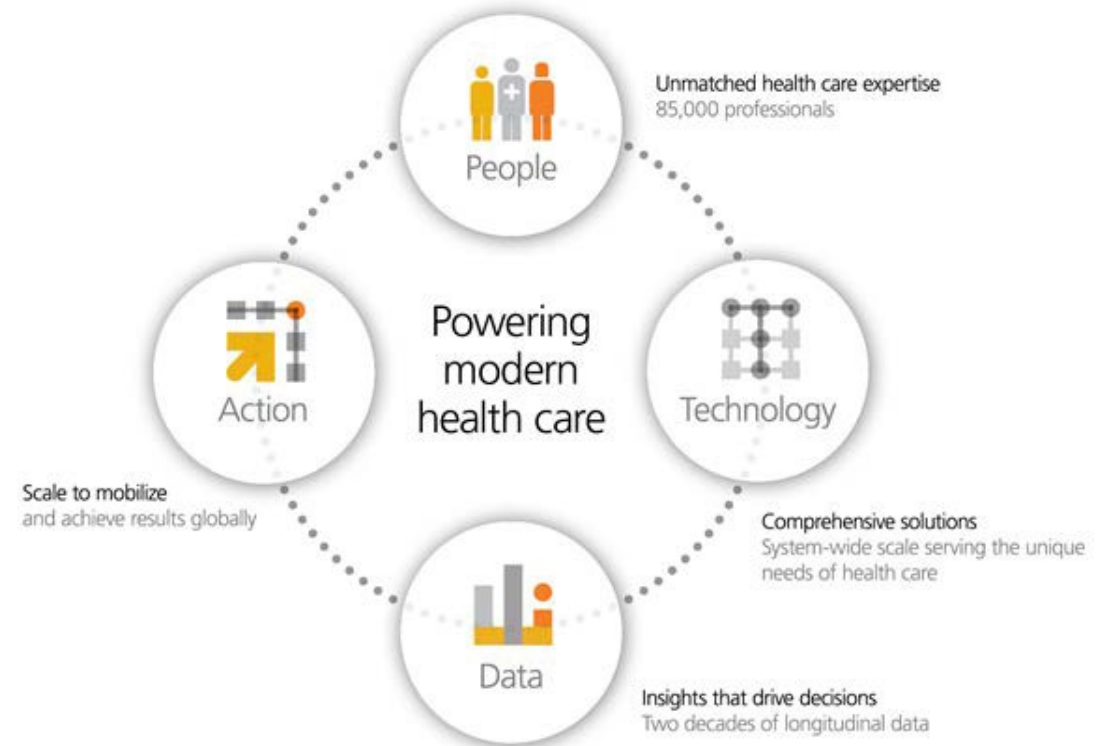
Optum with UnitedHealthcare Community Plan of Indiana

BH3208a\_012021

United  
Healthcare

# Who is Optum

- Optum is a collection of people, capabilities, competencies, technologies, perspectives and partners sharing the same simple goal: to make the health care system work better for everyone
- Optum works collaboratively across the health system to improve care delivery, quality and cost-effectiveness
- We focus on three key drivers of transformative change:
  - engaging the consumer,
  - aligning care delivery, and
  - modernizing the health system infrastructure



# UnitedHealth Group Structure

## UNITEDHEALTH GROUP



**Helping make the health system work better for everyone**

### **Information and technology-enabled health services:**

- Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Health management and interventions
- Administrative and financial services



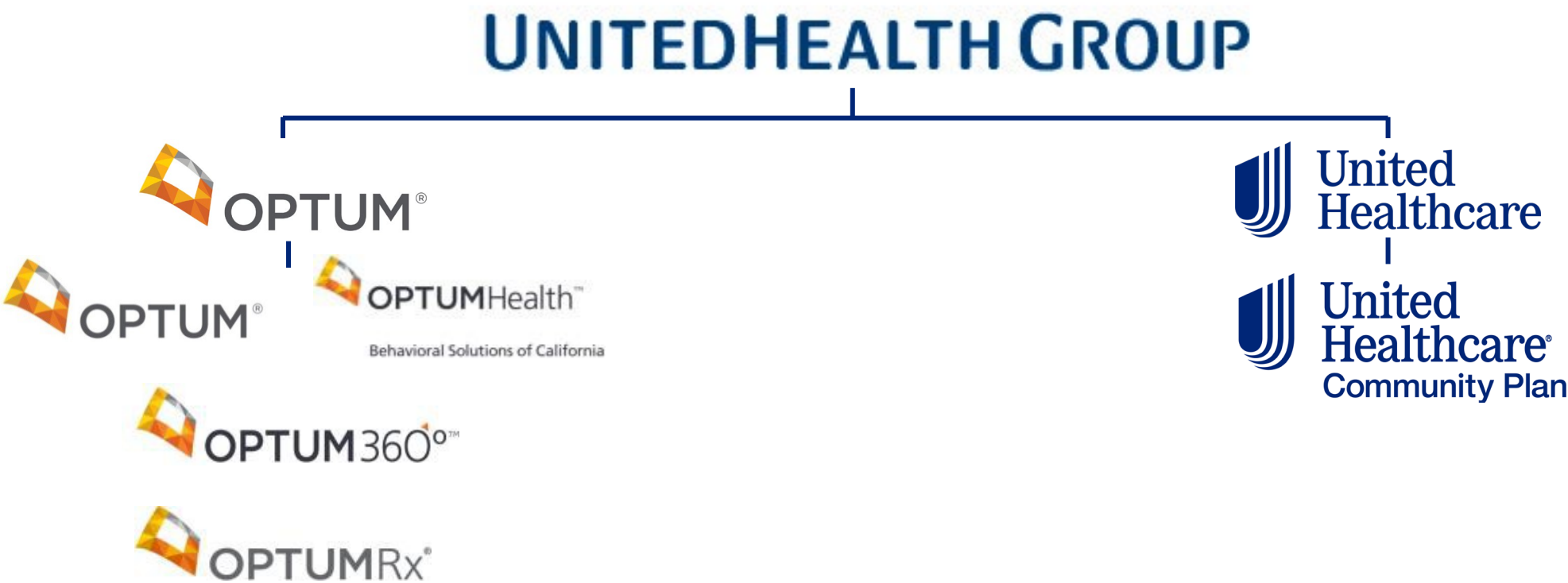
**Helping people live healthier lives**

### **Health care coverage and benefits:**

- Employer & Individual
- Medicare & Retirement
- Community & State
- Global



# Company Structure



# Our United Culture

**Our mission** is to help people live healthier lives.  
**Our role** is to make health care work for everyone.

**Integrity.**  
**Compassion.**  
**Relationships.**  
**Innovation.**  
**Performance.**

Honor commitments  
Never compromise ethics

Walk in the shoes of people we serve  
and those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence  
in everything we do



# Optum and You

Our relationship with you is foundational to the recovery and well-being of the individuals and families we serve. We are driven by a compassion that we know you share. Together, we can set the standard for industry innovation and performance.

## Achieving our mission

- Starts with Providers
- Serves Members
- Applies global solutions to support sustainable local health care needs

From risk identification to integrated therapies, our mental health and substance abuse solutions help to ensure that people receive the right care and the right time from the right providers.



# Specialty Network Services

## Customers we serve:

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

## Serving almost 43 million members:

- 1 in 6 insured Americans
- The largest network in the nation, delivering best in class density, discounts and quality segmentation
- More than 140,000 practitioners; 4200 facility with 9,000 facility locations

## Simultaneous NCQA and URAC accreditation



## Staff Expertise:

- Multi-disciplinary team of 50 staff Medical Directors (e.g., child and adolescent, medical/psychiatric, Board Certified Behavior Analysts and addiction specialists, just to name a few)







# **Optum ABA Indiana Medicaid Member Information**





# Indiana Medicaid Member ID Card

- Will be sent directly to the member
- All relevant contact information will be on the back of the card for both medical and behavioral customer service



# Member Rights and Responsibilities

- You will find a complete copy of Member Rights and Responsibilities at [uhc.com/about-us/member-rights-and-responsibilities](https://uhc.com/about-us/member-rights-and-responsibilities)
- These rights and responsibilities are in keeping with industry standards. All members benefit from reviewing these standards in the treatment setting.
- We request that you display the Rights and Responsibilities in your waiting room, or have some other means of documenting that these standards have been communicated to the members.



# Who is eligible?

To be eligible for ABA services, the member must meet the following criteria:

- Be 20 years of age or younger
- Must be covered under UnitedHealthcare Community Plan of Indiana
- Must have Autism diagnosis





# Credentialing Criteria for Indiana Medicaid Autism/ABA Network



# Required: NPI, Medicaid Enrollment and EIN/TIN

## National Provider Identifier (NPI):

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans
- The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information
- We require that all claims submitted have an NPI number and taxonomy codes for reimbursement
- **To obtain an NPI number, follow the instructions on the NPI web site:** [nppes.cms.hhs.gov/NPPES/Welcome.do](https://nppes.cms.hhs.gov/NPPES/Welcome.do)

## Providers must be enrolled with Indiana Medicaid as Specialty Type 615

- **Enroll online at:** [in.gov/medicaid/providers](https://in.gov/medicaid/providers)

## Tax Identification Number (TIN), Employee Identification Number (EIN), or Social Security Number (SSN) information:

- [irs.gov](https://irs.gov)
- [irs.gov/businesses/small/article/0,,id=102767,00.html](https://irs.gov/businesses/small/article/0,,id=102767,00.html)

## Professional Liability Insurance:

- [bacb.com](https://bacb.com) website has coverage information; enter “liability” in the site’s “Search” feature located in the right side of the menu





# ABA Credentialing Criteria (1 of 2)

## Individual Board Certified Behavior Analysts – Solo Practitioner

- Board Certified Behavior Analyst (BCBA) requires a master's degree in psychology or behavior analysis with active certification from the national Behavior Analyst Certification Board, ***and***
- Medicaid ID
- Compliance with all state autism mandate requirements, as applicable to behavior analysts
- A minimum of six months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies
- Minimum professional liability coverage of \$1 million per occurrence / \$1 million aggregate





# ABA Credentialing Criteria (2 of 2)

## ABA / IBT Groups

- BCBAs must meet standards above and hold Supervisory Certification from the national Behavior Analyst Certification Board if in supervisory role
- Compliance with all state/autism mandate requirements as applicable to behavior analysts/ABA practices
- BCaBAs required to possess an undergraduate degree and must have active certification from the national Behavior Analyst Certification Board
- Behavior Technicians must be a high school graduate and receive appropriate training and supervision by BCBAs
- BCBA on staff providing program oversight
- BCBA performs skills assessments and provides direct supervision of BCaBAs/Behavior Technicians in joint sessions with client and family
- \$1 million/occurrence and \$3 million/aggregate of professional liability and \$1m/\$1m of general liability if services are provided in a clinic setting
- \$1million/occurrence and \$3million/aggregate of professional liability and \$1m/\$1m of supplemental insurance if the agency provides ambulatory services only (in the patient's home)





# Steps in Providing Treatment

Eligibility, Authorizations, Concurrent Reviews



# Clinical Team

## Dedicated Autism Clinical Team

There is a dedicated autism clinical team that supports the Indiana Medicaid ABA program:

- Each team member is a licensed behavioral health clinician or BCBA with experience and training in Autism
- Supervised by a manager who is a licensed psychologist and BCBA-D



# Intake

## At Intake:

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

## Suggested information:

- Provide subscriber with your HIPAA policies
- Provide subscriber with consent for billing using protected health information
- Obtain a consent for services
- Billing policies and procedures
- Release of information to communicate with other providers



# Release of Information

- We release information only to the individual, or to other parties designated in writing by the individual, unless otherwise required or allowed by law
- Release of Information is managed with the caregivers when the member is a minor
- Members must sign and date a Release of Information for each party that the individual grants permission to access their PHI, specifying what information may be disclosed, to whom, and during what period of time
- The member may decline to sign a Release of Information which must be noted in the Treatment Record; the decline of the release of information should be honored to the extent allowable by law
- PHI may be exchanged with a network clinician, facility or other entity designated by HIPAA for the purposes of Treatment, Payment, or Health Care Operations



# Eligibility and Prior Authorization

All ABA services require prior authorization:

- Verify benefits/eligibility online at [providerexpress.com](https://providerexpress.com) or call the Behavioral Health number located on the back of the member's ID card
- Check benefit coverage relating to both the service (e.g., Is Autism-based therapy covered?) and the diagnosis (e.g., Is autism covered?) on provider portal or by calling the number on the member's insurance card
- Treatment Authorization Request Form can be submitted either
  - Online at [optumpeeraccess.secure.force.com/ABAtreatment](https://optumpeeraccess.secure.force.com/ABAtreatment); or
  - By Fax to: 1-888-541-6691
- Meet Medical Necessity – this applies to initial and concurrent reviews
- Provider must submit the results of the ABA assessment and the treatment plan for any treatment requests.
- Authorization status can be viewed online at [providerexpress.com](https://providerexpress.com)
- When calling the Autism Care Advocate you must have:
  - Member's name
  - ID #
  - Date of birth
  - Address





# Treatment Plan Requirements

## Meet Medical Necessity

### Goals are:

- Related to the core deficits
- Objective
- Measurable
- Individualized

### Includes:

- Baseline and mastery criteria
- Transition Plan to lower level of care
- Discharge Criteria
- Behavior Reduction Plan/Crisis Plan
- Parent Goals
- Supervision and treatment planning hours
- Relevant psychological information
- Coordination of care with other providers

**Not educational in nature**



# Clinical Information Requirements for Each Review

- A diagnosis of ASD has been made by a qualified provider
    - The individual has completed a comprehensive diagnostic evaluation, performed by a qualified provider
  - Any medical or other mental health diagnoses
  - Any other mental health or medical services member is in
  - Any medications member is taking
  - Number of hours per week member is in school
  - Parent participation
- Why IBT now?
  - How long has member been in services?
  - Goals must not be educational or academic in nature; they must focus only on the core deficits such as imitation, social skills deficits and behavioral difficulties
  - Discharge criteria
  - Must meet medical necessity (for determination of medical necessity go to InterQual at [changehealthcare.com](https://www.changehealthcare.com))



# Concurrent Reviews

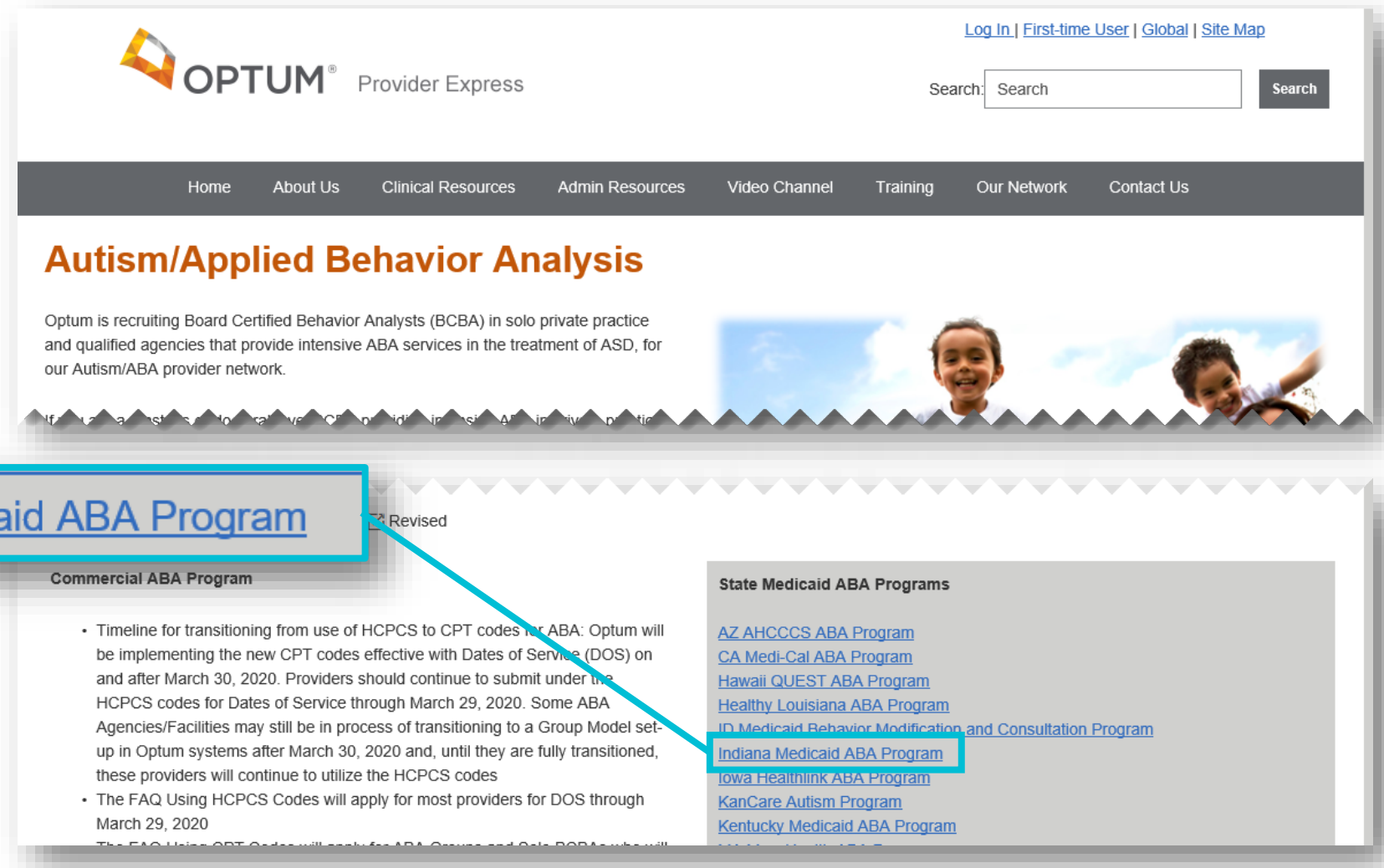
The same information will be needed for each review:

- Any medical or other mental health diagnoses
- Any other mental health or medical services the member is receiving
- Any medications the member is taking
- Number of hours per week the member is in school
- Parent participation
- Progress or lack thereof
- Goals must not be educational or academic in nature; they must focus only on the core deficits such as imitation, social skills deficits and behavioral difficulties
- Discharge criteria
- Must meet medical necessity



# Prior Assessment Authorization

Providerexpress.com >  
[Autism/ABA Information](#)



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## Autism/Applied Behavior Analysis

Optum is recruiting Board Certified Behavior Analysts (BCBA) in solo private practice and qualified agencies that provide intensive ABA services in the treatment of ASD, for our Autism/ABA provider network.

[Indiana Medicaid ABA Program](#)

Revised

### Commercial ABA Program

- Timeline for transitioning from use of HCPCS to CPT codes for ABA: Optum will be implementing the new CPT codes effective with Dates of Service (DOS) on and after March 30, 2020. Providers should continue to submit under the HCPCS codes for Dates of Service through March 29, 2020. Some ABA Agencies/Facilities may still be in process of transitioning to a Group Model set-up in Optum systems after March 30, 2020 and, until they are fully transitioned, these providers will continue to utilize the HCPCS codes
- The FAQ Using HCPCS Codes will apply for most providers for DOS through March 29, 2020

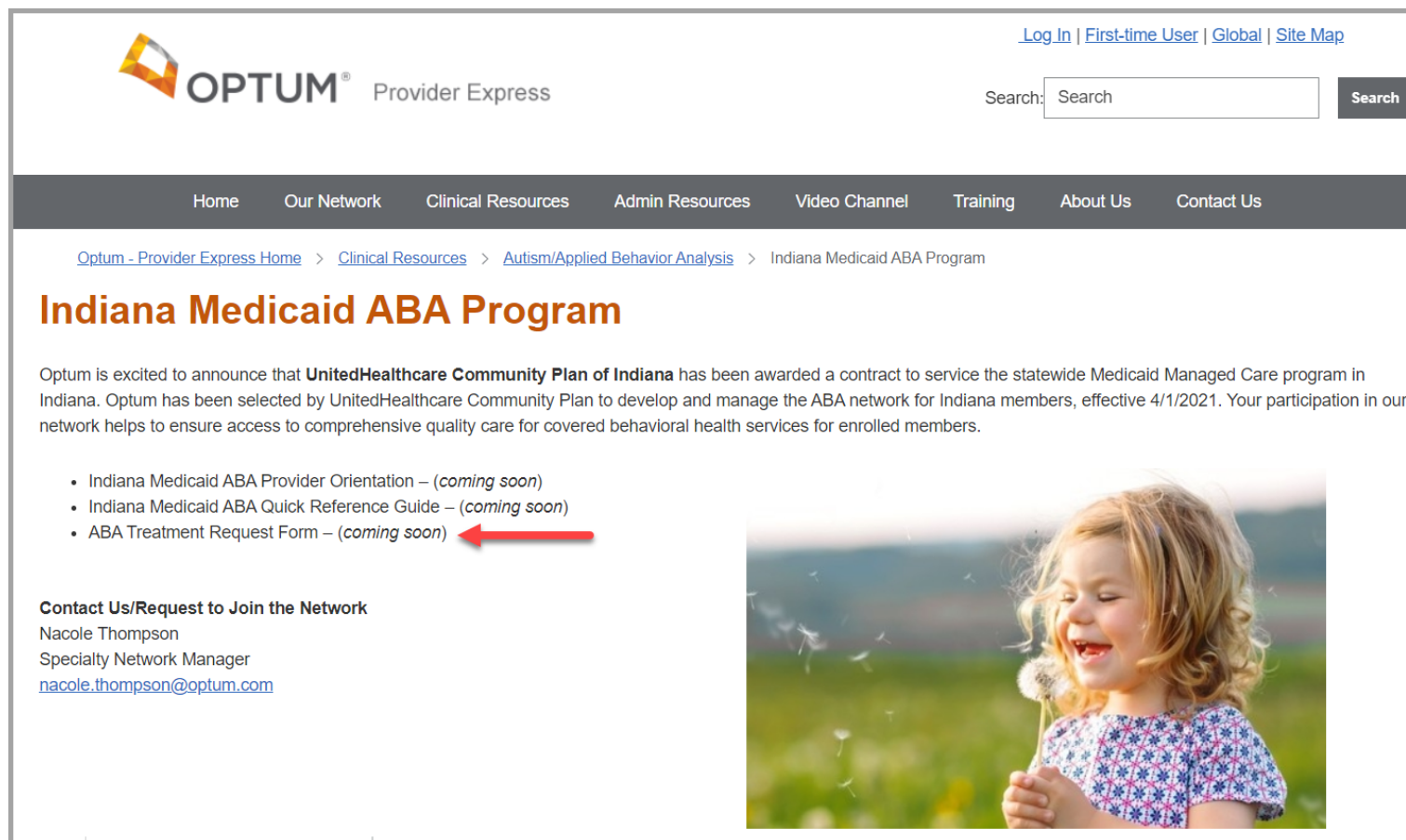
### State Medicaid ABA Programs

- [AZ AHCCCS ABA Program](#)
- [CA Medi-Cal ABA Program](#)
- [Hawaii QUEST ABA Program](#)
- [Healthy Louisiana ABA Program](#)
- [ID Medicaid Behavior Modification and Consultation Program](#)
- [Indiana Medicaid ABA Program](#)
- [Iowa Healthlink ABA Program](#)
- [KanCare Autism Program](#)
- [Kentucky Medicaid ABA Program](#)



# Prior Assessment Authorization

- Prior authorization request form can be found online at [providerexpress.com](https://providerexpress.com)
- Requests can be faxed to 1-888-541-6691
- In addition to Optum's prior authorization form, we will also accept the Universal Prior Authorization Form



The screenshot shows the Optum Provider Express website. The header includes the Optum logo and 'Provider Express' text. A search bar is located in the top right corner. The navigation bar contains links for Home, Our Network, Clinical Resources, Admin Resources, Video Channel, Training, About Us, and Contact Us. The main content area displays the breadcrumb trail: Optum - Provider Express Home > Clinical Resources > Autism/Applied Behavior Analysis > Indiana Medicaid ABA Program. The title 'Indiana Medicaid ABA Program' is prominently displayed. Below the title, a paragraph announces that UnitedHealthcare Community Plan of Indiana has awarded a contract to Optum for the statewide Medicaid Managed Care program. A list of resources is provided, including 'Indiana Medicaid ABA Provider Orientation – (coming soon)', 'Indiana Medicaid ABA Quick Reference Guide – (coming soon)', and 'ABA Treatment Request Form – (coming soon)'. A red arrow points to the 'ABA Treatment Request Form' link. The contact information for Nacole Thompson, Specialty Network Manager, is listed at the bottom left. A photograph of a young child blowing a dandelion is on the right side of the page.





# Billing and Reimbursement





# Diagnostic Coding

- Guides for Coding:
  - DSM-5 defined conditions
    - Clinical criteria for ASD
    - Maps to the appropriate ICD billing code
- ASD Coverage:
  - Autism Spectrum Disorder, F84.0 (ICD-10)
- A complete diagnosis with all 4 characters is required on all claims utilizing the ICD-10 coding



# Indiana ABA Medicaid Fee Schedule

CPT Code / Modifier(s)	Service (all services are expressed in 15 minute increments)
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, every 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, with two or more patients, every 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face -to-face with one patient, every 15 minutes
97156	Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes
97158	Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, face-to-face with multiple patients, every 15 minutes
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site; with assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior



# Claim Submission

- All Autism/ABA Claims must be:
  - Submitted on a Form 1500 (v.02/12) claim form
  - Submitted electronically via [UHCprovider.com](https://UHCprovider.com) using the Claim Entry transaction feature
  - Submitted electronically using an EDI clearinghouse and Payer ID # 87726
- Electronic Remittance Advice (ERA) Payer ID – 86047
  - Include appropriate taxonomy codes
  - Submitted within 90 days from the date of service
- Please send paper claims to:

Optum Behavioral Health  
P.O. Box 5240  
Kingston, NY 12402-5240
- Claims status can be obtained by:
  - Calling the Claims Customer Service Line: 1-877-610-9785
  - Logging in to [UHCprovider.com](https://UHCprovider.com)



# Form 1500 – Claim Form

All billable services must be coded

- Coding can be dependent on several factors:
  - Type of service (assessment, treatment, etc.)
  - Rate per unit (BCBA vs. Paraprofessional)
  - Place of service (home or clinic)
  - One DOS per line

You must select the code that most closely describes the service(s) provided.

Please follow billing instructions provided by your Network Manager based on your contract and system set-up.

Form 1500: formerly called CMS-1500 or HCFA

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE/MEDICAID/OTHER  
☐ MEDICARE ☐ MEDICAID ☐ OTHER (Specify) ☐ (Specify) ☐ (Specify)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
 2a. LAST NAME 2b. FIRST NAME 2c. MIDDLE INITIAL

3. PATIENT'S ADDRESS (No. Street)  
 3a. STREET 3b. CITY 3c. STATE 3d. ZIP CODE

4. OTHER INSURED'S POLICY OR GROUP NUMBER  
 4a. POLICY OR GROUP NUMBER 4b. OTHER CLAIMS (Designated by NUCC)

5. PATIENT'S CONDITION RELATED TO  
 5a. YES ☐ NO ☐ 5b. AUTO ACCIDENT? ☐ YES ☐ NO ☐ 5c. BLACK (Race) ☐ YES ☐ NO ☐

6. INSURED'S POLICY GROUP OR POLICY NUMBER  
 6a. POLICY GROUP OR POLICY NUMBER 6b. INSURANCE PLAN NAME OR PROGRAM NAME

7. INSURED'S DATE OF BIRTH  
 7a. MM 7b. DD 7c. YY 7d. SEX ☐ M ☐ F

8. OTHER CLAIMS (Designated by NUCC)  
 8a. YES ☐ NO ☐ 8b. THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO ☐

9. INSURANCE PLAN NAME OR PROGRAM NAME  
 9a. INSURANCE PLAN NAME OR PROGRAM NAME 9b. THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO ☐

10. THERE ANOTHER HEALTH BENEFIT PLAN?  
 10a. YES ☐ NO ☐ 10b. IF YES, complete items 9, 9a, and 9b.

11. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
 11a. SIGNATURE 11b. DATE

12. DATE OF CURRENT CLAIM  
 12a. MM 12b. DD 12c. YY 12d. QUAL ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z

13. DATE OF OTHER DATE  
 13a. MM 13b. DD 13c. YY 13d. QUAL ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L ☐ M ☐ N ☐ O ☐ P ☐ Q ☐ R ☐ S ☐ T ☐ U ☐ V ☐ W ☐ X ☐ Y ☐ Z

14. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION  
 14a. FROM MM DD YY 14b. TO MM DD YY

15. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
 15a. FROM MM DD YY 15b. TO MM DD YY

16. OUTSIDE LAND  
 16a. YES ☐ NO ☐ 16b. CHARGES

17. CHARGES  
 17a. YES ☐ NO ☐ 17b. CHARGES

18. PHYSICIAN OR SUPPLIER INFORMATION  
 18a. SIGNATURE 18b. DATE

19. SIGNATURE OF PHYSICIAN OR SUPPLIER  
 19a. SIGNATURE 19b. DATE

20. SERVICE FACILITY LOCATION INFORMATION  
 20a. SERVICE FACILITY LOCATION INFORMATION 20b. BILLING PROVIDER INFO & PH #

21. BILLING PROVIDER INFO & PH #  
 21a. BILLING PROVIDER INFO & PH # 21b. BILLING PROVIDER INFO & PH #

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)



# Claims Customer Service Contact Information

Claims status can be obtained by calling the Claims Customer Service Center

In the event you experience claim problems, please contact the following:

By Phone: 1-877-610-9785

Online by logging in to: [UHCprovider.com](https://UHCprovider.com)

The image shows a sample of a Health Insurance Claim Form (UB-04) with a large 'SAMPLE' watermark across it. The form includes fields for patient information, insurance details, and provider information. The form is titled 'HEALTH INSURANCE CLAIM FORM' and 'APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 03/10'. It contains various sections for data entry, including patient demographics, insurance coverage, and provider details. The form is numbered 1 through 6 at the bottom.



# Billing Tips

- **To ensure clean claims remember:**
  - An NPI number and taxonomy code is always required on all claims
  - A complete diagnosis is also required on all claims
- **Claims filing deadline**
  - Timely filing for Indiana Medicaid is 90 days from date of service
- **Balance Billing**
  - The member cannot be balance billed for behavioral services covered under the contractual agreement
- **Member Eligibility**
  - Provider is responsible to verify member eligibility through **UHCprovider.com**
- **Coding Issues**
  - Coding issues including incomplete or missing diagnosis, Invalid or missing HCPC/CPT examples:
    - Submitting claims with codes that are not covered services
    - Required data elements missing (i.e., number of units)
- **Provider information missing/incorrect**
  - Example: provider information has not been completely entered on the claim form or place of service
- **Prior Authorization Required**
  - Prior Authorization is required for all services or when additional units are being requested





# Denials

## Explanation of Benefits (EOB) / Provider Remittance Advice (PRA)

- Denial Codes
  - Ineligible
  - Over limit
  - No out-of-network benefits
  - Prior approval required

## Non-Coverage Determination (NCD)

## Appeals



# Claim Tips

## Rejections/Denials:

- Rejected claim – Claims that are rejected prior to hitting UnitedHealthcare claims system
  - Claims could be rejected for missing claims data (e.g., missing NPI, TIN or other required data elements)
- Denied claim – Claims that are denied by UnitedHealthcare claims system
  - Claims could be denied automatically during auto-adjudication (e.g., eligibility or timely filing issues)
  - Or claims could be denied during processing (e.g., no authorization on file, etc.)



# Claim Submission – Option 1 - Online

Log on to [UHCprovider.com](https://UHCprovider.com):

- Secure HIPAA-compliant transaction features streamline the claim submission process
- Performs well on all connection speeds
- Submitting claims closely mirrors the process of manually completing a Form 1500 claim form
- Allows claims to be paid quickly and accurately

You must have a registered user ID and password to gain access to the online claim submission function:

- To obtain a user ID, call **1-866-842-3278**



# Claim Submission – Option 2 – EDI/Electronically

Electronic Data Interchange (EDI) is an exchange of information

Performing claim submission electronically offers distinct benefits:

- **Fast** - eliminates mail and paper processing delays
- **Convenient** - easy set-up and intuitive process, even for those new to computers
- **Secure** - data security is higher than with paper-based claims
- **Efficient** - electronic processing helps catch and reduce pre-submission errors, so more claims auto-adjudicate
- **Notification** - you get feedback that your claim was received by the payer; provides claim error reports for claims that fail submission
- **Cost-efficient** - you eliminate mailing costs, the solutions are free or low-cost



# Claim Submission – Option 2 (cont.)

You may use any clearinghouse vendor to submit claims

Payer ID for submitting claims is **87726**

Electronic Remittance Advice (ERA) Payer ID: 86047

EDI Support: **1-800-210-8315** or email: [ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com)

Additional information regarding EDI is available on: [UHCprovider.com](https://UHCprovider.com)



# Optum Pay - Electronic Payments & Statements

With electronic payments and statements through Optum Pay™, you receive electronic funds transfer (EFT) for claim payments, plus your EOBs are delivered online:

- Lessens administrative costs and simplifies bookkeeping
- Reduces reimbursement turnaround time
- Funds are available as soon as they are posted to your account

To receive direct deposit and electronic statements through Optum Pay, you need to enroll at [myservices.optumhealthpaymentservices.com](https://myservices.optumhealthpaymentservices.com). Here's what you'll need:

- Bank account information for direct deposit
- Either a voided check or a bank letter to verify bank account information
- A copy of your practice's W-9 form

If you're already signed up with Optum Pay for UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through Optum Pay for UnitedHealthcare Community Plan when the program is deployed.

For more information about Optum Pay, call 1-877-620-6194







**providerexpress.com**




# providerexpress.com

## On our behavioral health provider website, you can find:

- Autism ABA Corner with specific ABA resources
- New Provider Orientation “Navigating Optum” viewable on demand
- Network Manual
- Demographic Updates
- Guidelines / Policies & Manuals
- Clinical Resources
- Level of Care Guidelines
- Administrative Resources
- Recovery & Resiliency Toolkit
- Video Channel
- Best Practices Guidelines
- Webinars/Training Resources



# providerexpress.com (cont.)



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Search:  Search

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Optum - Provider Express Home

Provider Tools for Recovery and Post Trauma Care.

MORE INFO

Transactions

Eligibility & Benefits

Claims

Authorization Inquiry

Appeals

My Practice Info

and More....

TMA Change to In-Network SUD Services

Autism/ABA Corner

ABA Caregiver Training via telehealth

COVID-19 telehealth policy updates for ABA services

Optum welcomes AVMed Membership for Autism/ABA services

Veterans Affairs Community Care Network (VA CCN) Resources

State-Specific News

MA - AllWays Health Partners Provider Manual Addendum Update

MA - Adverse Incident Reporting Form - Medicaid

MA - Serious Reportable Events Form

Mid-Atlantic States Referral Requirement Change

ACA Clinician...

Platinum Recognition

Various Behavioral Health Toolkits

Medication Assisted Treatment

LAI Administration

Clinician Tool Add/Update Form

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# Providerexpress.com – First Time User

- Register online for immediate access to secure Transactions
- No fees apply
- *Provider Express* Support Center available from 7 a.m. to 9 p.m. Central time – toll free at 1-866-209-9320
- Live Chat feature also available on “Contact Us” page

## Create an Optum ID

An Optum ID securely manages your account so that you can use one Optum ID and password to sign in to all integrated applications.


 Already have an Optum ID? Sign in now

### Profile Information

First name

Last name

Year of birth

### Sign In Information







# Resources



# UHCprovider.com Provider Website

## New user registration

[UHCprovider.com](https://UHCprovider.com)

Provides clinicians with access to the latest news, policy information and to Link self-service tools for care providers.

## Create an Optum ID

In order to access secure content on UHCprovider.com or to access [Link](#) self-service tools to submit claims, verify eligibility or to check for prior authorization requirements, you first need to have an Optum ID that has been connected to the Tax ID of your practice, facility or organization.

## Link Self-Service Tools

### Need help accessing certain applications on Link?

If you are unable to access a specific Link Self-Service application using your Tax ID connected Optum ID login, please contact your organization's practice administrator – they are the only ones able to manage and make changes to account access.

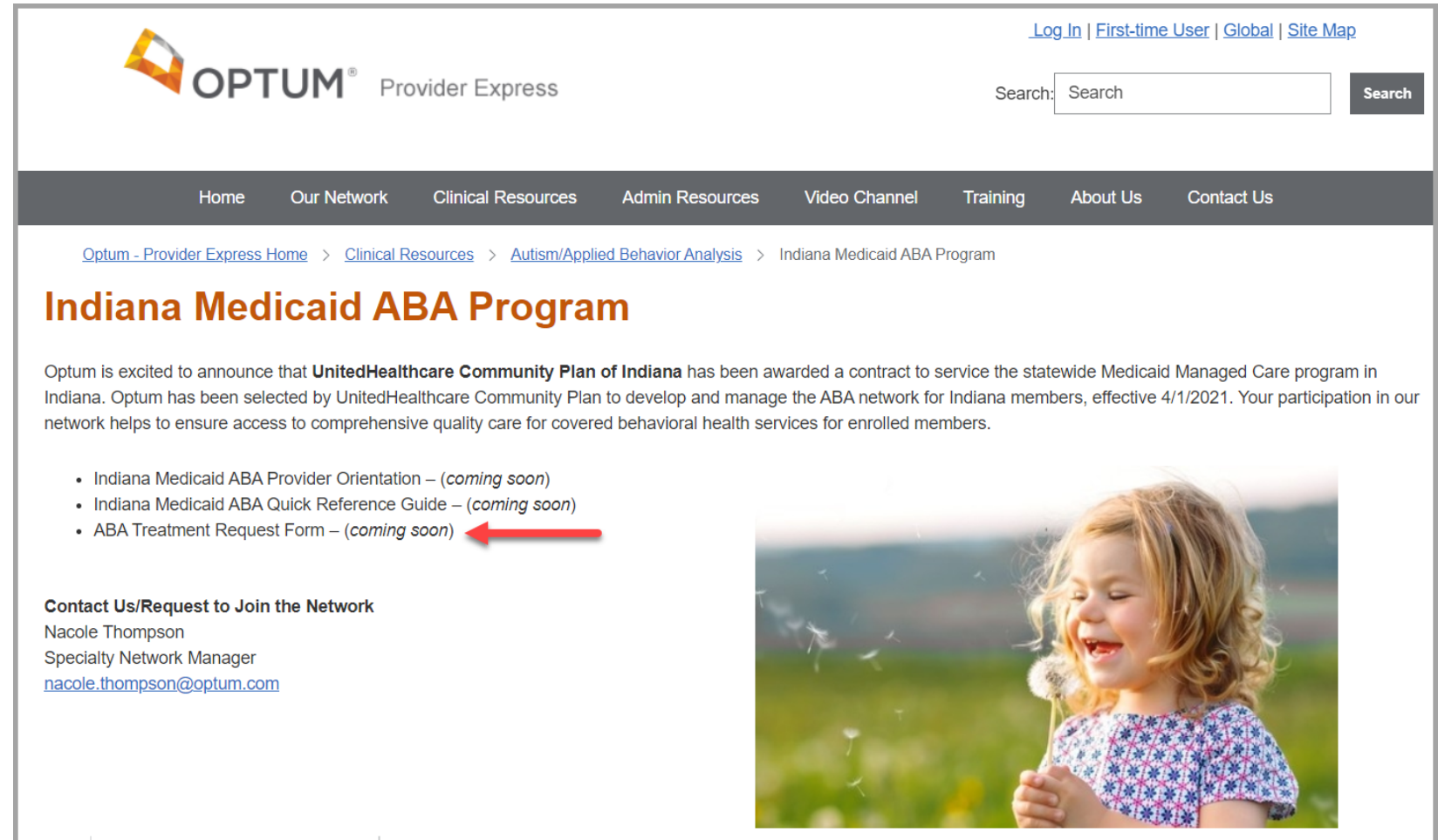
The screenshot displays the UHCprovider.com Provider Website interface. At the top, there is a navigation bar with the United Healthcare logo, a search bar, and links for MEMBERS, FIND DR., NEW USER, and SIGN IN TO LINK. Below the navigation bar, a banner section features a warning icon and text about updates to COVID-19 temporary provisions, dated January 28, 2021 at 9:00 PM CT. It mentions updates for the treatment of COVID-19, including monoclonal antibody treatment, and the temporary suppression of prior authorization requirements for in-patient admissions to in-network SNFs. It also promotes a self-paced online course for providers. Below this, a large blue banner with a photo of a doctor encourages users to 'Try Your Improved Referral Experience' and introduces a redesigned, user-friendly experience for submitting referrals and checking on status, with a 'Learn More' button. Underneath, a section titled 'COVID-19 Updates' lists four categories: Telehealth Services (dated January 11, 2021 at 9:26 AM CT), Testing, Treatment, Vaccines, Coding & Reimbursement (dated January 28, 2021 at 9:50 PM CT), Prior Authorization and Ongoing Patient Care Updates (dated January 28, 2021 at 9:47 PM CT), and Practice Administration (dated January 28, 2021 at 9:42 PM CT). A link to 'See All COVID-19 Updates & Resources' is provided. At the bottom, there are four colored boxes representing different self-service tools: Claims and Payments (purple), Eligibility and Benefits (blue), Policies and Protocols (green), and Prior Authorization and Notification (dark blue). Each box has a 'Learn More' or 'View Current' button.





# Prior Assessment Authorization



- Prior authorization request form can be found online at [providerexpress.com](https://providerexpress.com)
- Requests can also be faxed to 1-888-541-6691
- In addition to Optum's prior authorization form, we will also accept the Universal Prior Authorization Form



The screenshot shows the Optum Provider Express website. At the top, there is a navigation bar with links for Log In, First-time User, Global, and Site Map. Below this is a search bar. The main navigation menu includes Home, Our Network, Clinical Resources, Admin Resources, Video Channel, Training, About Us, and Contact Us. The breadcrumb trail indicates the current page is under Clinical Resources > Autism/Applied Behavior Analysis > Indiana Medicaid ABA Program. The page title is "Indiana Medicaid ABA Program". The main content area contains an announcement from Optum regarding a contract with the UnitedHealthcare Community Plan of Indiana to manage the ABA network for Medicaid members starting 4/1/2021. A list of resources is provided, including "Indiana Medicaid ABA Provider Orientation – (coming soon)", "Indiana Medicaid ABA Quick Reference Guide – (coming soon)", and "ABA Treatment Request Form – (coming soon)". A red arrow points to the "ABA Treatment Request Form" link. Below the list, there is a "Contact Us/Request to Join the Network" section with contact information for Nacole Thompson, Specialty Network Manager, including her email address [nacole.thompson@optum.com](mailto:nacole.thompson@optum.com). On the right side of the page, there is a photograph of a young child with blonde hair, smiling and holding a dandelion seed head.



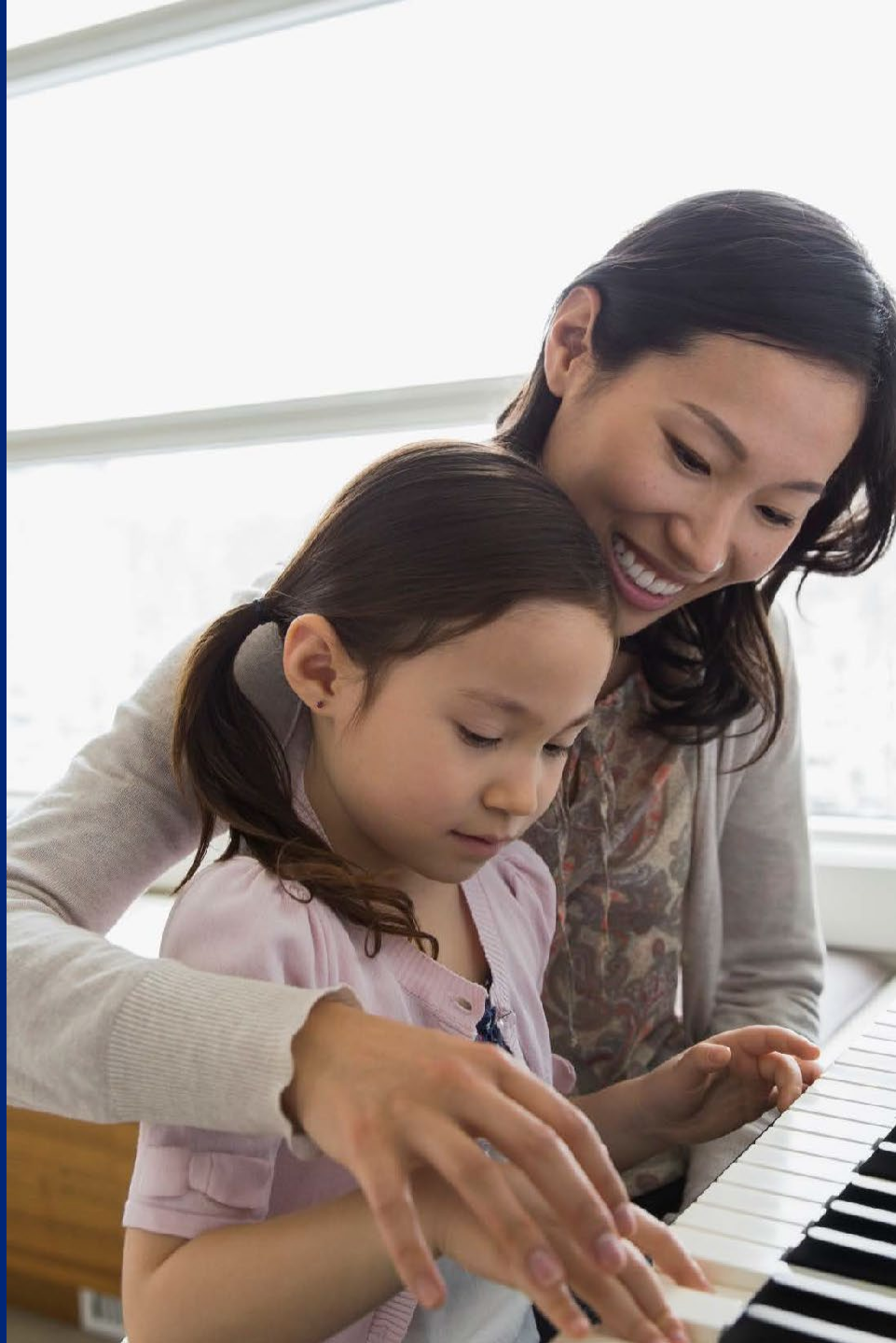
# Indiana Medicaid ABA Program Provider Quick Reference Guide

 	
<b>UnitedHealthcare Community Plan of Indiana ABA Provider Quick Reference Guide</b>	
<b>Call Center/Claims Customer Service</b>	<b>1-877-610-9785</b>
<b>Websites &amp; What's Available</b>	<a href="http://providerexpress.com">providerexpress.com</a> <ul style="list-style-type: none"> <li>Autism/ABA Corner with specific ABA resources</li> <li>New Provider Orientation "Navigating Optum" viewable on demand</li> <li>Network Manual</li> <li>Demographic Updates</li> <li>Guidelines / Policies &amp; Manuals</li> <li>Clinical Resources</li> <li>Level of Care Guidelines</li> <li>Administrative Resources</li> <li>Recovery &amp; Resiliency Toolkit</li> <li>Video Channel</li> <li>Best Practices Guidelines</li> <li>Webinars/Training Resources</li> </ul> <a href="http://uhcprovider.com">uhcprovider.com</a> <ul style="list-style-type: none"> <li>State-specific health plan information</li> <li>Check member eligibility</li> <li>Check claim status &amp; payments</li> <li>Claims Reconsideration</li> <li>Electronic Data Interchange (EDI) information</li> <li>Tools &amp; Resources</li> <li>Tutorials</li> </ul>
<b>Provider is Responsible for:</b>	<ul style="list-style-type: none"> <li>Verifying enrollee eligibility &amp; benefits</li> <li>Obtaining authorizations</li> <li>Being familiar with ABA specific guidelines on our website: <a href="http://providerexpress.com">providerexpress.com</a> &gt; Autism/ABA Corner</li> <li>Being familiar with the <a href="#">Network Manual</a> located on our website: <a href="http://providerexpress.com">providerexpress.com</a> &gt; Guidelines / Policies &amp; Manuals</li> </ul>
<b>How to Verify Benefits and Obtain Authorizations:</b>	<ul style="list-style-type: none"> <li>Verify benefits either on line on <a href="http://providerexpress.com">providerexpress.com</a> or call the number on the member's ID card</li> <li>Prior authorization request form can be found online at <a href="http://providerexpress.com">providerexpress.com</a></li> <li>fax at: 1-888-541-6691</li> </ul>
<b>Claims Submission Options</b>	<ul style="list-style-type: none"> <li>Submit on a Form 1500 (v.02/12) claim form</li> <li>Submit electronically via <a href="http://uhcprovider.com">uhcprovider.com</a> using the Claim Entry transaction feature</li> <li>Paper Claim submission: <ul style="list-style-type: none"> <li>UnitedHealth Community Plan</li> <li>P.O. Box 5240</li> <li>Kingston, NY 12402-5240</li> </ul> </li> <li>Claims must be submitted within 90 days from the date of service</li> </ul>
<b>EDI</b>	Claims Payer ID: 87726 Electronic Remittance Advice (ERA) Payer ID: 86047 EDI Support: <b>1-800-210-8315</b> or email <a href="mailto:ac_edi_ops@uhc.com">ac_edi_ops@uhc.com</a>
<b>Electronic Payments &amp; Statements (EPS)</b>	It's quick and easy, go to <a href="http://uhcprovider.com">uhcprovider.com</a> > Claims & Payments > Electronic Payments & Statements Questions: <b>1-866-842-3278</b> , option 5
<b>Clinical Appeals</b>	<b>Indiana Medicaid:</b> Optum Appeals & Grievances P.O. Box 31364 Salt Lake City, UT 84131-0364
<b>ABA Clinical Policy and Level of Care Guidelines</b>	ABA Clinical Policy can be found on Provider Express > Autism/ABA Corner> ABA Clinical Policy, along with other resource materials.  For determination of medical necessity go to InterQual at <a href="http://changehealthcare.com">changehealthcare.com</a>
<b>ABA Network Management Contact</b>	<b>Provider Service Line: 1-877-614-0484</b> <b>Nacole Thompson, ABA Network Manager:</b> <a href="mailto:nacole.thompson@optum.com">nacole.thompson@optum.com</a>





# Appendix



# Helpful Websites

To get an NPI number:

- [nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart](https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart)

To learn more about HIPAA:

- [hhs.gov/ocr/privacy/](https://hhs.gov/ocr/privacy/)

To learn more about Tax IDs or Employee IDs:

- [irs.gov](https://irs.gov)

Optum provider website:

- [providerexpress.com](https://providerexpress.com)
- [Claim Tips](#): Provider Express > Quick Links > Claim Tips
- [Claim Forms](#): Provider Express > Quick Links > Forms > Optum Forms - Claims

Autism Votes website:

- [autismspeaks.org/advocacy](https://autismspeaks.org/advocacy)



# Key Terms: General

- NPI
- CPT
- HCPCS
- HIPAA
- Form 1500
- HCFA 1500
- CMS 1500
- Modifiers
- Units
- Prior authorization
- Signature on file
- DSM-5 diagnosis
- ICD-10 diagnosis code
- Subscriber ID or Member ID
- Dependent
- Policy or Group Number
- TIN or EIN
- Place of Service
- Diagnosis Pointer
- Fee schedule
- Par/Non-Par
- SPD/COC



# Key Terms: Completing Claim Forms

- Type of plan box
- Patient name
- Dependent
- Subscriber ID or Member ID Signature on File
- Patient address
- Policy or Group Number
- Prior authorization
- DSM-5 diagnosis
- ICD-10 diagnosis code
- ICD indicator
- Dates of Service
- Place of Service
- Procedure Code
- Modifiers
- Diagnosis Pointer
- Charges (total)
- Units
- NPI and Provider ID
- TIN or EIN
- Accept assignment
- Total charge
- Amount paid by patient
- Balance due





# Q&A





**Thank You**