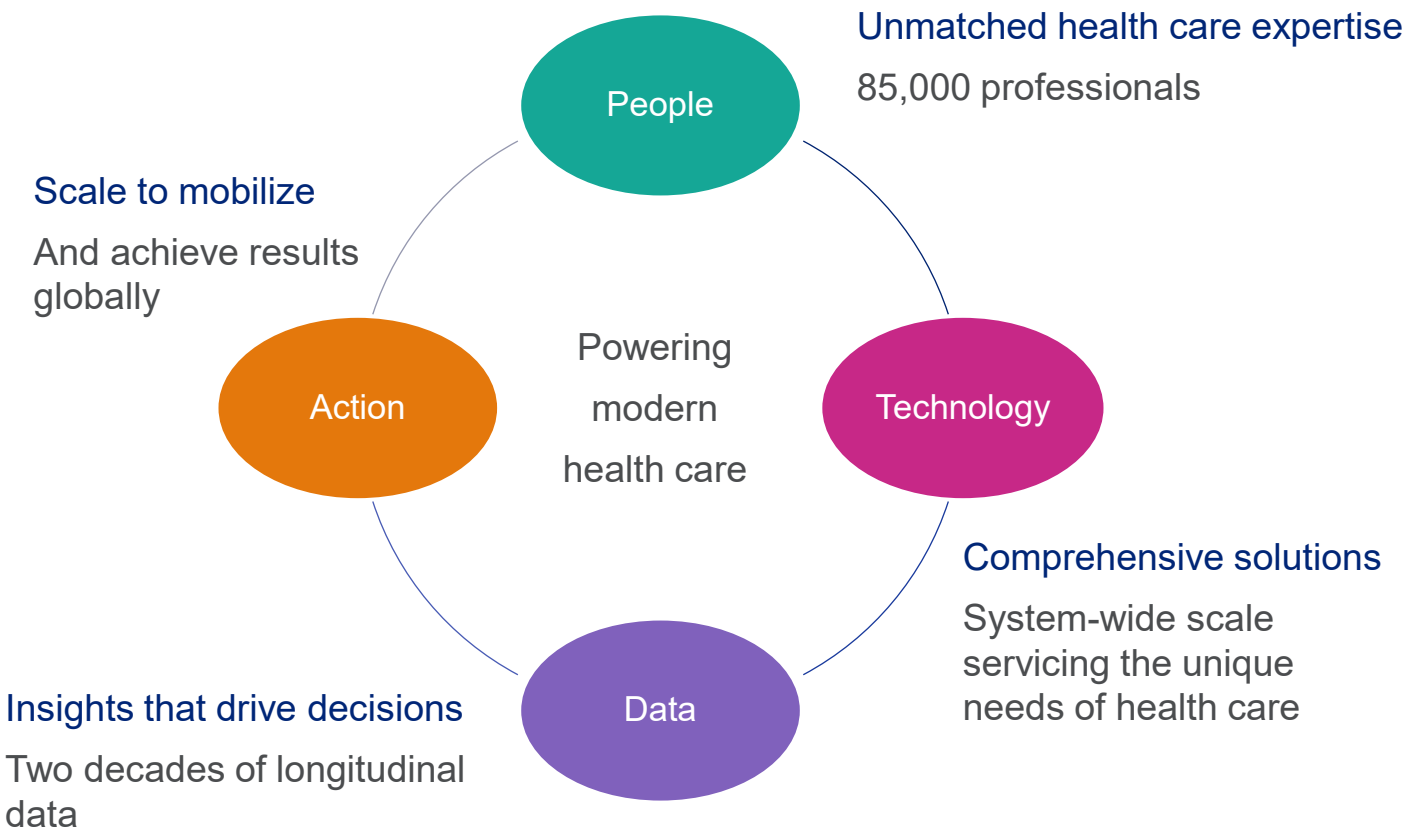
KanCare Autism/ABA Program Provider Training

Optum with UnitedHealthcare Community Plan Kansas

BH00504_09042024

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



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UnitedHealth Group Structure

UNITEDHEALTH GROUP®

Optum

Helping make the health system work better for everyone

Information and technology- enabled health services:

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

UnitedHealthcare®

Helping people live healthier lives

Health care coverage and benefits:

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

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Our United Culture

Our mission is to help people live healthier lives

Our role is to make health care work for everyone

Integrity.	Honor commitments Never compromise
Compassion.	Walk in the shoes of the people we serve And those with whom we work
Relationships.	Build trust through collaboration
Innovation.	Invent the future, learn from the past
Performance.	Demonstrate excellence in everything we do

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Who is Optum

Making care simpler and more effective for everyone

Whole person health - physical, mental and social

Simpler, smarter care coordination

Health intelligence and innovation

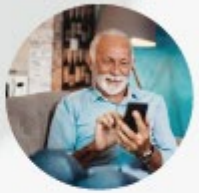
Proven clinical expertise and informed decision support

Connecting every aspect of health
Designing care around the person
Making health care smarter
Ensuring equitable health for all

Seamless administrative transactions

Health equity ingrained into every aspect of our company culture

Innovative community care models



Information when you need it

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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 at the right time from the right providers.

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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; 4,200 facilities 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

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Optum Autism/ABA Member Information

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Member ID Card

- Will be sent directly to the member
- The member's ID number will be their Medicaid number
- All relevant contact information will be on the back of the card for both medical and behavioral customer service

Please note this image is for illustrative purposes only.

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Member Rights and Responsibilities

Members have the right to be treated with respect and recognition of his or her dignity, the right to personal privacy, and the right to receive care that is considerate and respectful of his or her personal values and belief system

Members have the right to disability related access per the Americans with Disabilities Act

You will find a complete copy of Member Rights and Responsibilities in the Provider Network Manual

These can also be found on the website: Providerexpress.com

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

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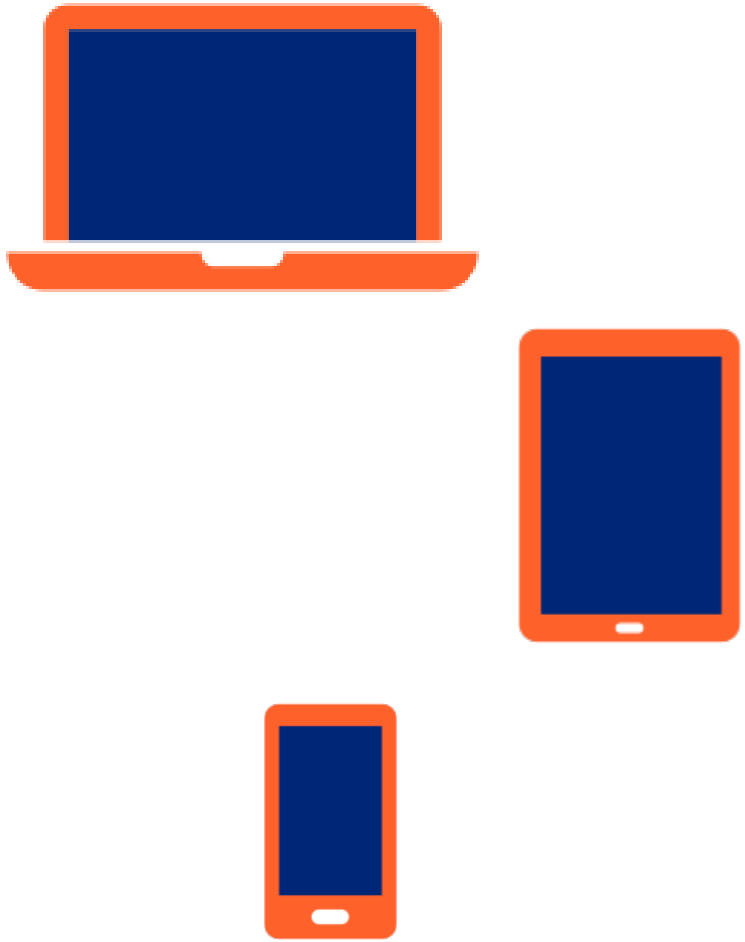
Member website

Live and Work Well makes it simple for members to:

- Identify network clinicians and facilities
- Locate community resources
- Find articles on a variety of wellness and work topics
- Take self-assessments



The search engine allows members and providers to locate in-network providers for behavioral health and substance use disorder services.

Providers can be located geographically, by specialty, license type and expertise.

The website has an area designed to help members manage and take control of life challenges.

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Who is eligible?

To be eligible for ABA services, a client must meet both of the following criteria:

- Be younger than age 21
- Be covered under KanCare

AND meet the following criteria:

- Have a diagnosis of an autism spectrum disorder, as defined by the most current version of the Diagnostic and Statistical Manuel (DSM-5)

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Autism/ABA Program Services

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KanCare Autism/ABA Program Provider Credentialing Criteria

KanCare Autism/ABA Program Providers must meet the following criteria:

- Be an approved KMAP provider
- Complete state required autism waiver training at the U of K
- Meet professional liability insurance requirements of $1m/$1m
- Submit Kansas Centralized State Application with proof of above requirements, (i.e., KMAP number, copy of U of K training completion certificate, and liability face sheet) to KanCare Autism/ABA Program Network Manager at: joshua.vanryswyk@optum.com

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Steps in Providing Treatment

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Authorization Process

All Autism Services require Prior Authorization

- **For ABA only authorizations**, please submit requests online at optumpeeraccess.secure.force.com/ABAtreatment

- **For Autism Waiver Dual Services** authorization requests, please email completed Plan of Care and Authorization Request Form to:
  - Jennifer.Beaven@optum.com or fax to 855-268-9392
  - Attn: KanCare Autism/ABA Program Coordinator

- Forms are available on the KanCare Autism/ABA Program page of providerexpress.com
- When a request for services is received, Optum will:
  - review member benefit eligibility
  - determine whether the requested care meets medical necessity criteria
  - authorize services appropriately and issue authorization number

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General Documentation Standard

The following must be clearly documented in the member's chart:

- Complete biopsychosocial assessment
- Axis I diagnosis
- Treatment request with specific long term and short-term goals
- Ongoing risk assessments

More information about documentation standards can be found in the Optum KanCare Provider Manual

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Discharge Planning

- Effective discharge planning addresses how a member's needs will be met during transition from one level of care to another or to a different treating clinician
- Planning begins with the onset of care and should be documented and reviewed over the course of care
- Discharge treatment planning will focus on achieving and maintaining a desirable level of functioning after the completion of the current episode of care
- Discharge instructions should be specific, clearly documented and provided to the member prior to discharge
- Throughout the treatment and discharge planning process, it is essential that members be educated regarding the importance of enlisting community support services, communicating treatment recommendations to all treating professionals, and adhering to follow-up care

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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
- 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

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Coding, Billing and Reimbursement

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KanCare Autism/ABA Program Provider Fee Schedule

Billing Code	Modifier	Service Description	Units
S9482		Autism - Family Adjustment Counseling	15 min
S9482	HQ	Autism - Family Adjustment Counseling (Group)	15 min
T1005		Autism Respite Care	15 min
T1027		Autism - Parent Support & Training	15 min
T1027	HQ	Autism - Parent Support & Training (Group)	15 min
97151		Behavior identification assessment - per 15 minutes	15 min
97152		Behavior identification-supporting assessment - per 15 minutes	15 min
97153		Adaptive behavior treatment by protocol- per 15 minutes	15 min
97155		Adaptive behavior treatment with protocol modification - per 15 minutes	15 min
97156		Family adaptive behavior treatment guidance - per 15 minutes	15 min

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Claims Submission

All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form

Please send paper claims to:

- United Healthcare
  P.O. Box 5270
  Kingston, New York 12402

Electronic Claims Payer ID: 96385

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

- Optum – 1-855-802-7095

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Claims Tips

To ensure clean claims remember:

- An NPI # for the authorizing agency or provider is required on all claims
- A complete diagnosis is also required on all claims
  - Example: F84.0 Autism Spectrum Disorder.

Claims Filing Deadline:

- Providers should refer to their contract with Optum to identify the timely filing deadline that applies

Claims Processing:

Clean claims, including adjustments, will be adjudicated within 30 days of receipt

Balance Billing:

- The member cannot be balance billed for behavioral services covered under the contractual agreement

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Claims Tips (cont.)

Member Eligibility:

- Provider is responsible to verify member eligibility through KMAP

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:

- No authorization received for those services for which an authorization is required
- Units exceeded, example: authorization was given for 10 days, facility has billed for 11 inpatient days

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Diagnostic Coding

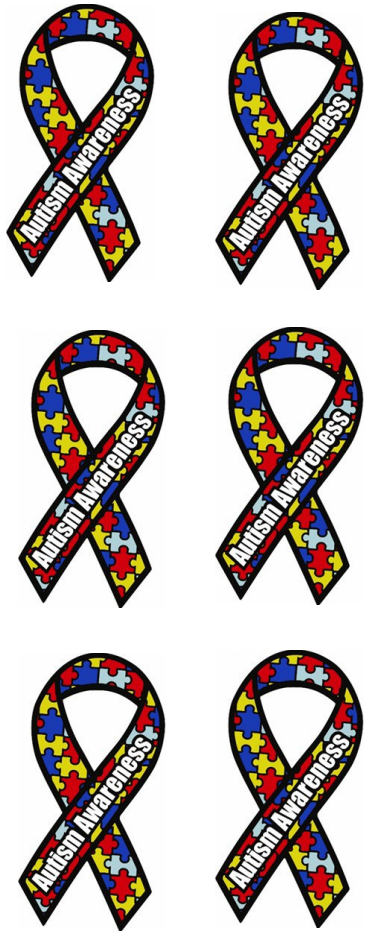
Guides for Coding:

- DSM-5 defined conditions:
  - Clinical criteria for ASD
  - Maps to the appropriate ICD billing code
- ICD-10 required for dates of service 10/1/15 and later

ASD Coverage:

- Autism Spectrum Disorder, F84.0 (ICD-10)
  - Mandatory usage (effective 10/1/15)

- A complete diagnosis with all 4 digits is required on all claims utilizing the ICD-10 coding



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Appeals and Grievances

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Appeals

- Must be requested within 120 days from days from the date of disposition on the remittance report (Explanation of Benefits).
- Pre-Service: is an appeal of a service that has not yet been received by a member. When a pre-service appeal is requested, we will make an appeal determination and notify the provider, facility, member or authorized member representative in writing within fourteen (14) calendar days of the request
- Post-Service: is an appeal of a service after it has been received by a member. When a post service appeal is requested, we will make the appeal determination & notify the provider, facility, member or authorized member representative in writing within fourteen (14) calendar days of the request

- Must be requested as soon as possible after the Adverse Determination
- Optum will make a reasonable effort to contact you prior to making a determination on the appeal. If Optum is unsuccessful in reaching you, an urgent appeal determination will be made based on the information available to Optum at that time
- Notification will occur as expeditiously as the member's health condition requires, within three (3) business days, unless the appeal is pertaining to an appeal relating to an ongoing emergency or denial of continued hospitalization, which we will complete investigation and resolution of not later than one (1) business day after receiving the request

Appeal requests can be made orally or in writing; however, an oral request to appeal shall be followed up by a written, signed, appeal.

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Services While In Appeal

- You may continue to provide service following non-coverage determinations, but the member should also be informed of the adverse determination
- The member or the member representative should be informed that the care will become the financial responsibility of the member from the date of the adverse determination forward
- The member must agree in writing to these continued terms of care and acceptance of financial responsibility. You may charge no more than the Optum contracted fee for such services, although a lower fee may be charged
- If, subsequent to the adverse benefit determination and in advance of receiving continued services, the member does not consent in writing to continue to receive such care and we uphold the determination regarding the cessation of coverage for such care, you cannot collect reimbursement from the member pursuant the terms of your Agreement

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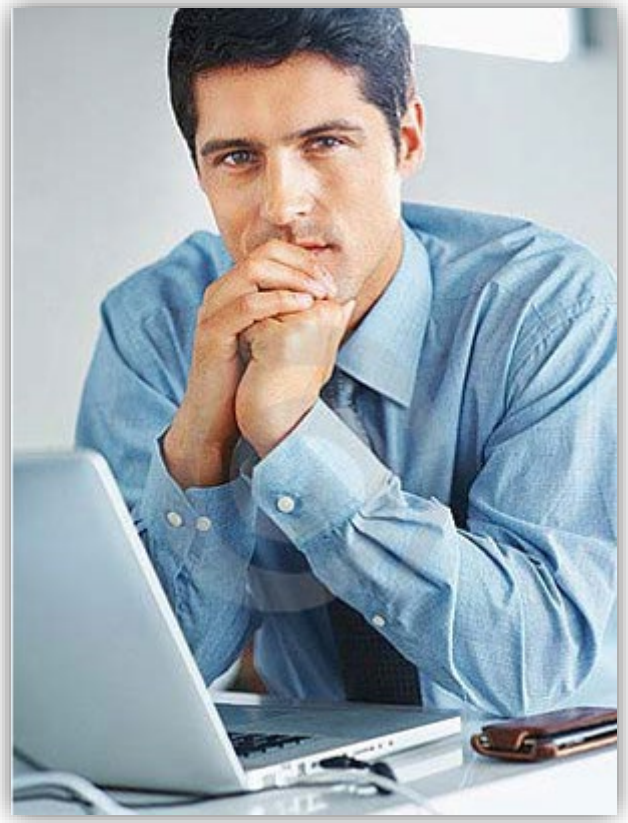
Grievances

We strive for the best customer service, but if you have a grievance, please contact us:

- Call **1-855-802-7095** and a Customer Service representative will assist with the grievance process
- Or send a written grievance to:

  UnitedHealthcare Community Plan
  P.O. Box 31364
  Salt Lake City, Utah 84131- 0364



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Resources

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UHCprovider.com Provider Website

MENU

UnitedHealthcare

What can we help you find?

MEMBERS FIND DR. LINK NEW USER SIGN IN

Resources for physicians, administrators and healthcare professionals

Use the MENU to explore by topic

Search can take you quickly to what you want

Head straight to LINK for self-service tools

Hello!

Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.

Learn More About Site Features

Quickly access important self-service areas from tiles below

See the blue tab? We'd love to hear your feedback!

Feedback

Claims and Payments

Learn More

Eligibility and Benefits

Learn More

Policies and Protocols

View Current

Prior Authorization and Notification

Learn More

Latest UnitedHealthcare Provider News

Claim Submission Is Coming To Link

Claim Submission Is Coming To Link

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New User Registration

UHCprovider.com

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

Create a One Healthcare 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 a One Healthcare ID that has been connected to the Tax ID of your practice, facility or organization.

Video: Accessing Link via UHCprovider.com

Need a One Healthcare ID?

Please register to create your One Healthcare ID.

Have a One Healthcare ID, but need to connect a Tax ID?

To start the process, sign in with your One Healthcare ID on UHCprovider.com and click "No" when asked if you received a registration letter that included a security code. From that point, complete the required fields for the form as prompted. For help see the Accessing Link - Quick Reference Guide.

Need help accessing certain applications on Link?

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

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Provider Express

KanCare Home page

Optum | Provider Express

Log In | First-time User | Global | Site Map

Search: Search Search

Home | Our Network | Clinical Resources | Admin Resources | Video Channel | Training | About Us | Contact Us

Optum - Provider Express Home > Clinical Resources > Autism/Applied Behavior Analysis > abaKSMedicaid

KanCare Autism Program

Optum assumed management of the autism waiver program benefits for KanCare (managed care program for Medicaid and Children's Health Insurance Program [CHIP]) members with coverage through UnitedHealthcare Community Plan effective January 1, 2013.

Effective January 1, 2017, KanCare Medicaid Autism/ABA is covered under the Kansas state wide Medicaid plan.

To learn more about the process for applying to the network and the clinical protocols your participation in this unique network would require you to follow, please review the materials below.

- KanCare Autism Program Provider Orientation
- KanCare Autism Program Provider Participation Requirements
- KanCare Autism Program Provider Quick Reference Guide
- KanCare Autism Program Plan of Care

- For Autism Waiver or dual services authorizations, please continue to submit the form below via fax to the local Kansas Medicaid team at 855-268-9392
- KanCare Autism Program Authorization Request Form

- For ABA only authorizations, please submit requests online at: http://electronicforms.force.com/ABATreatment

Contact Us/Request to Join the Network:
J.T. Van Ryswyk, Specialty Network Manager
Email: joshua.vanryswyk@optum.com

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Provider Quick Reference Guide

ID Card	UnitedHealthcare Community Plan Health Plan (80840) 911-87726-04 KanCare Member ID: 99999999999 Group Number: XXXXXX Member: Subscriber Brown PCP Name: Provider Brown/Provider Group PCP Phone: (999) 999-9999 OPTUMRx Rx Bin: 610494 Rx Grp: ACUKS Rx PCN: 9999 Effective Date: 99/99/9999 Administered by UnitedHealthcare of the Midwest, Inc. In an emergency go to nearest emergency room or call 911. This card does not guarantee coverage. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call. For Members: 877-542-9238 TTY 711 Nurseline: 855-575-0136 TTY 711 Behavioral Health: 855-802-7095 TTY 711 Vision: 800-877-7195 TTY 711 For Providers: www.uhccommur 877-542-9235 Medical Claims: PO Box 3571, Topeka Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903 For Pharmacist: 877-305-8952
Clinician is Responsible for:	Verifying benefits/eligibility online at uhcprovider.com or call the Behavioral Health number located on the back of the member's ID card 1-855-802-7095 • Obtaining authorization as necessary • Being familiar with the Network Manual located on our web site: providerexpress.com >Guidelines / Policies & Manuals> Network Manual

Prior Authorization	All autism services require prior authorization:
	• Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the member's ID card
	• Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either
	  ○ Online at https://optumpeeraccess.secure.force.com/ABAtreatment/
	  ○ Or via fax at 1-855-268-9392

Claims Paper Submission	Mail paper claims to: • United Healthcare, P.O. Box 5270, Kingston, NY 12402 • All autism provider services must be billed on a Form 1500 • Submission should occur within 90 days of date of service
Electronic Submission	Submit claims online through: • Front End Billing (FEB) (information can be found at kmap-state-ks.us) • Payer ID for submitting claims using the EDI clearing house is 96385
Claim Status	Claims status can be obtained by calling Customer Service Center: • 1-855-802-7095 • Or through the Web portal at providerexpress.com or uhcprovider.com
Claim Appeals	Claim appeals process: • Appeals must be requested within 120 calendar days of disposition on the remittance report (Explanation of Benefits) • Mailed to Optum, 10895 Grandview Dr. Suite 200, Overland Park, KS 66210-1562
Update Practice Info	You can update your practice information by contacting your designated Autism Network Manager.
Disclaimer	Information contained herein is subject to change. Please contact your Network Manager with any questions.
Network Management	Mitchell Rogers, Specialty Network Manager Email: Mitch_Rogers@optum.com

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Appendix

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Helpful Websites

To get an NPI number:

- NPPES (hhs.gov)

To learn more about HIPAA:

- HIPAA Home | HHS.gov

To learn more about Tax IDs or Employee IDs:

- irs.gov

Optum provider website:

- Providerexpress.com
- Claim Tips: Provider Express > Quick Links > Claim Tips
- Claim Forms: Provider Express > Quick Links > Forms > Optum Forms - Claims

Autism Votes website:

- Advocate | Autism Speaks

Enrollment Wizard

- Provider Enrollment Wizard

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Provider and Member Resources

- Abuse & Neglect: Child
- Abuse: Domestic Violence
- Abuse & Neglect: Elder
- ADHD (Adult)
- ADHD (Youth)
- Alzheimer's & Dementia
- Anxiety
- Arthritis
- Asthma
- Autism
- Bipolar (Adult)
- Bipolar (Youth)
- Cancer
- Childhood Illness
- Chronic Pain
- Depression (Adult)
- Depression (Youth)
- Diabetes
- Eating Disorders (Adult)
- Eating Disorders (Youth)
- Heart Disease/Circulatory
- HIV
- Infertility
- Obesity
- Personality Disorders
- Obsessions & Compulsions
- Phobias
- Postpartum Depression
- Post-Traumatic Stress Disorder Schizophrenia (Adult)
- Schizophrenia (Youth)
- Sexual Problems
- Stress
- Traumatic Brain Injury

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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

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