ABA Provider Workshop

Presentation Outline

- SilverSummit Healthplan Overview
- Provider Manual
- Website and Secure Portal Tools
- Provider Support Resources
- Member Eligibility
- Provider Enrollment
- Prior Authorizations
- Claims and Billing
- Provider Responsibilities

Our Approach and Goals

Our overarching goal is to help each and every SilverSummit Healthplan member achieve the highest possible levels of wellness, functioning, and quality of life, while demonstrating positive clinical results.

Integrated care

- Strong support for the integration of both physical and behavioral health and social determinants
- Assisting members in achieving optimum health, functional capability, and quality of life through coordination of care
- Assist members with locating a Provider
- Coordinate requests for out-of-network providers by determining need/access issues involved

Continuity of Care

- Continuity of personal relationships, recognizing that an ongoing relationship between patients and providers is the foundation that connects care over time and bridges discontinuous events
- Continuity of clinical management

Web-Based Tools

- Public site at **www.silversummithealthplan.com**
  - Provider Manual and Billing Manual
  - Prior Authorization Code Checker
  - Operational forms such as Applied Behavioral Analysis Authorization Request Form
  - Clinical and Payment Policies
  - Provider Newsletters and Announcements
  - Plan News
  - Complimentary Behavioral Health Training
  - Find A Provider

Provider Manual

The provider manual contains comprehensive information about SilverSummit operations, benefits, billing, and policies and procedures. The most up-to-date version can always be viewed on our website www.silversummithealthplan.com

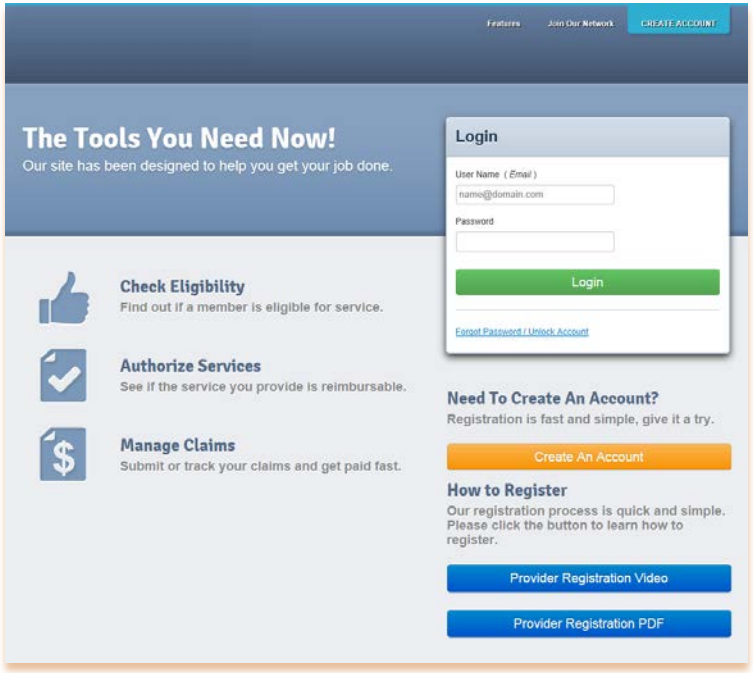
Should any changes be made, you will be notified via updates posted on our website and/or in Explanation of Payment (EOP) notices.

Provider Enrollment

- Providers interested in joining the network:
  - Send a letter of interest to NETWORKMGMTNV@SilverSummitHealthPlan.com

Secure Provider Portal

- Member Eligibility and Patient Listings
- Health Records and Care Gaps
- Claims Submissions and Status
- Corrected Claims and Reconsiderations
- Payments History



Registration is free and easy, contact your Provider Network Specialist to get started!

Provider Network Specialists

Each provider will have a **SilverSummit** Provider Network Specialist assigned to them. This team serves as the primary liaison between the Plan and our provider network and is responsible for:

- Provider Education
- HEDIS/Care Gap Reviews
- Financial Analysis
- Assisting Providers with EHR Utilization
- Demographic Information Updates
- Initiating credentialing of a new practitioner
- Facilitating with inquiries related to administrative policies, procedures, and operational issues
- Monitoring performance patterns
- Contract clarification
- Membership/Provider roster questions
- Assisting in Provider Portal registration and Payspan

Member / Provider Services

SilverSummit's Member/Provider Services department includes trained Customer Service Representatives who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:

- Credentialing/Network Status
- Status of Claims
- Request for adding/deleting physicians to an existing group

By calling **SilverSummit's** Member/Provider Services number at 1-844-366-2880**,** 8am-5pm Monday-Friday, providers will be able to access real time assistance for all their service needs.

Checking Member Eligibility

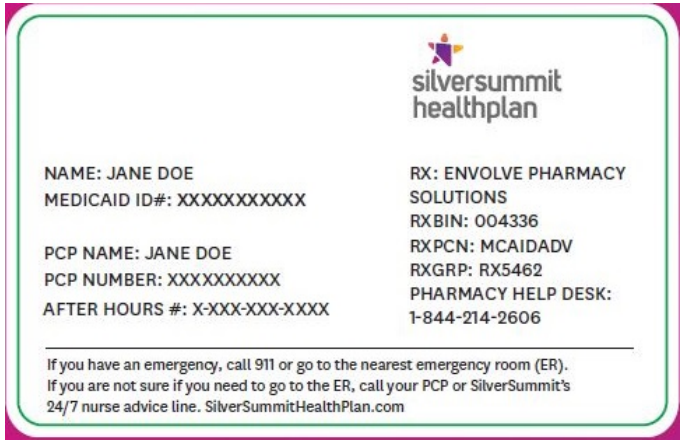
- Network Providers are responsible for verifying eligibility:
  - Every time a member schedules an appointment
  - When the member arrives for the appointment

- Verifying eligibility can be done via:
  - Secure Provider Portal
  - Calling Provider Services 1-844-366-2880 (toll-free)
  - Checking the Nevada Medicaid Eligibility System (automated response system) at (800) 942-6511 or the Nevada Medicaid web portal/EVS

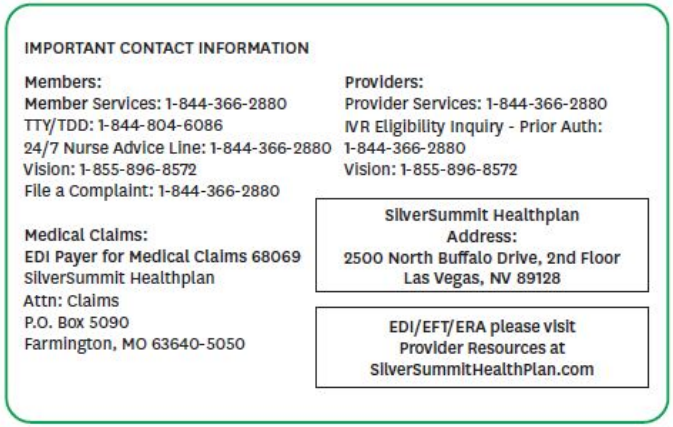
Member ID Card

Members should present both their SilverSummit member ID card and a photo ID each time services are rendered by a provider.

Front



Back



Prior Authorizations

- Applied Behavioral Analysis Services requiring Prior Authorization by **SilverSummit** include but are not limited to:
  - Adaptive Behavioral Treatment Intervention by Technician, Physician or QHP
  - Exposure Adaptive Behavior Treatment Two or More Technicians for Service Maladaptive Behavior(s)
  - Group Adaptive Behavior by Technician, Physician or QHP
  - Family Adaptive Behavior by Technician, Physician or QHP
- Please refer to the pre-auth code checker located on the public website at www.silversummithealthplan.com for a complete breakdown of services and authorization requirements

**Disclaimer: An authorization is not a guarantee of payment. Members must be eligible at time of services being rendered. Services must be a covered Health Plan Benefit and medically necessary with PA, as per Plan policy and procedures.*

Applied Behavioral Analysis Authorization Request Form

- Authorization form can be found on our public website at www.silversummithealthplan.com
- Select “For Providers” tab at top
- Select “Provider Resources” then “Manuals, Forms and Resources”
- Form is located under the “Behavioral Health Forms” section

ABA Services

Code	Description
0359T	Behavioral Identification Assessment
0360T	Observational Follow Up Assessment (First 30 minutes of technician time, face-to-face with patient)
0361T	Observational Follow Up Assessment (Each additional 30 minutes of technician's time, face-to-face with the patient)
0362T	Exposure Behavior Follow Up Assessment (Face-to-face first 30minutes of tech(s) time)
0363T	Exposure Behavior Follow Up Assessment (Each additional 30 minutes of technician(s) time, face-to-face with the patient)

ABA Services

Code	Description
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient, FIRST 30 MINUTES
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient, EACH ADDITIONAL 30 MINUTES
0368T	Adaptive behavior treatment by BCBA or QHCP, face-to-face with one patient, FIRST 30 MINUTES
0369T	Adaptive behavior treatment by BCBA or QHCP, face-to-face with one patient, EACH ADDITIONAL 30 MINUTES
0373T	Exposure Adaptive behavior treatment with protocol modification, requiring two or more technicians for severe maladaptive behaviors FIRST 60 MINUTES
0374T	Adaptive behavior treatment by BCBA or QHCP, face-to-face with one patient, EACH ADDITIONAL 30 MINUTES

ABA Services

Code	Description
0366T	Group Adaptive behavior treatment by protocol modification, administered by technician, face-to-face with two or more patients, FIRST 30 MINUTES
0367T	Group Adaptive behavior treatment by protocol modification, administered by technician, face-to-face with two or more patients EACH ADDITIONAL 30 MINUTES
0372T	Group Adaptive Social Skills treatment, administered by BCBA or other QHCP, face-to-face with two or more patients
0370T	Family Adaptive Behavior treatment guidance by BCBA or other QHCP without patient present
S5110	Home Care Training, Family Guidance administered by BCBA or other QHCP with patient present

Applied Behavioral Analysis Authorization Request Form

Member and Provider Information

MEMBER INFORMATION

Member Name: _____

Medicaid ID#: _____

Date of Birth: _____ Age: _____

Phone Number: _____ Gender: ☐ M ☐ F

BILLING PROVIDER: HSSP OR PHYSICIAN

Provider Name: _____

Tax ID#: _____

Provider NPI#: _____

Address: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

☐ HSSP/ Psychiatrist ☐ Physician

SUPERVISING PROVIDER: BCBA-D, BCBA, HSSP

Provider Name: _____

Group Facility Name: _____

Tax Id#: _____

Provider NPI#: _____

Address: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Applied Behavioral Analysis Authorization Request Form

Diagnostic and Treatment

DIAGNOSTIC AND TREATMENT INFORMATION

Primary (required): _____

Secondary: _____

Prior Treatment relative to Diagnosis: _____

_____

_____

Diagnosing Provider Name: _____

Diagnosis Date: _____

Date of last Initial Diagnostic Interview (IDI) or Functional Behavioral Assessment (FBA): _____

Standardized Tools used for Diagnosis: _____

_____

_____

Is the member in school? ☐ Yes ☐ No

Does the member have an IEP or 541 plan? ☐ Yes ☐ No

Does the member receive early intervention services? ☐ Yes ☐ No

Please describe other services received in addition to the ABA requested to including but not limited to: PT, OT, ST or mental health services: _____

_____

_____

Is this an initial request for authorization? ☐ Yes ☐ No

Date ABA Treatment Initiated: _____

Date of most recent reassessment: _____

Authorization Information

REQUESTED AUTHORIZATION (PLEASE CHECK OFF APPROPRIATE BOX TO INDICATED MODIFER, IF APPLICABLE)

All out of network services require prior authoirzation, please indicated which codes below you are requesting

	Date Service Started	Frequency: How often seen	Intensity: # Units per visit	Requested Start Date for this Auth	Anticipated Completion Date of Service
Adaptive Behavior Treatment administered by Technician (Face-to-face with one patient; first 30 minutes of technician time) ☐ 0364T					
Adaptive Behavior Treatment administered by Technician (Each additional 30 minutes of technician time) ☐ 0365T					
Adaptive Behavior Treatment administered by Physician or QHP (First 30 minutes of patient face-to-face time) ☐ 0368T					
Adaptive Behavior Treatment administered by Physician or QHP (Each additional 30 minutes of patient face-to-face time) ☐ 0369T					
Exposure Adaptive Behavior Treatment Two or More Technicians for Severe Maladaptive Behavior(s) (First 60 minutes of technicians' time face-to-face with patient) ☐ 0373T					

Additional Information Required

Please submit the information noted below with all treatment requests. If documentation is not received, the request will be reviewed based on the information available at the time of review.

For initial assessment, please submit: Comprehensive diagnostic information, including standardized measures and referral from diagnosing provider for ABA services to include estimated duration of care.

For initial treatment plan please submit:

- Objective testing showing significant behavioral deficit.
- Description of coordination of services with other providers (e.g. school, PT, OT, ST).
- Proposed treatment schedule including the provider type who will render services.
- Proposed functional, and measureable treatment goals with expected time frames which target identified behavior deficits.
- Proposed plan for parent involvement and training and parent's goals for outcomes.
- Any medical conditions that will impact outcomes of treatment
- Copy of IEP or IFSP if applicable.

For subsequent treatment requests, please submit:

- Objective measures of current status.
- Objective measures of clinically significant progress towards each stated treatment goal.
- Updated plan for treatment including updated goals and timeline for achievement.
- Any necessary changes to the treatment plan.
- Developmental testing which should have occurred within the first two months of treatment.

Submitting for Prior Authorization

When?

- Immediately, for all services that require prior-authorization
- Do not fax in more than 2 weeks in advance
- Retroactive dates will not be authorized

What?

- Authorization form, plan of care, assessment score sheets completed in entirety, and any supporting attachments (i.e. progress notes, treatment plan)
- Ensure all Authorization Forms include all requested demographic information for member and provider

Submitting for Prior Authorization

Where?

- Completed Authorization Forms with attachments are faxed to 1-855-868-4940

When will you get a response?

- Provider will receive a response within 7 calendar days following the submission date.

What happens if service request is denied?

- Provider and member will receive a denial letter detailing your appeal options.

Claims

Top clearinghouses for Electronic Data Interchange (EDI) submission
SilverSummit Payer ID 68069

- Change Healthcare (formerly Emdeon)
- Gateway EDI
- Availity

For more information please contact:
Centene EDI Department
1-800-225-2573, extension 6075525
e-mail: EDIBA@centene.com

Claims

Clean Claim

A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation or particular circumstance requiring special treatment that prevents timely payment.

- A clean claim must also include SilverSummit's published requirements for adjudication, such as: NPI Number, Tax Identification Number, or medical records, as appropriate.
- NPI in box 24J must match name in box 31

Exceptions

- A claim for which fraud is suspected
- A claim for which a third party resource should be responsible

Claims

Claim Payment

- Clean claims will be adjudicated (finalized paid or denied) within 30 days, following receipt of the claim.

Timely Filing Guidelines

- In State Providers – 180 days from the date of service or date of eligibility.
- Out-of-State Providers– 365 days from the date of service or date of eligibility (whichever is later).
- Coordination of Benefits (COB)/third party resource – 365 days from the date of service or date of eligibility (whichever is later).
- Corrected/Reconsideration – follows the same guidelines as 1st time claim submission.
- Reconsideration /Disputes – Must be postmarked no later than 30 days from the date of the initial Remittance Advice (RA) listing the claims was denied. An additional 30 days to appeal a denied claim will not be allowed when an identical claim has been subsequently submitted.

Claims

A claim dispute should only be made when a provider has received an unsatisfactory response to their request for reconsideration.

- The claim dispute form can be located in **SilverSummit's** secure web portal

- A response to an approved reconsideration will be paid with an accompanying Explanation of Payment (EOP)

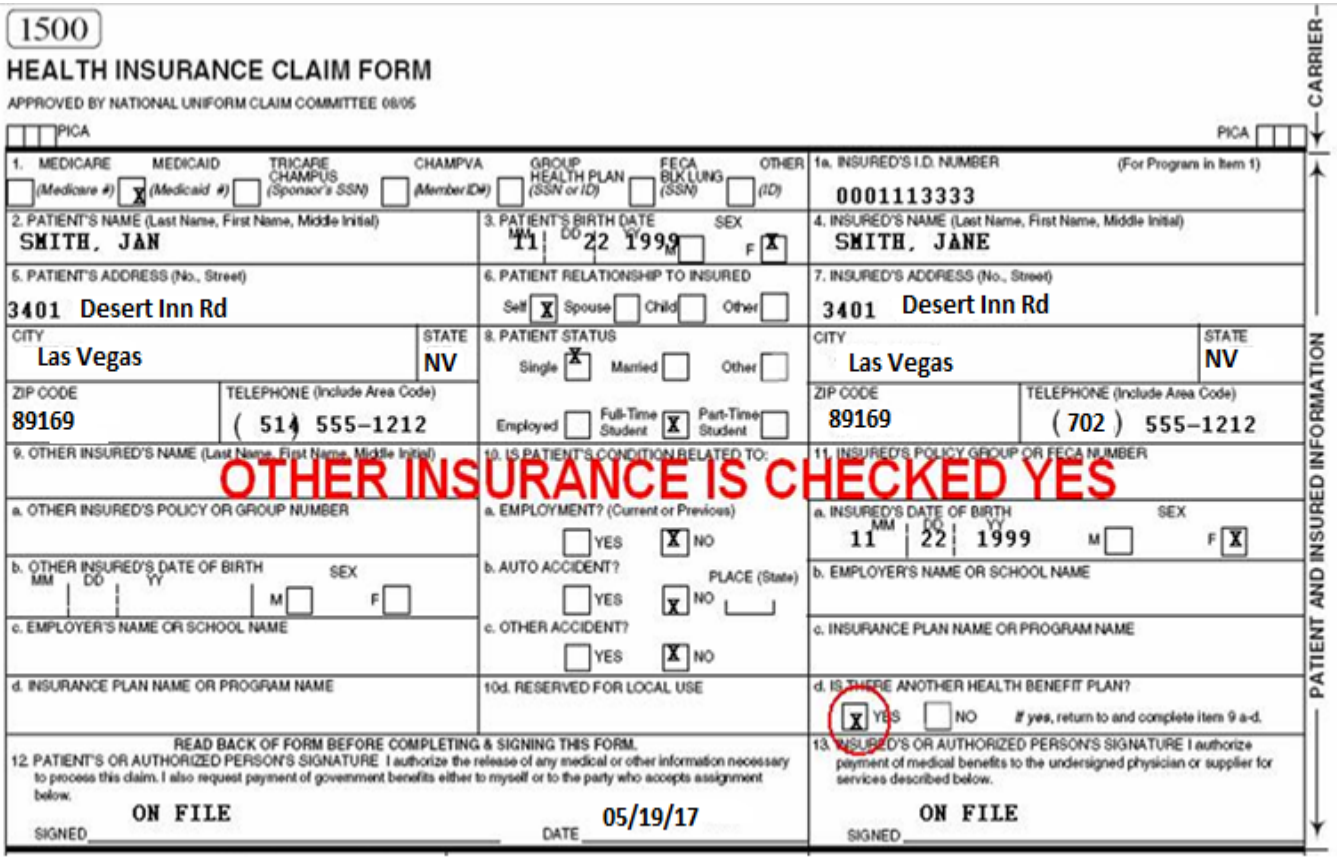
- Submit disputes to:

  SilverSummit Healthplan
  Attn: Disputes
  P. O. Box 5090
  Farmington, MO 63640-5090

Claims

Paper Claims, Corrected Claims, Request for Reconsideration mailing address:

Common Billing Errors



1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) | MEDICAID [X] (Medicaid #) | TRICARE CHAMPUS (Sponsor's SSN) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 0001113333

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): SMITH, JAN

3. PATIENT'S BIRTH DATE: MM 11 DD 22 YY 1999 SEX: M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): SMITH, JANE

5. PATIENT'S ADDRESS (No., Street): 3401 Desert Inn Rd

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 3401 Desert Inn Rd

CITY: Las Vegas | STATE: NV

8. PATIENT STATUS: Single [X] Married [ ] Other [ ]

CITY: Las Vegas | STATE: NV

ZIP CODE: 89169 | TELEPHONE (Include Area Code): (514) 555-1212

Employed [ ] Full-Time Student [X] Part-Time Student [ ]

ZIP CODE: 89169 | TELEPHONE (Include Area Code): (702) 555-1212

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

OTHER INSURANCE IS CHECKED YES

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM 11 DD 22 YY 1999 SEX M [ ] F [X]

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [X] YES [ ] NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: ON FILE DATE: 05/19/17

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED: ON FILE

CARRIER

PATIENT AND INSURED INFORMATION

Balance Billing

- Under no circumstances is a member to be balance billed for covered services or supplies. If the Network Provider uses an automatic billing system, bills must clearly state that they have been filed with the insurer and that the participant is not liable for anything other than specified un-met deductible or copayments (if any).

- A Network Provider's failure to authorize the service(s) does not qualify/ allow the Network Provider to bill the member for service(s).

- SilverSummit members cannot be billed for missed sessions ("No-Show").

PaySpan

SilverSummit and PaySpan Health are in a partnership to provide an innovative web based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment.

Using this free service, providers can take advantage of EFTs and ERAs to settle claims electronically, without making an investment in additional software. Following a fast online enrollment, you will be able to receive ERAs and import the information directly into your Practice Management or Patient Accounting System, eliminating the need to key remittance data off of paper advices.

ERA/EFT Enrollment:

Please call PaySpan Health at 877-331-7154

visit www.payspanhealth.com

Provider Participation Responsibilities

SilverSummit emphasizes its commitment to quality of care for our members by ensuring our providers adhere to the following criteria:

- Provide health plan members with a professional level of care and efficiency consistent with community standards.
- Prepare and maintain complete medical records and other required documents for all member care.
- Participate in quality improvement activities, utilization review activities, orientations, continuing education and other medical management components.
- Abide by ethical principles of their profession.
- Display all marketing and health education materials provided by contracted health plans in an equal fashion.

SilverSummit will communicate with providers to inform them of their participation responsibilities, credentialing and application status and network requirements.

Contact Us

Phone Number:

1-844-366-2880

TDD/TTY: 1-844-804-6086

Website:

www.silversummithealthplan.com

Questions?