

Florida Medicaid Provider Training – Behavioral Analysis (BA)

Date: January 15, 2025

Housekeeping

- ✓ Welcome!
- ✓ All participants are pre-muted upon entry and throughout the duration of this session.
- ✓ Q&A session will occur at the end of this presentation.
- ✓ If you need to ask a question, require clarification or make a comment, please use the Q&A chat feature.
- ✓ This presentation will be recorded and shared with all registrants.



Agenda

1. Carelon – Who We Are
2. Transitional Period
3. Authorization Requests and Claims Submission Guidelines
4. Provider Portals (Availity + Payspan)
5. Resources and Contact Information
6. Questions

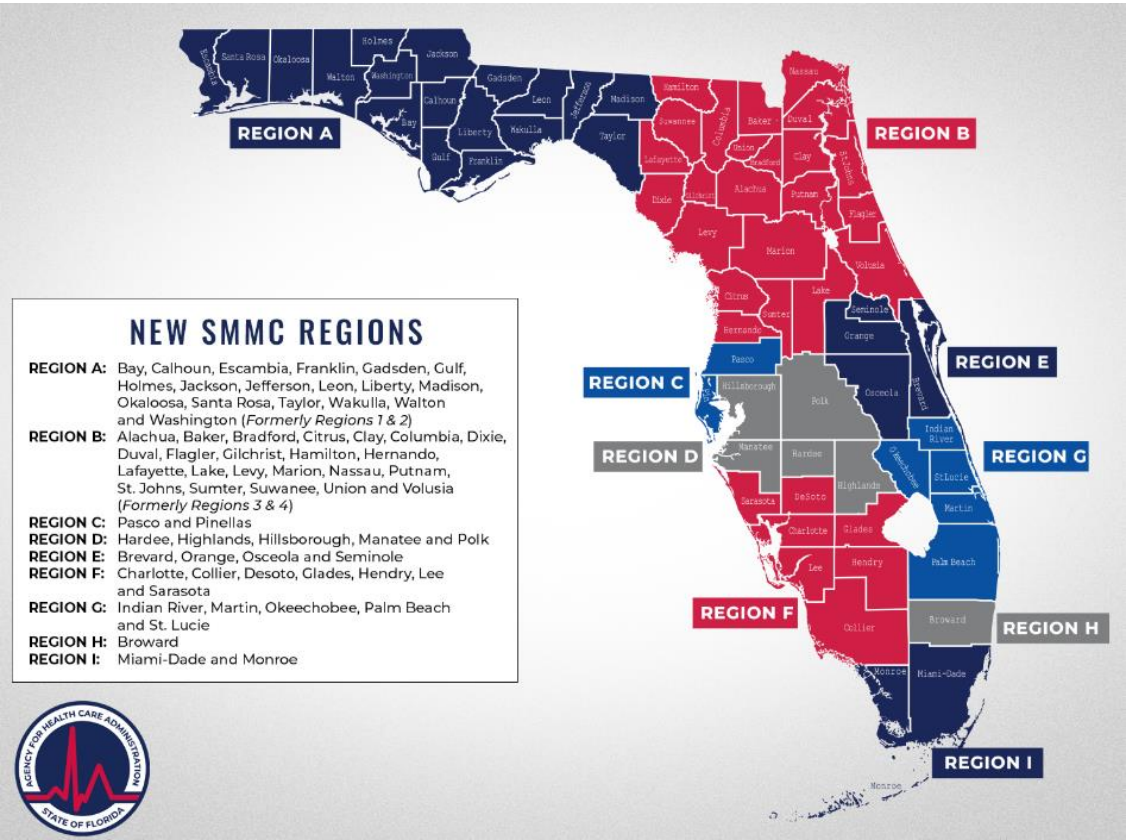




Carelon – Who We Are



Health Plan Changes and Exclusions - SMMC Regions



Effective February 1, 2025, Simply Healthcare Plans, Inc. expanded its coverage are to serve Medicaid recipients in Region B (formerly regions 3 & 4).



What's New in 2025?



- Behavioral Analysis - effective February 1, 2025, Carelon will begin to serve the need of members seeking Behavioral Analysis (BA) Services for Simply Healthcare Plans, Inc.

Claims should be submitted to Carelon via Availity Essentials.

Please contact

Carelon's National Provider Service Line

1-800-397-1630

8 am – 8 pm, EST

Florida dedicated PR team at provider.relations.FL@carelon.com



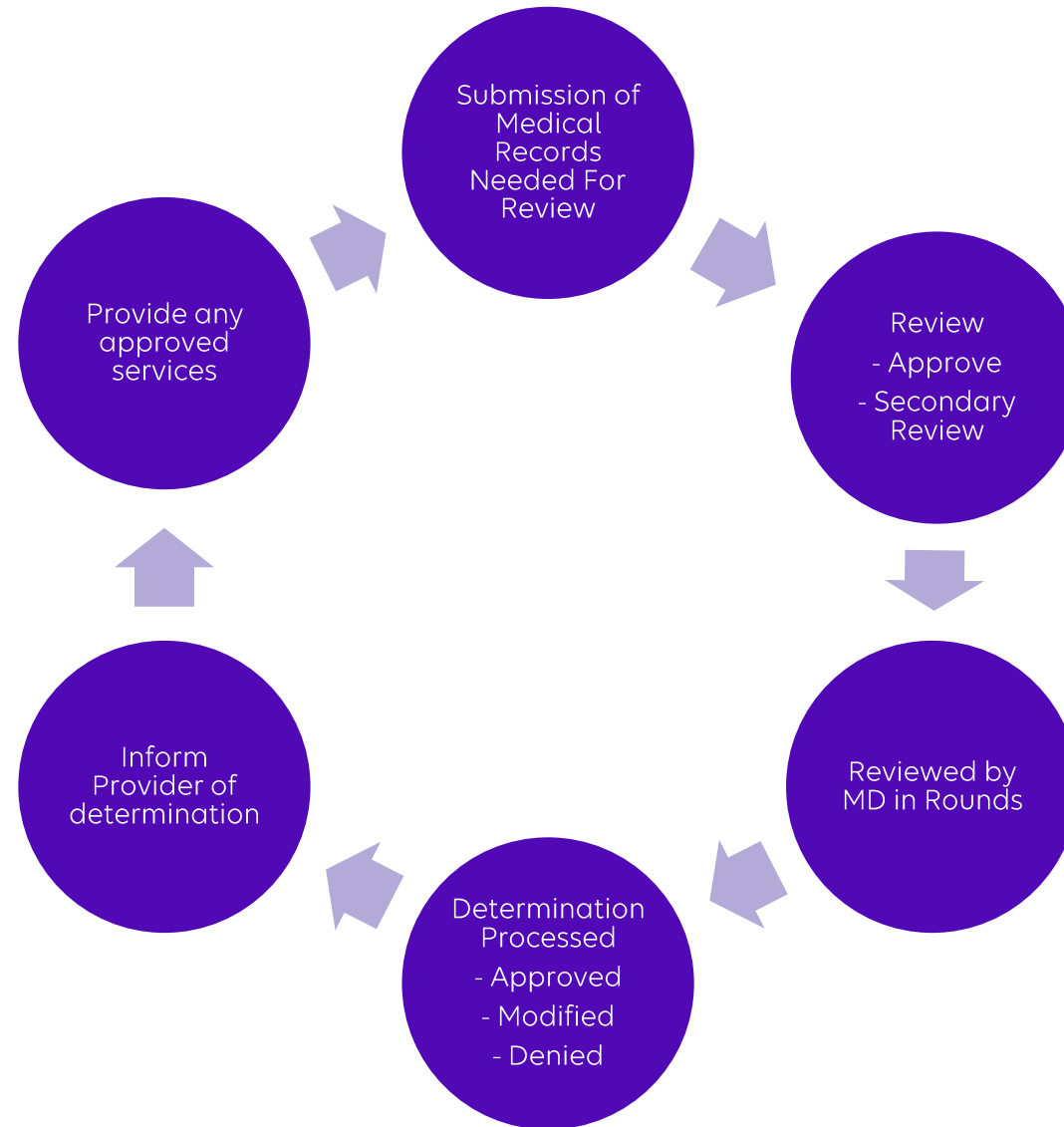
Carelon Behavioral Health Care Manager's Role



- Review treatment plans to ensure all elements are including according to report guidelines
- Review information in the treatment plans, new/updated information, progress and any changes to the treatment plans
- Use appropriate screening criteria, knowledge and clinical judgment to assess member needs to ensure access to medically necessary care, in accordance with Florida BA Service Coverage Policy: Rule 59G-4.125
- Case consultations with peers and supervisors regarding least restrictive outcomes
- Work in conjunction with the Medical Director, during clinical rounds, to ensure that medical necessity criteria is met.



What We Do





Transitional Period



Transition to Carelon

February 1st, 2025

- Health plans are required to ensure continuity of care (COC) for a minimum of ninety (90) days after the effective date of the new enrollment.
- COC requirements ensure that when enrollees transition from one health plan to another, one service provider to another, or one service delivery system to another (i.e., fee-for-service to managed care), their services continue seamlessly throughout their transition.
- Providers should continue providing any services that were previously authorized.
- Please do not cancel any scheduled appointments.
- Plans must pay for previously authorized services for up to 90 days after the effective date of enrollment.



Transition to Carelon - FAQ

Q: If my authorization expires February 1, 2025, what do I do?

A: You will automatically be provided an extension for a minimum of 90 days due to COC.

Q: If my authorization expires in April 2025, what do I do?

A: You will be provided an extension at least until May 2, 2025, due to COC.

Q: If my authorization expires passed the 90-day COC period (May 2nd, 2025)?

A: Submit for preauthorization as normal.

Q: Where should I submit authorizations for new patients after February 1, 2025?

A: Submit authorization requests via fax and the eServices portal.



Requests for Authorization: Fax Requests to : 1-800-370-1116

Ensure all needed documentation is provided for review:

- A referral for BA therapy by a qualified diagnostician with:
 - CDE: Diagnostic Evaluation completed by a medical doctor specializing in developmental behavioral pediatrics, neurodevelopmental pediatrics, pediatric neurology, adult or child psychiatry, or a child psychologist
 - Signed by the qualified diagnostician
- Up to date treatment plan with member specific information and data
 - The plan and data should be no older than 30 days at the time of submission
 - The plan should contain current Vineland and BASC scores
- Request form filled out
- IEP/504 (if applicable)



Request for Services Form

When finalized the form will be accessible on the Carelon website and will be sent out as a provider bulletin.

Simply FL BA Authorization Request Form

Fax to : 1-800-370-1116

RECIPIENT INFORMATION				
Recipient ID:	Recipient Name:	DOB and Age:	Phone Number:	
Recipient Address:				
Type of Request (only select one):				
<input type="checkbox"/> Initial Assessment (prior to starting services)		<input type="checkbox"/> Review due to retroactive availability		
<input type="checkbox"/> Assessment/Initial Treatment		<input type="checkbox"/> Reassessment/Concurrent		
<input type="checkbox"/> Modification to existing authorization				
PROVIDER INFORMATION				
Provider Group/Agency:	Provider/Supervisor:	Agency Contact:		
Group NPI:	NPI:	Clinical Contact Email:		
Group TIN:	Phone Number:	Network Capacity: <input type="checkbox"/> In Network <input type="checkbox"/> Out of Network		
SERVICES REQUESTED * See Rule 59 and Fee Schedule for comprehensive code descriptions				
Location of Services: (Select all that apply.)			Level of Care:	
<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Other _____			<input type="checkbox"/> Focused	
<input type="checkbox"/> Center/Clinic <input type="checkbox"/> Community			<input type="checkbox"/> Comprehensive	
Provider attests to the minimum and maximum levels of supervision <input type="checkbox"/> Yes				
Code	Service Description	Modifier	# of Hrs/Wk	# of Ttl Units
97151	Behavior Identification-assessment (max. 24 units for initial assessment) (max. 8 units for reassessment)			
97152	Behavior identification-supporting assessment (maximum 18 units) * Clinical Rationale Required			
0362T	2:1 assessment with Lead Analyst * Clinical Rationale Required			
97155	Behavior treatment with protocol modification by a Lead Analyst * 10-20% of direct care by RBT			
97153	Behavior treatment by protocol by RBT, BCaBA, or Lead Analyst			
0373T	2:1 treatment with Lead Analyst * Clinical Rationale Required			
97156	Family training by Lead Analyst			
97154	Group skills training, max. 6 clients			
97158	Group skills training, max. 6 clients by Lead Analyst or BCaBA			

Updated January 2025

Simply FL BA Authorization Request Form

DIAGNOSITC INFORMATION DSM-V Diagnosis					
1.	2.	3.			
Diagnosing provider:			Date of Dx:		
Have medical evaluations or tx been implemented to rule out or address possible organic etiologies for the behavior(s) of concern? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A *if yes please attach documentation					
SCHOOL INFORMATION					
Does recipient attend school? <input type="checkbox"/> Full time <input type="checkbox"/> Half day <input type="checkbox"/> Other _____					
Does the member have IEP/504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No *if yes please attach documents					
BEHAVIORAL HEALTH AND OTHER SERVICES					
Date recipient began receiving BA services:					
What other services does the recipient currently receive or has received in the past 12 months?					
Service	Current	Previous	Service	Current	Previous
Crisis Intervention	<input type="checkbox"/>	<input type="checkbox"/>	School Based Services	<input type="checkbox"/>	<input type="checkbox"/>
Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL INFORMATION * Please ensure to include full report in submission					
Answer the following questions for Initial Treatment or Concurrent (yearly) review types:					
Vineland-3 score: _____			BASC-3 PRQ score: _____		
Date: _____			Date: _____		
Answer the following questions for Concurrent or Modification review types:					
Select all applicable maladaptive behavior(s):				Percentage of goals met: Ex. 15/20 goals met = 75%	
<input type="checkbox"/> High risk to self				% of <u>acquisition</u> goals met: _____	
<input type="checkbox"/> Aggression to others				% of <u>reduction</u> goals met: _____	
<input type="checkbox"/> Property destruction or disruption				% of <u>caregiver</u> goals met: _____	
Was medical care required as a result of the bx? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was law enforcement required as a result of the bx? <input type="checkbox"/> Yes <input type="checkbox"/> No					
CAREGIVER INVOLVEMENT					
Did the primary caregiver participate in at least 50% of the scheduled training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, is there a plan to address barriers and promote generalization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROVIDER SIGNATURE					
Provider Signature			Printed name and credentials		Date

Updated January 2025



Rubric

Please use the rubric to ensure all needed information for review is in the treatment plan prior to submission



Simply FL BA Authorization Request Form

Please indicate all Expectations That are in Your Treatment Plan	
Assessment Sections	Content Expectations
Biopsychosocial information	<input type="checkbox"/> Family composition <input type="checkbox"/> Medical and mental health history including medication (name, dosage, etc.) <input type="checkbox"/> Current and prior services (BA, speech, OT, PT, social groups, etc.) <input type="checkbox"/> History of BA treatment <input type="checkbox"/> School services
Assessment / Reassessment Observations	<input type="checkbox"/> QHP has directly observed the patient in two environments for the IA. <input type="checkbox"/> Description of observations (date, duration, location, people, activities, etc.) <input type="checkbox"/> Data on maladaptive behaviors observed (if applicable)
Skills assessment completed	<input type="checkbox"/> Vineland-3 (including maladaptive behavior domain) complete scoring report. <input type="checkbox"/> BASC-3 PRQ complete scoring report for recipients ages 2 and less than 19. <input type="checkbox"/> Recipient's score provided and possible score provided
Functional Behavior Assessment	<input type="checkbox"/> FBA Results, Hypothesized functions, and Operational definition of target bx <input type="checkbox"/> Behavior Intervention Plan with antecedent and consequence strategies <input type="checkbox"/> Behavior intervention plan utilizes reinforcement not punitive methods <input type="checkbox"/> A behavior reduction goal is provided for each excess behavior targeted <input type="checkbox"/> Excess behavior data is in a dimension of bx (Rate, Duration, latency, etc.). <input type="checkbox"/> Data measurement should match the goals mastery criteria <input type="checkbox"/> FERB goals are provided for all maintaining functions of excess behavior.
Goals	<input type="checkbox"/> Goals address core deficits and are medically necessary <input type="checkbox"/> Goals are clearly defined and measurable <input type="checkbox"/> Goals are age appropriate and achievable <input type="checkbox"/> Goals are individualized beyond assessment milestones <input type="checkbox"/> Quantifiable baseline and current data that matches the mastery criteria <input type="checkbox"/> The recommended number of goals supports the recommended LOC requested
Caregiver Training goals	<input type="checkbox"/> Goals have quantifiable baseline data that matches the goals mastery criteria <input type="checkbox"/> Goals and data reflect the Caregiver's performance. NOT the recipient's <input type="checkbox"/> Caregiver goals focus on training the recipient's primary guardians
Transition/discharge criteria	<input type="checkbox"/> Transition/discharge criteria are individualized and measurable <input type="checkbox"/> Transition criteria are age appropriate and achievable <input type="checkbox"/> Provider indicates recipient's progress toward transition/discharge
BA schedule / Treatment location	<input type="checkbox"/> BA schedule is included and shows when supervision of the RBT/BCaBA <input type="checkbox"/> Treatment location is included. <input type="checkbox"/> A thorough AND comprehensive plan for generalization included with outcomes <input type="checkbox"/> If generalization is not occurring a plan to address the barrier(s) is provided
Recommendations	<input type="checkbox"/> LOC is medically necessary AND no less restrictive LOC would be effective <input type="checkbox"/> Recommends a MINIMUM of 10% supervision and MAXIMUM of 20% supervision. <input type="checkbox"/> Recommends caregiver training (required) <input type="checkbox"/> CLINICAL RATIONALE provided for 97152, 0362T, 0373T
Administrative	<input type="checkbox"/> Report is signed by the LA and the primary caregiver. <input type="checkbox"/> Report is current (written within 30 days of submission)



Provider Portals – Availity Essentials & Payspan



Provider Portals

Availity Essentials:

- A secure, one-stop, self-service, multi-payer portal and Carelon's preferred choice for direct data entry claim submissions, electronic data interchange (EDI) claims, checking eligibility, benefits, claim status tracking and more.
- Visit the Availity website for a description of services, get information about registering new users and a reference guide for users.

[Availity Essentials | Carelon Behavioral Health](#)



Availity Client Services

800-282-4548

Monday to Friday, 8 a.m. to 8 p.m. Eastern time.



Provider Portals

Payspan:

- Payspan's claim reimbursement services accelerates and simplifies payments to providers while reducing reliance on inefficient paper processes.
- Providers can register with Payspan to receive Carelon payments electronically (EFT) and directly deposited into your bank account.
- [Provider Resources | Carelon Behavioral Health](#)
- [Payspan | Login Page](#)



Payspan Inc.

E: providersupport@payspanhealth.com

T: 877-331-7154





Claims Submission Guidelines



Claim Submission Tips

- *Make sure to register all your service locations with Carelon and keep your demographic information updated with CAQH*
- *Validate that all members are eligible through their health plans and for new services*
- *Follow state and government guidelines for correct claims submission adhering to Medicaid requirements (particularly noting the importance of being registered with Florida Medicaid and ensuring your organization bills according to that registration)*
- *Submit claims within timely filing limits*
- *Monitor claim rejections and resubmit with corrections via online provider portal regularly*
- *Online claims submission through: [Availity](#)*
- *Paper claims submission: Carelon Behavioral Health, PO Box 1870, Hicksville, NY 11802-1870*





Resources and Contact Information



Resources

Availity: Portal to check eligibility, benefits, claim status and claim submission

[Availity Essentials | Carelon Behavioral Health](#)

Provider Handbook: Standard policies and procedures, guidelines for clinical utilization management and more

[Provider Handbook | Carelon Behavioral Health](#)

Clinical/Quarterly Webinars: Access Carelon's full range of trainings that cover a variety of topics ranging from claim submission guidelines, and provider portal support to industry-wide best practices and policies.

[Provider Training | Carelon Behavioral Health](#)

Payspan: Secure, efficient and cost effective choices for providers and payers

[Provider Resources | Carelon Behavioral Health](#)

Forms, Resources and Guides:

[Forms and Guides | Carelon Behavioral Health](#)



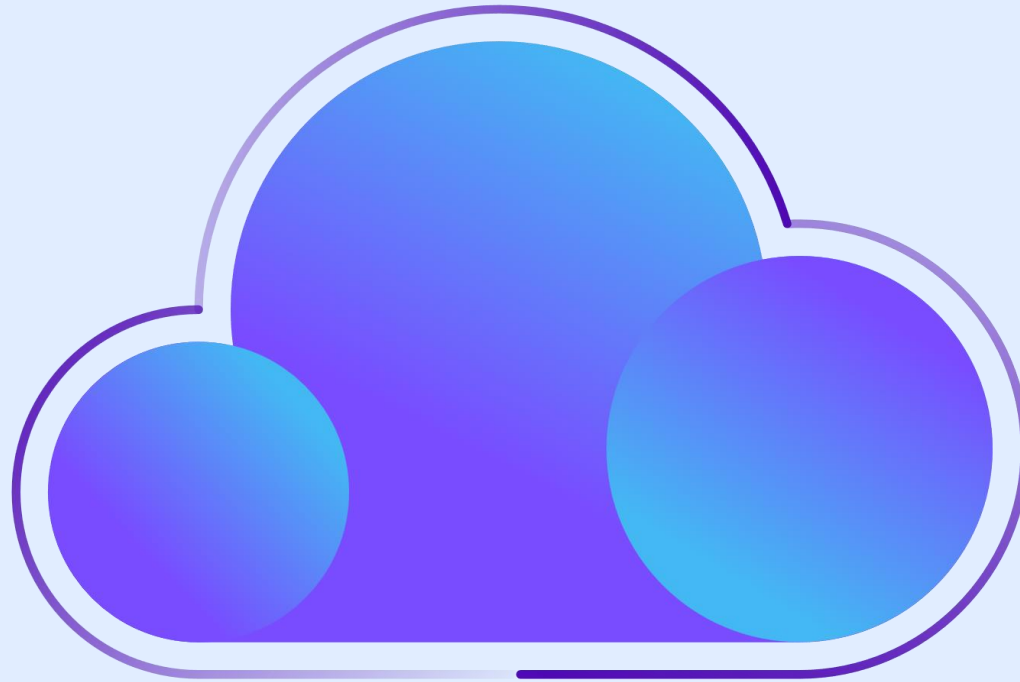
Contact Information

Questions? We're here to help.

Please call Carelon's National Provider Services Line at 800-397-1630, Monday to Friday, 8 a.m. – 8 p.m., EST.



Q & A



Thank you!

