Ohio Medicaid ABA Provider Orientation

Optum with UnitedHealthcare Medicaid Plan of Ohio

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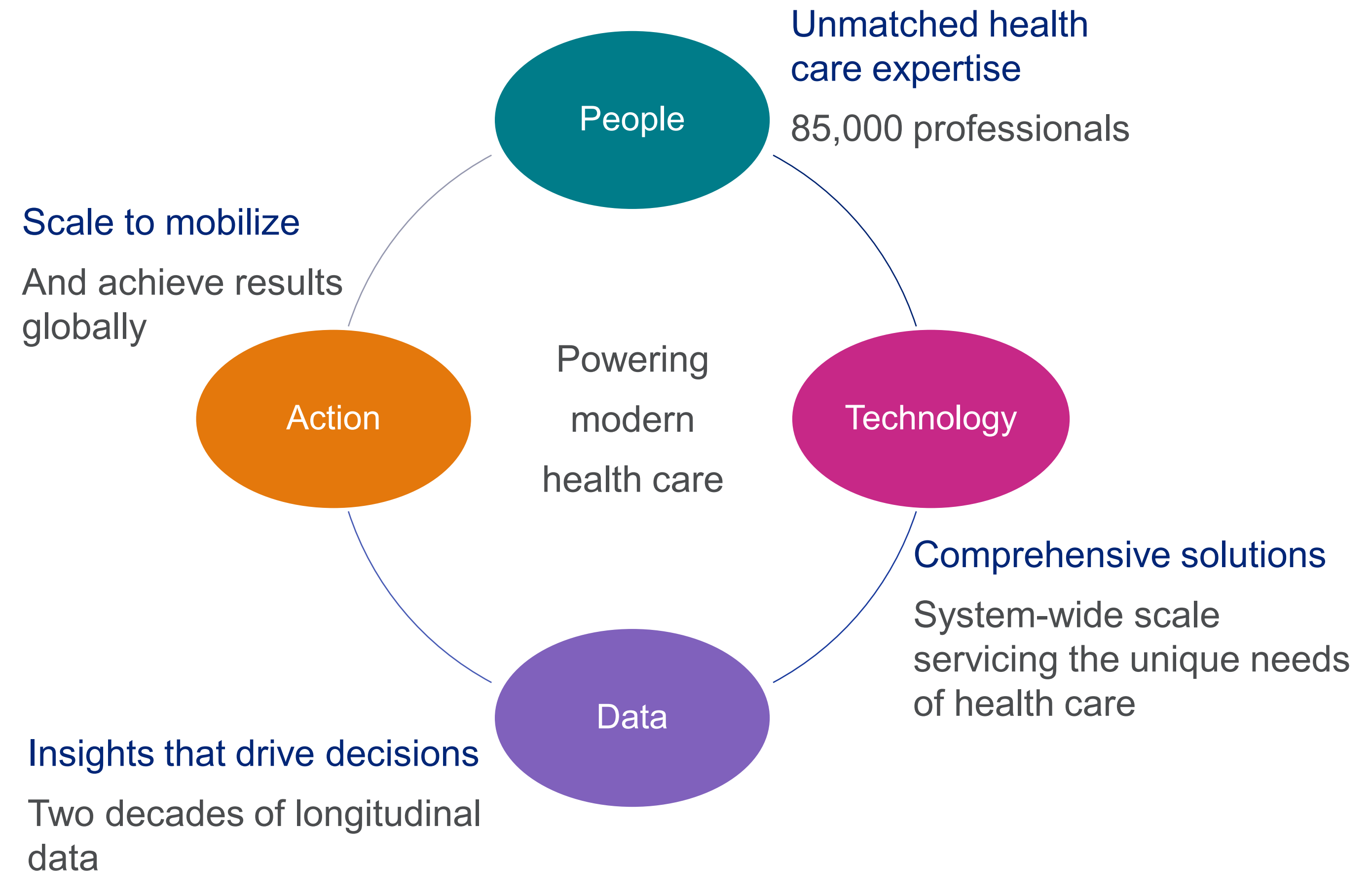
Who is Optum?

- 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:
  1. Engaging the consumer
  2. Aligning care delivery
  3. Modernizing the health system infrastructure



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UnitedHealth Group Structure

UNITEDHEALTH GROUP®

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

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.**
Inclusion.	**We welcome, value, respect and hear all voices and diverse points of view.**
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

Information when you need it

Health equity ingrained into every aspect of our company culture

Innovative community care models

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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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Member Information

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OH 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

<MCO Logo Here>
MCO DBA Name
Second row for MCO DBA Name

Member Services | Phone: 000-000-0000
24 Hour Emergency Services | Phone: 000-000-0000
OhioRISE Member Service | Phone: 833-711-0773

Member Name
JaneHasVeryLongName
Veryloooooonglastname

Member ID Number
000000000000

Plan ID Number
000000000000

OhioRISE
aetna
Aetna Better Health of Ohio
Phone: 833-711-0773

Primary Care Provider
Dr. John Doe
Phone: 000-000-0000

Issuance Date: MM/DD/YYYY

Pharmacy Benefit
gainwell
Rx Bin: 024251
Rx PCN: OHRXPROD
Phone: 833-491-0344
CSP Enrolled
Use Member ID for Billing

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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 Applied Behavior Analysis (ABA) services, the member must meet the following criteria:

- Be under the age of 21
- Be covered under UnitedHealthcare Community Plan of Ohio
- Have an Autism Diagnosis

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Credentialing Criteria for Autism/ABA Network

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Required: NPI, Medicaid Enrollment and EIN/TIN

Certified Ohio Behavior Analyst (COBA) Providers must be enrolled with Ohio Medicaid as Provider Type 19, Specialty Type 190

- Have a National Provider Identifier ("NPI") for both the rendering provider and group provider

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

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

- irs.gov
- Apply for an Employer Identification Number (EIN) Online | Internal Revenue Service (irs.gov)

Professional Liability Insurance:

- BACB - Behavior Analyst Certification Board has coverage information; enter "liability in the site's "Search" feature located in the right side of the menu

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ABA Credentialing Criteria (1 of 2)

Individual Board-Certified Behavior Analysts—Solo Practitioner

- Board Certified Behavior Analyst (BCBA) - Required to possess a master's degree in psychology or behavior analysis, with active certification from the national Behavior Analyst Certification Board. Must have an unrestricted state issued license and meet all applicable Texas licensure requirements
- Ohio Medicaid enrollment
- Compliance with all state autism mandate requirements as applicable to behavior analysts
- Minimum of six (6) 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

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ABA Credentialing Criteria (2 of 2)

ABA / IBT Groups

- If in a supervisory role, BCBAs must meet standards listed previously and hold Supervisory Certification from the national Behavior Analyst Certification Board.
- 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)

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Steps in Providing Treatment

Eligibility, Authorizations & Concurrent Reviews

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Clinical Team

Dedicated Autism Clinical Team

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

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

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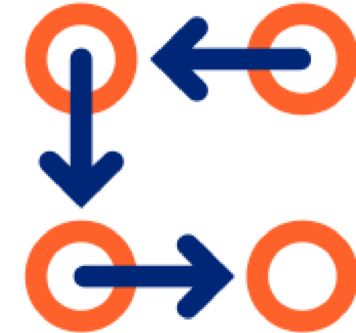
Intake

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 including signature on file
- Always get a consent for services
- Informed Consent: services, to leave voicemail, email, etc.
- Billing policies and procedures
- Release of Information to communicate with other providers



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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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Eligibility and Prior Authorization

All ABA 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
- 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 on-line at electronicforms.force.com/ABATreatment/s/
- 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
- When calling the Autism Care Advocate, you must have:
  - ❑ Member's name
  - ❑ ID #
  - ❑ Date of birth
  - ❑ Address
  - ❑ Provider Tax ID
  - ❑ Agency Address

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Treatment Request 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 history
- Coordination of care with other providers

Not educational in nature

For more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

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Clinical Information Requirements for each review

- Confirmation member has an appropriate DSM-5 diagnosis that was received within the past 3 years that can benefit from ABA
- Any medical or other mental health diagnoses
- Any other mental health or medical services member is in
- Any medications member is taking
- How many hours per week is member in school?
- Parent participation – 85% involvement is required based on the requested amount
- Attendance/Care giver participation log is required for each review
- Why IBT now?
- Previous history in ABA-based treatment with your agency or another ABA provider
- 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 more information, please see the Treatment Request Guidelines on the Autism/Applied Behavior Analysis page of Provider Express.

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Concurrent Reviews

The same information will be needed for each review:

- Any medical or other mental health diagnoses (updated diagnostic evaluation if not received within the past 3 years)
- Any other mental health or medical services member is in
- Any medications member is taking
- How many hours per week is member in school?
- Parent participation – 85% involvement is required based on the request amount
- Attendance/Care giver participation log is required for each review
- Progress or lack thereof
- Goals must not be educational or academic in nature – focusing only on the core deficits such as imitation, social skills deficits and behavioral difficulties
- Discharge criteria
- Must meet medical necessity
- Applied Behavior Analysis (ABA) - Supplemental Clinical Criteria

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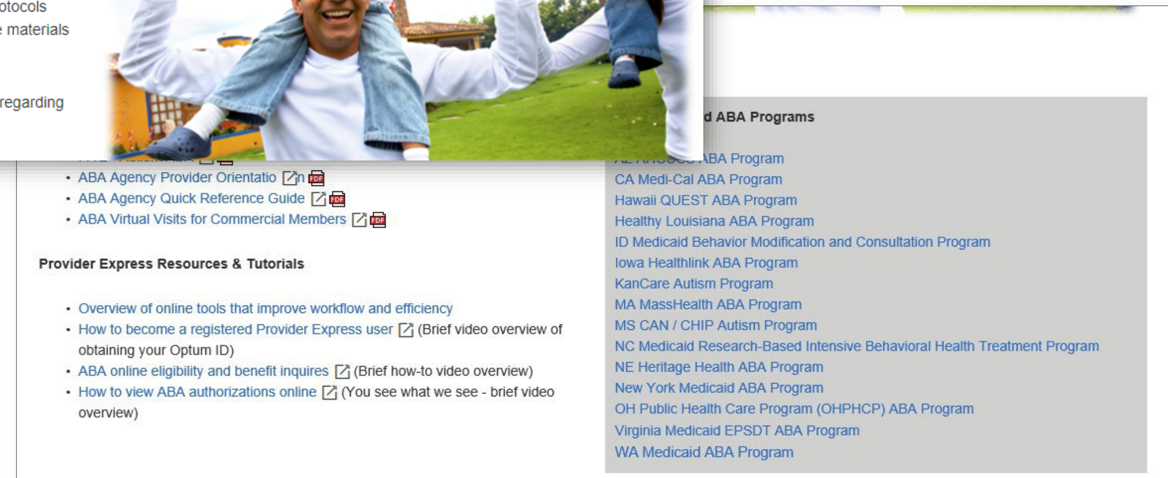
Prior Assessment Authorization – Online Portal Submission



providerexpress.com > ABA Information

- Prior authorization request form can be found online at:
- Ohio Medicaid ABA Program
    - Applied Behavior Analysis Request Form
    - Requests can also be faxed to 1-877-217-6068

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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 digits is required on all claims utilizing the ICD-10 coding.

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Ohio ABA Medicaid fee schedule

UNITED BEHAVIORAL HEALTH			
Billing Code	Modifier	Service Description	Units
97151		Behavior identification assessment by qualified health care professional	15 min
97152		Behavior identification assessment by technician under direction of qualified health care professional	15 min
0362T		Behavior identification supporting assessment, by technician, requiring administration by professional on site, with assistance of two or more techniques, for patient w/destructive behavior in customized environment	15 min
97153		Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient	15 min
0373T		Adaptive behavior treatment with protocol modification, by technician, requiring administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment	15 min
97154		Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients	15 min
97155		Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient	15 min
97156		Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present)	15 min
97157		Family adaptive behavior treatment guidance by qualified health care professional without patient present	15 min
97158		Group adaptive behavior treatment with protocol modification administered by qualified health care professional to multiple patients	15 min

1	Per Hour or Unit Payment: The Reimbursement Rate made to Provider for each unit of service provided to a Member as defined by the definition of the Billing Code. Such payment shall be considered payment in full for all MH Services provided to the Member, included but not limited to nursing care, diagnostic and therapeutic services, and supplies. Such payment is exclusive of physician fees. If physician services are rendered, such services are included in the rate of reimbursement.
2	Per 15 Minute Payment: The Reimbursement Rate made to Provider for each unit of service provided to a Member as defined by the definition of the Billing Code. Such payment shall be considered payment in full for all MH Services provided to the Member, included but not limited to nursing care, diagnostic and therapeutic services, and supplies. Such payment is exclusive of physician fees. If physician services are rendered, such services are included in the rate of reimbursement.
3	The MH Services authorized by UBH and provided to a Member on an outpatient basis of the diagnosis, testing, and/or treatment of a mental health condition, other than Emergency MH Services or as part of a partial hospitalization or day treatment program, Provider shall be paid by Payor the lesser of (a) Provider's Customary Charge for such MH Services, less any applicable Member Expenses; or (b) the Method of Payment set forth above, less any applicable Member Expense(s).
4	Proper billing form: CMS 1500

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Claims Submission update

All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via Provider Portal at UHCprovider.com using the Claims tool in the Provider Portal
- Submit electronically using an EDI clearinghouse and payer ID # 88337

Electronic Remittance Advice (ERA)

- Payer ID 86047
- Include appropriate taxonomy codes
- Submitted within 90 days from the service date

Please send paper claims to:

- UnitedHealthcare Community Plan
  P.O. Box 8207
  Kingston, NY 12402

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

- **Provider Call Center** 1-800-600-9007 Monday-Friday, 8 a.m. – 5 p.m.
- Logging into UHCprovider.com

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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.

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

SAMPLE

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

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Claim 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:

Provider Call Center 1-800-600-9007 Monday-Friday, 8 a.m. – 5 p.m.

OR

- Online by logging in to: UHCprovider.com

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Claims 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 Ohio Medicaid is 365 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

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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

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Claims Tips

Rejections/Denials:

- Rejected claim – Claims that are rejected prior to hitting Optum claims system
    - Claims could be rejected for missing claims data (e.g., missing NPI, TIN or other required data element)

- Denied claim – Claims that are denied by Optum 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.)

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Claims Submission Option 1- online

Log on to 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 toll-free 1-866-842-3278

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Claims 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

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Claims Submission Option 2 - EDI/electronically (cont.)

You may use any clearinghouse vendor to submit claims.

Payer ID for submitting claims is 88337.

Electronic Remittance Advice (ERA) Payer ID: 86047

EDI Support: 1-800-210-8315 or email ac_edi_ops@uhc.com

Additional information regarding EDI is available on:

- EDI Contacts | UHCprovider.com

and

- UHCprovider.com

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Optum Pay

With 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/registrationSignIn.do

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 for Optum Pay with 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.

Note: For more information, please call **1-866-842-3278**, option 5 or go to UHCprovider.com > Claims, Billing and Payments > Optum Pay.

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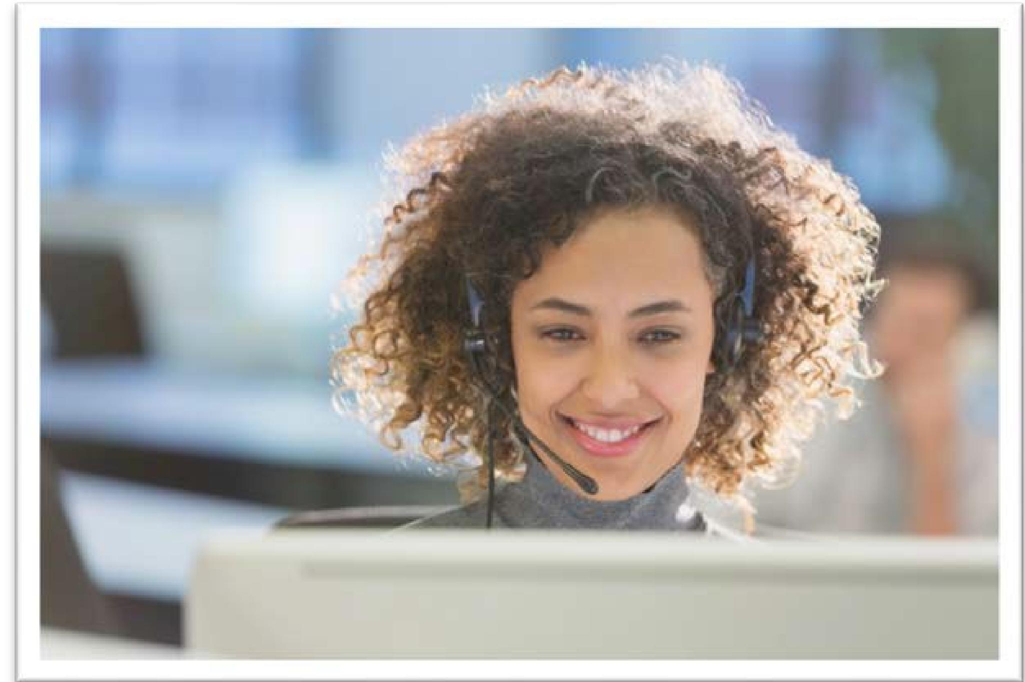
Provider Express

Optum

providerexpress.com

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
- Administrative Resources
- Recovery & Resiliency Toolkit
- Video Channel
- Webinars/Training Resources



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Search: Search Search

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

Optum - Provider Express Home

Working together to coordinate care.

Our updated tools and tips help facilitate best communication practices that benefit patient care.

MORE INFO

Transactions
- Eligibility & Benefits
- Claims
- Authorization Inquiry
- Appeals
- My Practice Info
- and More....

Admin News
- CPT Code Changes 2021
- Latest National Network Manual updates
- 1099 forms online NEW

Autism/ABA Corner
- Autism/ABA Information
- ABA Billing Alert
- ABA Caregiver Training via telehealth
- COVID-19 telehealth policy updates for ABA services
- 1/1/2022 Optum will be administering ABA services for Advent Health / Health First members

COVID-19 Provider Information
- After the post-COVID-19 Emergency Period
- FREE COVID-19 Mental Health Resource Hub
- COVID-19 Resource Hub Press Release
- General Guidance Updates
- FAQs - COVID-19 virtual visit Policies
- State-Specific Guidance Updates
- VA CCN COVID-19 News

Join Our Network
- Autism/ABA/BCBA Providers
- Individually Contracted Clinicians
- Facility or Hospital Based Providers
- Group with Individually Credentialed Providers
- Group with Agency Credentialed Providers
- Express Access Network
- virtual visits

Product Specific News
- Veterans Affairs Community Care Network (VA CCN) Resources
- OptumServe VA CCN Provider Portal

State-Specific News
- CA Facilities Offering Residential Programs - ASAM 3.1 and 3.2-WM NEW
- CA OHBS 2021 Network Notes Newsletter
- FL - 1/1/2022 Optum will serve Advent Health/Health First members
- LA Informational Bulletin 21-28: Providers of Psychosocial Rehabilitation (PSR) Services
- MA Suspension of Utilization Review
- NY Executive Order No. 4 & Circular Letter No. 1
- OR 1/1/2022 Optum will no longer service Providence Health Plan

Working Together
- 2021 Provider Satisfaction Survey Results NEW
- CALOCUS and CASII Assessment Tools Merged
- Coordination of Care tips and forms
- Cultural Competency resources including free CE e-learning programs
- Get referrals - Join our Express Access Network Today!
- National Network Notes newsletter – Spring 2022 NEW

Quick Links
- Behavioral Health Toolkits
- Claim Tips
- Clinician Tax Id Add/Update Form
- Forms
- Guidelines / Policies & Manuals
- Medication Assisted Treatment
- Navigating Optum
- Optum Pay

Other Websites
- Live and Work Well (Clinician Directory)
- Live and Work Well (members)
- Optum Alaska
- Optum Idaho
- UHC Provider

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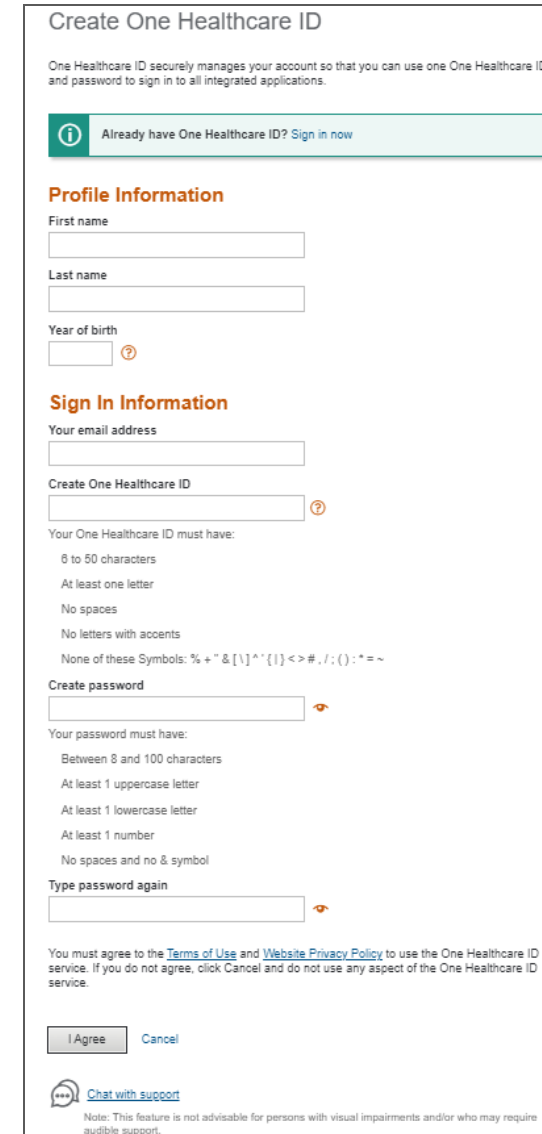
providerexpress.com - First Time users

- 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 One Healthcare ID

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

Already have One Healthcare ID? Sign in now

Profile Information

First name

Last name

Year of birth

Sign In Information

Your email address

Create One Healthcare ID

Your One Healthcare ID must have:

- 6 to 50 characters
- At least one letter
- No spaces
- No letters with accents
- None of these Symbols: % + " & [\ ] ^ ' { | } < > # , / ; ( ) : * = ~

Create password

Your password must have:

- Between 8 and 100 characters
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- No spaces and no & symbol

Type password again

You must agree to the Terms of Use and Website Privacy Policy to use the One Healthcare ID service. If you do not agree, click Cancel and do not use any aspect of the One Healthcare ID service.

I Agree   Cancel

Chat with support

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.

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Resources

Optum

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

eedback

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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 UnitedHealthcare Provider Portal?

If you are unable to access specific UnitedHealthcare Provider Portal Self-Service applications 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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Prior Treatment authorization

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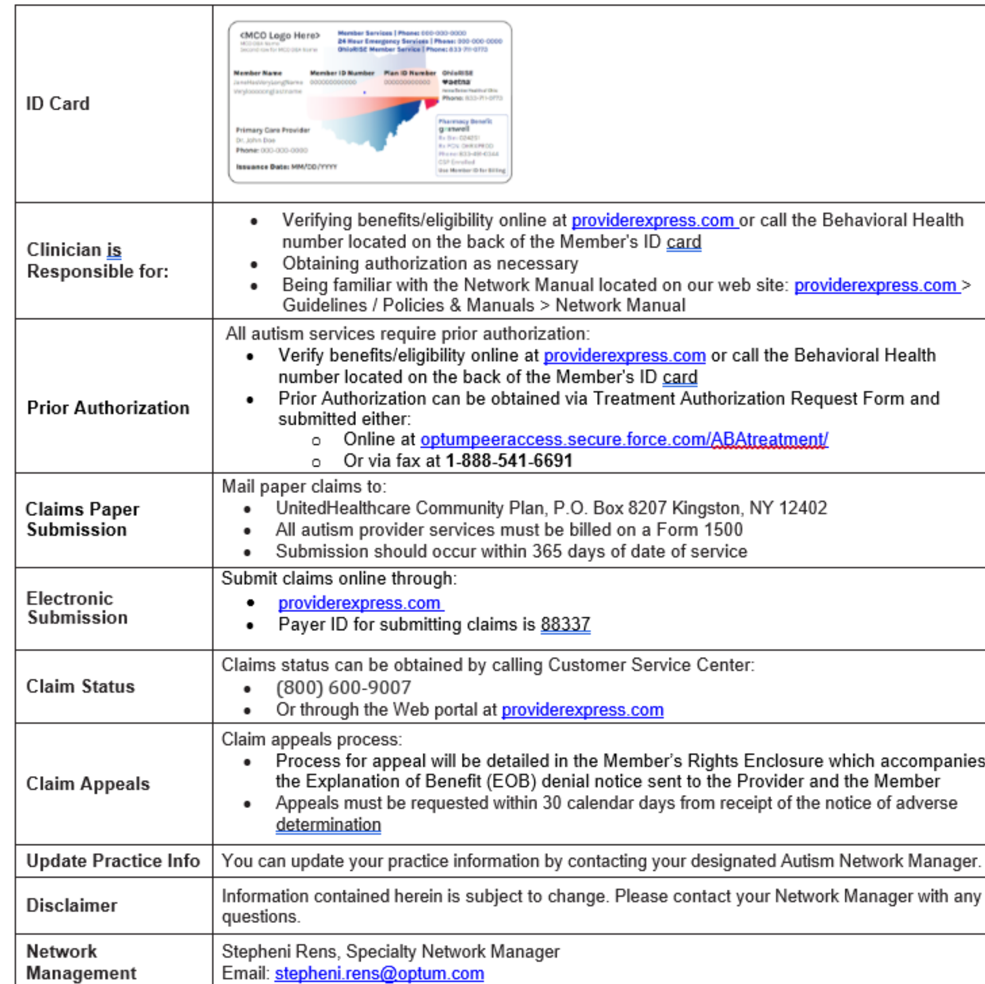
Ohio Medicaid ABA program provider Quick Reference Guide



UnitedHealthcare Community Plan of Ohio ABA Program
Quick Reference Guide

ID Card	
Clinician is Responsible for:	• Verifying benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card • 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: o Online at optumpeeraccess.secure.force.com/ABAtreatment/ o Or via fax at **1-888-541-6691**
Claims Paper Submission	Mail paper claims to: • UnitedHealthcare Community Plan, P.O. Box 8207 Kingston, NY 12402 • All autism provider services must be billed on a Form 1500 • Submission should occur within 365 days of date of service
Electronic Submission	Submit claims online through: • providerexpress.com • Payer ID for submitting claims is 88337
Claim Status	Claims status can be obtained by calling Customer Service Center: • (800) 600-9007 • Or through the Web portal at providerexpress.com
Claim Appeals	Claim appeals process: • Process for appeal will be detailed in the Member's Rights Enclosure which accompanies the Explanation of Benefit (EOB) denial notice sent to the Provider and the Member • Appeals must be requested within 30 calendar days from receipt of the notice of adverse determination
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	Stepheni Rens, Specialty Network Manager Email: stepheni.rens@optum.com

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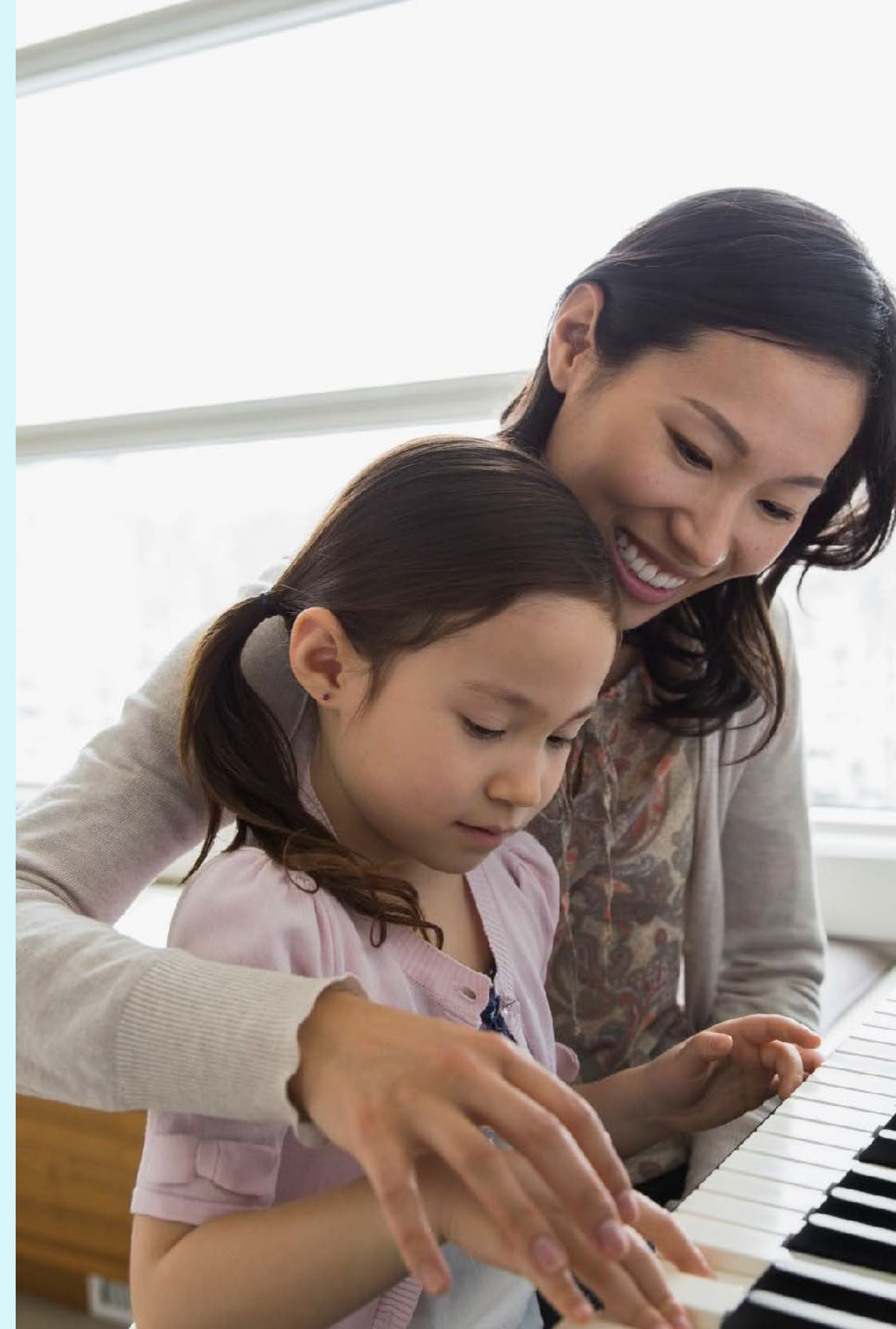
Appendix



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

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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

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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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