


ID Medicaid ABA Program Quick Reference Guide

<p>ID Card</p>	 <p>The image shows an Idaho Medicaid Card. On the left is the Great Seal of the State of Idaho. To the right of the seal, it says "Idaho Medicaid Card". Below the seal, the name "JOHN Q. SMITH" is printed, followed by "MID 1234567" and "0000".</p>
<p>Clinician is Responsible for:</p>	<p>Verifying benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card</p> <ul style="list-style-type: none"> • Obtaining authorization as necessary • Being familiar with the Network Manual located on our web site: providerexpress.com >Guidelines / Policies & Manuals> Network Manual
<p>Prior Authorization</p>	<p>All autism services require prior authorization:</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ Online at https://optumpeeraccess.secure.force.com/ABAtreatment/ ○ Or via fax at 1-888-541-6691
<p>Claims Paper Submission</p>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> • United Healthcare, P.O. Box 30760, Salt Lake City, UT 84130-0760 • All autism provider services must be billed on a Form 1500 • Submission should occur within 90 days of date of service
<p>Electronic Submission</p>	<p>Submit claims online through:</p> <ul style="list-style-type: none"> • providerexpress.com • Payer ID for submitting claims is 87726
<p>Claim Status</p>	<p>Claims status can be obtained by calling Customer Service Center:</p> <ul style="list-style-type: none"> • 1-855-202-0983 • Or through the Web portal at providerexpress.com
<p>Claim Appeals</p>	<p>Claim appeals process:</p> <ul style="list-style-type: none"> • Appeals must be requested within 60 calendar days from receipt of the notice of adverse determination • Mailed to Optum Idaho, Appeals and Grievances, 205 E. Watertower Street Meridian, ID 83642-6282 or faxed to 1-855-272-7053
<p>Update Practice Info</p>	<p>You can update your practice information by contacting your designated Autism Network Manager.</p>
<p>Disclaimer</p>	<p>Information contained herein is subject to change. Please contact your Network Manager with any questions.</p>
<p>Network Management</p>	<p>JT Van Ryswyk Specialty Network Manager Email: Joshua.vanryswyk@optum.com</p>