Optum

New York Child Health Plus (CHP) Essential Plan Plus (EPP)
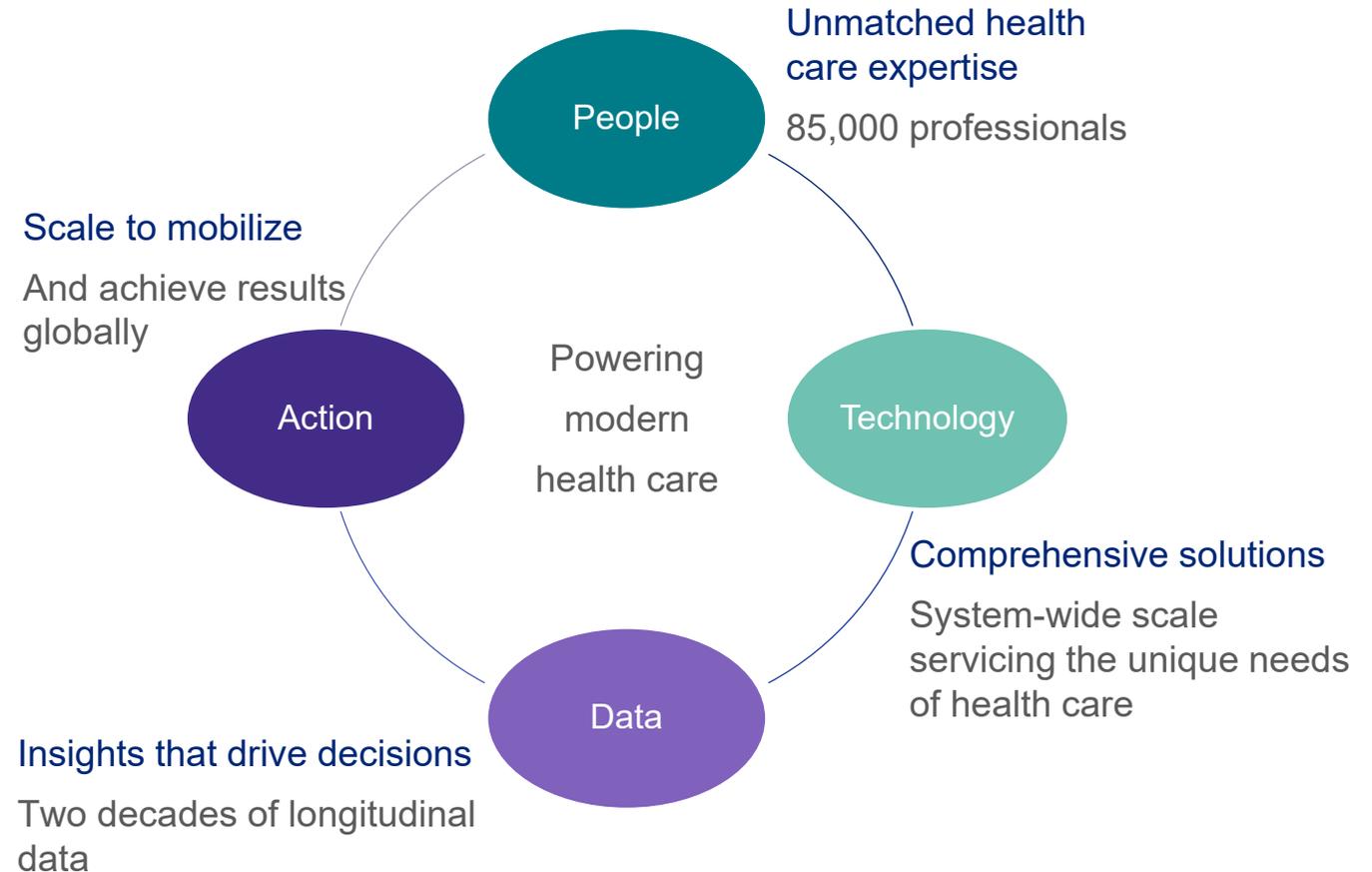
ABA Provider Orientation

Optum with UnitedHealthcare Community Plan New York

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

People

Unmatched health care expertise
85,000 professionals

Scale to mobilize
And achieve results globally

Action

Powering modern health care

Technology

Comprehensive solutions
System-wide scale servicing the unique needs of health care

Data

Insights that drive decisions
Two decades of longitudinal data

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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
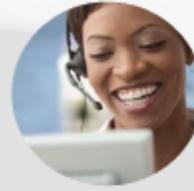
Proven clinical expertise and informed decision support

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

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.

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

Optum ABA NY CHP/EPP Member Information

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NY CHP 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

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NY EPP 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

Front of card:

UnitedHealthcare® | Community Plan

Health Plan (80840)   911-87726-04

Member ID: 999999999   Group Number: NYEPP1

Member:
REISSUE ENGLISH

Payer ID: 87726

PCP Name:
DOUGLAS   GETWELL
PCP Phone: (999)999-9999

OPTUMRx
Rx Bin: 610494
Rx Grp: ACUNY
Rx PCN: 4800

Copay: OFFICE/SPEC/ER/UrgCare/Rdlgy
       $15/$25/$75/$25/$25

0501

UnitedHealthcare Community Plan Essential Plan 1
Administered by UnitedHealthcare of New York, Inc.

Back of card:

In an emergency go to nearest emergency room or call 911.   Printed: 08/06/18

This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call.

For Members: 866-265-1893   TTY 711

For Providers: UHCprovider.com   866-362-3368
Medical Claims: PO Box 5240, Kingston, NY 12402-5240

Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903
       For Pharmacists: 877-305-8952

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
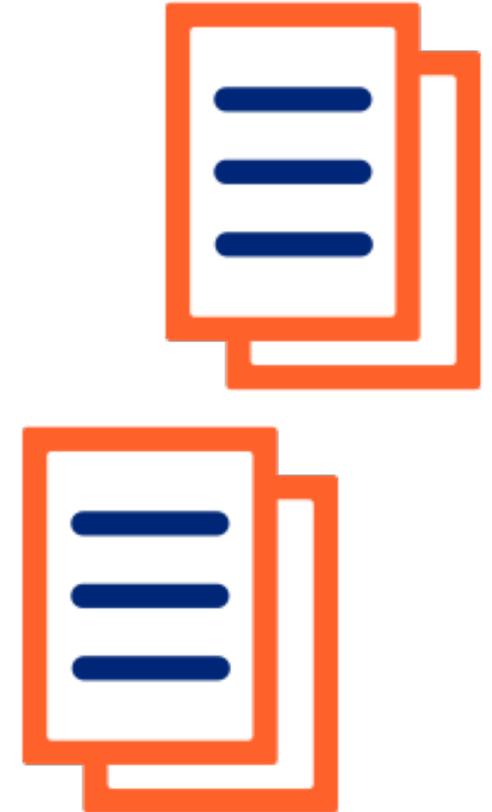
Member Website

[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.

Who is eligible?

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

✏️ NY CHP - Must be up to age 19
- ❑ Must be covered under NY Child Health Plus Plan
- ❑ Must have Autism Diagnosis

✏️ NY EPP - Must be covered under NY Essential Plan Plus Plan
- ❑ Must be ages 19-65
- ❑ Must have an Autism Diagnosis

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Credentialing Criteria NY CHP/EPP Autism/ABA Network

Required: NPI and EIN/TIN

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

Individual Board-Certified Behavior Analysts—Solo Practitioner

- Board Certified Behavior Analyst (BCBA) with active certification from the national Behavior Analyst Certification Board, and

- State licensure in good standing

- Compliance with all state/autism mandate requirements as applicable to behavior analysts

- A 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 / IBT Groups

- BCBAs must meet standards above and hold Supervisory Certification from the national Behavior Analyst Certification Board if in supervisory role.

- Licensed clinicians must have appropriate state licensure and six (6) months of supervised experience or training in the treatment of applied behavior analysis/intensive behavior therapies

- Compliance with all state/autism mandate requirements as applicable to behavior analysts/ABA practices

- BCaBAs must have active certification from the national Behavior Analyst Certification Board, and appropriate state licensure

- Behavior Technicians must have RBT certification from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBAs or licensed clinician

- BCBA or licensed clinician on staff providing program oversight

- BCBA, BCaBA, or licensed clinician performs skills assessments and provides direct supervision of 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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ABA Virtual Visits

Optum allows BCBAs/Licensed BH Clinicians within contracted ABA practices to conduct ABA supervision and/or caregiver training via telehealth.

In order to provide supervision and/or caregiver training services via telehealth, you must be an approved Optum virtual visits provider who has attested to meeting the requirements specific to providing these services:

- You can complete and submit a virtual visits attestation on our virtual visits page of Provider Express and will be notified of approval or denial

- Once approved as a virtual visits provider, please be sure to alert the Optum Care Advocate that the ABA supervision and caregiver training services will be provided virtually when completing the authorization process.

After receiving authorizations, to bill for the virtual ABA Supervision of Behavior Technicians and Family Training and Guidance:

- Simply include the same procedure code you would use for an in-person service, 97155 or 97156, on your claim with the "02" place of service code to let us know the service was provided via telehealth

Additional information and resources can be found on our ABA page at Provider Express.

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Steps in Providing Treatment

Eligibility, Authorizations & Concurrent Reviews

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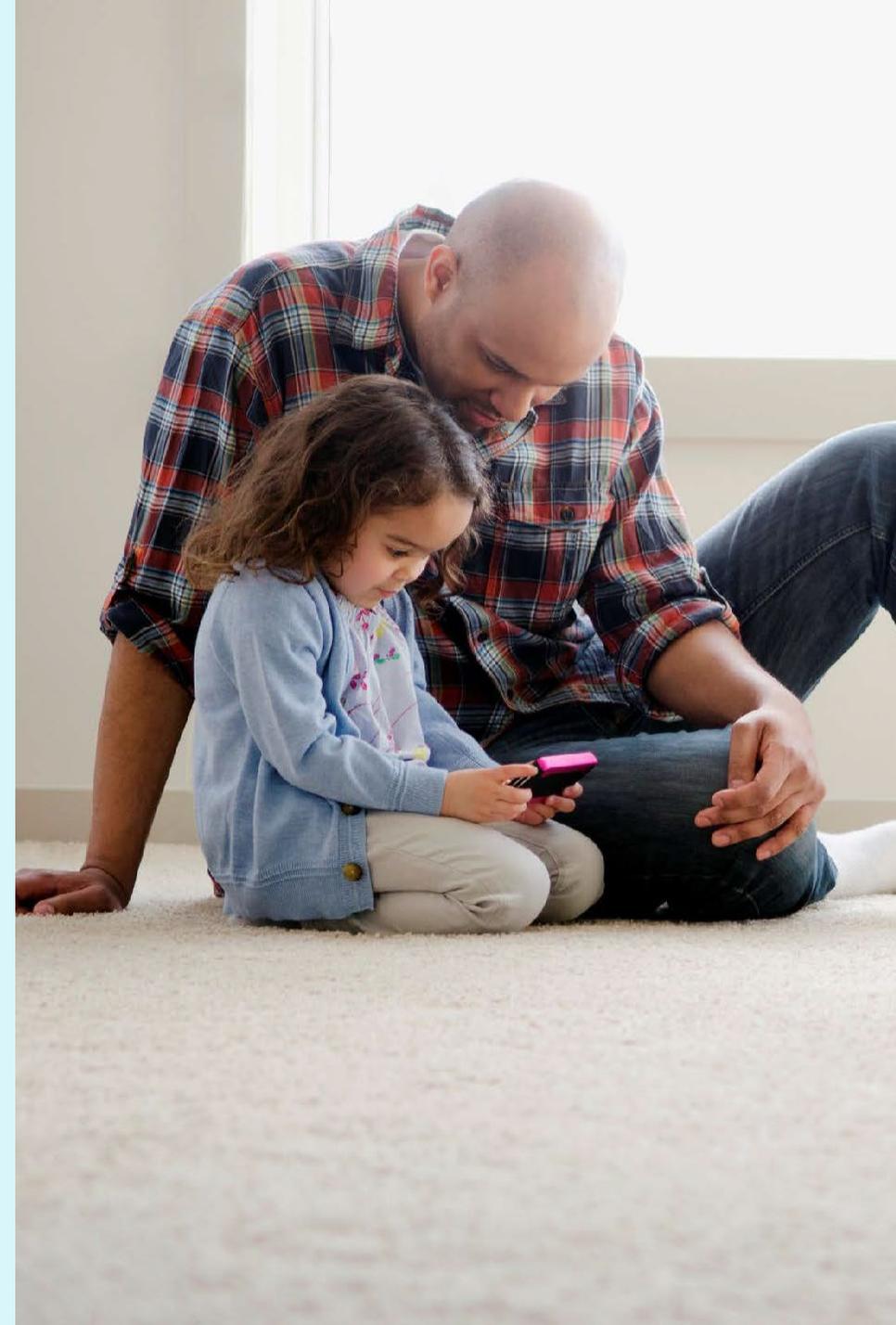
Clinical teams

Dedicated Autism Clinical Team

There is a dedicated autism clinical team that supports the New York CHP/EPP ABA program:

- Each team member is a licensed behavioral health clinician or BCBA with experience and training in Autism
- 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
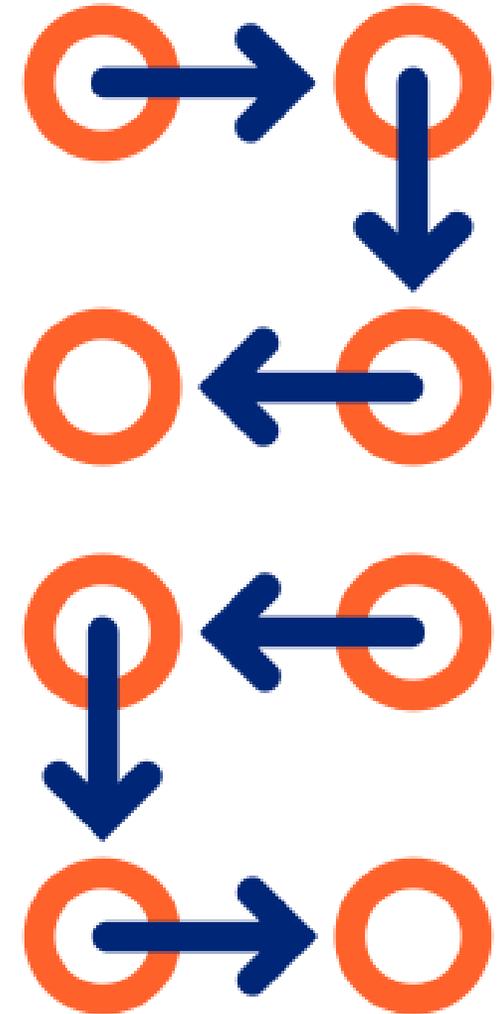
Release of Information

- 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

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.

- Online assessment request at: electronicforms.force.com/ABATreatment/s/

- Prior Authorization obtained by:

- Optum portal, providerepress.com, or fax

- 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
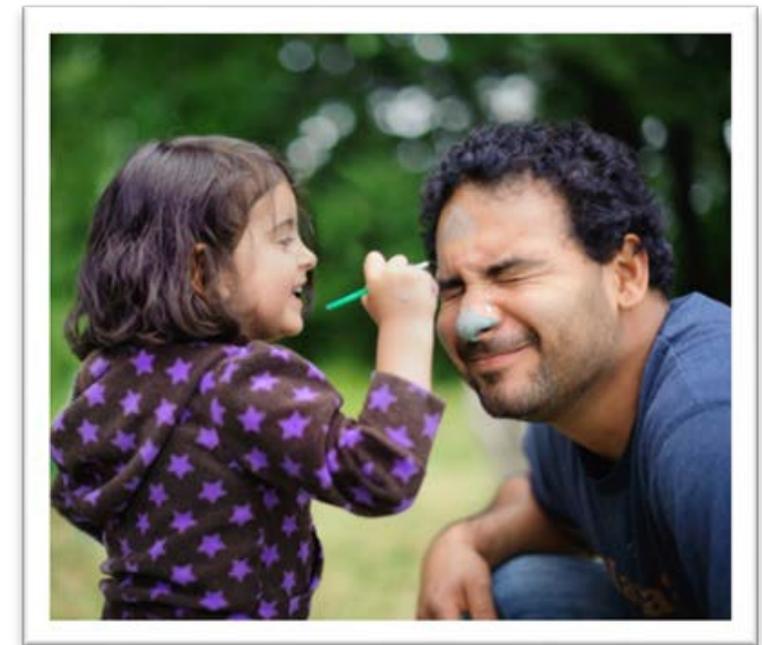
Treatment Request Requirements

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 information
- 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.

Clinical Information Requirements for each Review

- Confirmation member has an appropriate DSM-5 diagnosis 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
- Why IBT now?

- 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 (see Provider Express for the Level of Care Guidelines and Coverage Determination Guidelines)

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

Concurrent Reviews

The same information will be needed for each review:

- 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

- 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 (see Provider Express for the Optum Autism/ABA Clinical Policy)

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Assessment Authorization – Online Portal Submission

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Prior Assessment Authorization – Online Portal Submission

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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 > Clinical Resources > Autism/Applied Behavior Analysis

Autism/Applied Behavior Analysis

Optum is recruiting Board Certified Behavior Analysts (BCBA) in solo private practice and qualified agencies that provide intensive ABA services in the treatment of ASD, for our Autism/ABA provider network.

If you are a master's or doctoral level BCBA providing intensive ABA in private practice, or are employed by an ABA agency that treats ASD clients, you may qualify for this unique network.

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

Please contact our Provider Service Line at 877-614-0484 with any questions regarding your participation and group model verses facility model.

Commercial ABA Program

- FAQ - Autism/ABA
- ABA Agency Provider Orientation
- ABA Agency Quick Reference Guide
- ABA Virtual Visits for Commercial Members

Provider Express Resources & Tutorials

- Overview of online tools that improve workflow and efficiency
- How to become a registered Provider Express user (Brief video overview of obtaining your Optum ID)
- ABA online eligibility and benefit inquires (Brief how-to video overview)
- How to view ABA authorizations online (You see what we see - brief video overview)

State Medicaid ABA Programs

AZ AHCCCS ABA Program
CA Medi-Cal ABA Program
Hawaii QUEST ABA Program
Healthy Louisiana ABA Program
ID Medicaid Behavior Modification and Consultation Program
Iowa Healthlink ABA Program
KanCare Autism Program
MA MassHealth ABA Program
MS CAN / CHIP Autism Program
NC Medicaid Research-Based Intensive Behavioral Health Treatment Program
NE Heritage Health ABA Program
New York Medicaid ABA Program
OH Public Health Care Program (OHPHCP) ABA Program
Virginia Medicaid EPSDT ABA Program
WA Medicaid ABA Program

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Prior Assessment Authorization – Online Portal Submission

Optum | **Provider Express**

Search: [Search] **Search**

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

Optum - Provider Express Home > Clinical Resources > Applied Behavior Analysis Information > New York CHP ABA

New York Medicaid ABA Program

UnitedHealthcare Community Plan is one of the selected managed care plans providing coverage to New York Child Health Plus (CHP) and New York Essential Plan Plus (EPP) members. Optum has been selected by UnitedHealthcare Community Plan to develop and manage the ABA network for New York CHP and EPP members. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members.

To assist you in your participation in this program, learn more about the process for applying to the network, and the clinical protocols required in this unique network, please review the resource materials below

- New York CHP and EPP ABA Provider Orientation
- New York CHP ABA and EPP Provider Quick Reference Guide [↗]
- **ABA Assessment Portal** - Online ABA Assessment Requests - Electronic submission
- ABA Treatment Request Form - Electronic submission

Contact Us/Request to Join the Network

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Billing and Reimbursement

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Diagnostic Coding

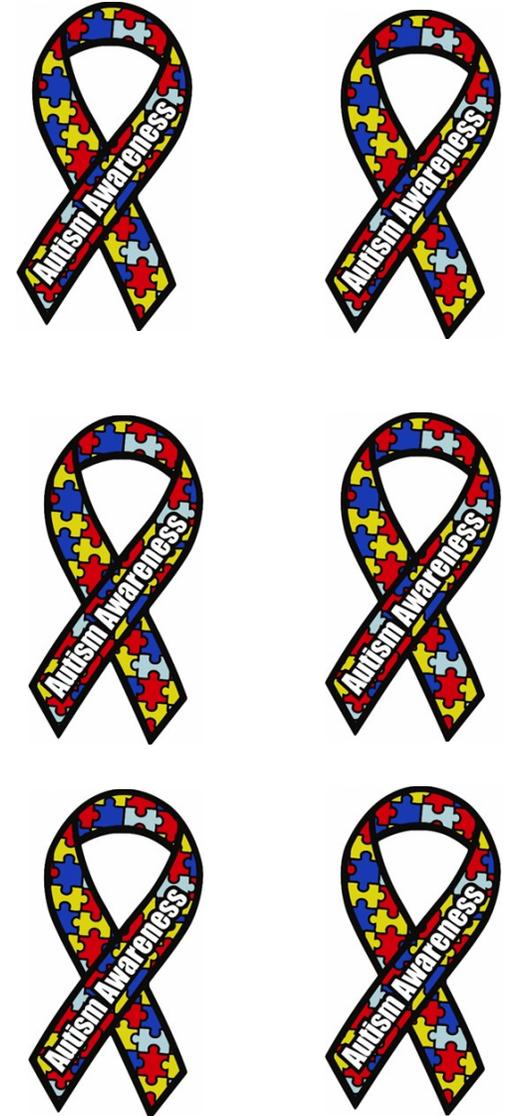## Guides for Coding:

- 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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NY ABA Medicaid

Billing Code	Modifier	Service Description	Units
		UNITED BEHAVIORAL HEALTH	
97151		Behavior identification assessment, by professional	15 min
97151	HN	Behavior identification assessment, by professional	15 min
97152		Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	15 min
97152	HN	Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	15 min
97152	HM	Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	15 min
0362T		Behavior identification supporting assessment, by technician, requiring: administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in	15 min
97153		Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97153	HN	Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97153	HM	Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	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	15 min
97154		Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97154	HN	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97154	HM	Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	15 min
97155		Adaptive behavior treatment with protocol modification, by professional	15 min
97155	HN	Adaptive behavior treatment with protocol modification, by professional	15 min
97156		Family adaptive behavior treatment guidance, by professional (with or without patient present)	15 min
97156	HN	Family adaptive behavior treatment guidance, by professional (with or without patient present)	15 min
97157		Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)	15 min
97157	HN	Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)	15 min
97158		Group adaptive treatment with protocol modification, by professional	15 min
97158	HN	Group adaptive treatment with protocol modification, by professional	15 min

1	Modifiers are to be used in billing to reflect the credentials of staff delivering services and to allow for proper claims payment (HN = Bachelor's degree level -- BCaBA; HM = less than Bachelor's degree level -- Behavior Technician, when not otherwise indicated per code description)

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Claims Submission

All Autism/ABA Claims must be:

- Submitted on a Form 1500 (v.02/12) claim form
- Submit electronically via providerexpress.com or UHCprovider.com using the Claim Entry transaction feature
- Submit electronically using an EDI clearinghouse and payer ID # 87726
- Include appropriate taxonomy codes
- Submitted within 120 days of date of service

Please send paper claims to:

- Optum Behavioral Health
  P.O. Box 30760
  Salt Lake City, Utah 84130-0760

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

- Optum – 1-866-362-3368
- Logging into providerexpress.com or UHCprovider.com

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)
  - ☐ Duration of therapy (1 hr vs. 15 min)
  - ☐ 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.

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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 NY CHP/EPP is 120 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 DHS website

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

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 87726

Additional information regarding EDI is available on:

- [EDI Contacts | UHCprovider.com](#)

    and

- [UHCprovider.com](#)

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Electronic Payment & Statements (EPS)

With EPS, 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 EPS 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 EPS with UnitedHealthcare Commercial or UnitedHealthcare Medicare Solutions, you will automatically receive direct deposit and electronic statements through EPS 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.*

Provider Express

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providerexpress.com

You can find:

- Level of Care Guidelines
- ABA Clinical Policy
- Best Practices
- Optum Network Manual
- Contact Information
- Common Forms
- Verify Benefits and Eligibility
- Claims Status
- Claim Submission
- Authorization Status
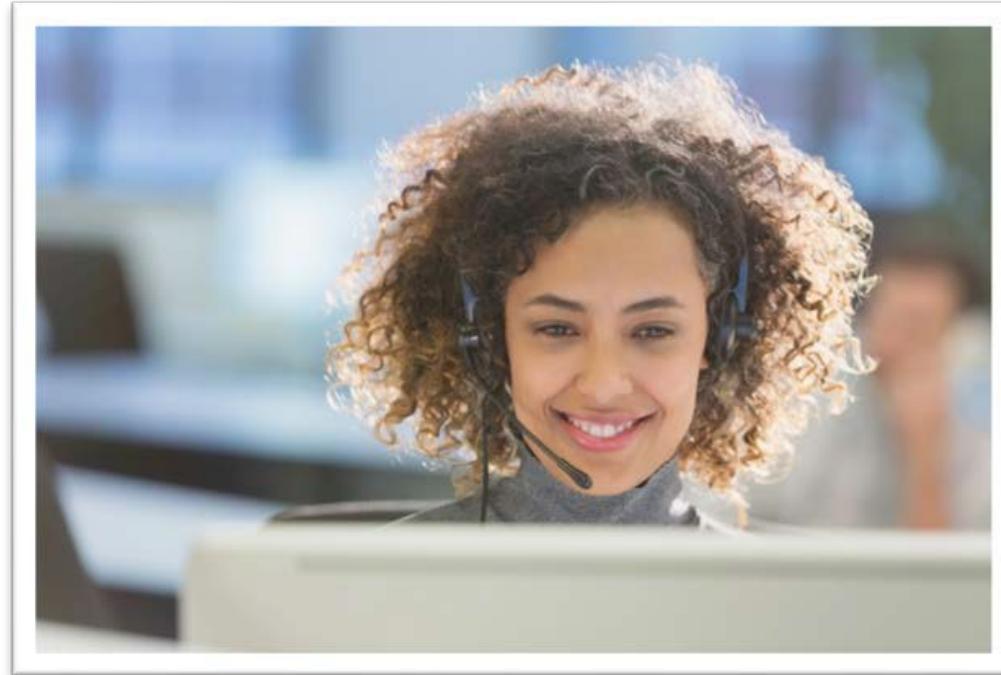
Please contact your assigned network manager for any
practice updates (demographics, etc.)

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

Create an Optum ID

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

ⓘ Already have an Optum ID? Sign in now

Profile Information

First name

Last name

Year of birth
ⓘ

Sign In Information

Optum

Resources

Optum

UHCprovider.com Provider Website

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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 an Optum 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 an Optum ID that has been connected to the Tax ID of your practice, facility or organization.

Video: Accessing Link via UHCprovider.com

Need an Optum ID?

Please register to create your Optum ID.

Have an Optum ID, but need to connect a Tax ID?

To start the process, sign in with your Optum 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 Optum ID login, please contact your organization's practice administrator – they are the only ones able to manage and make changes to account access.

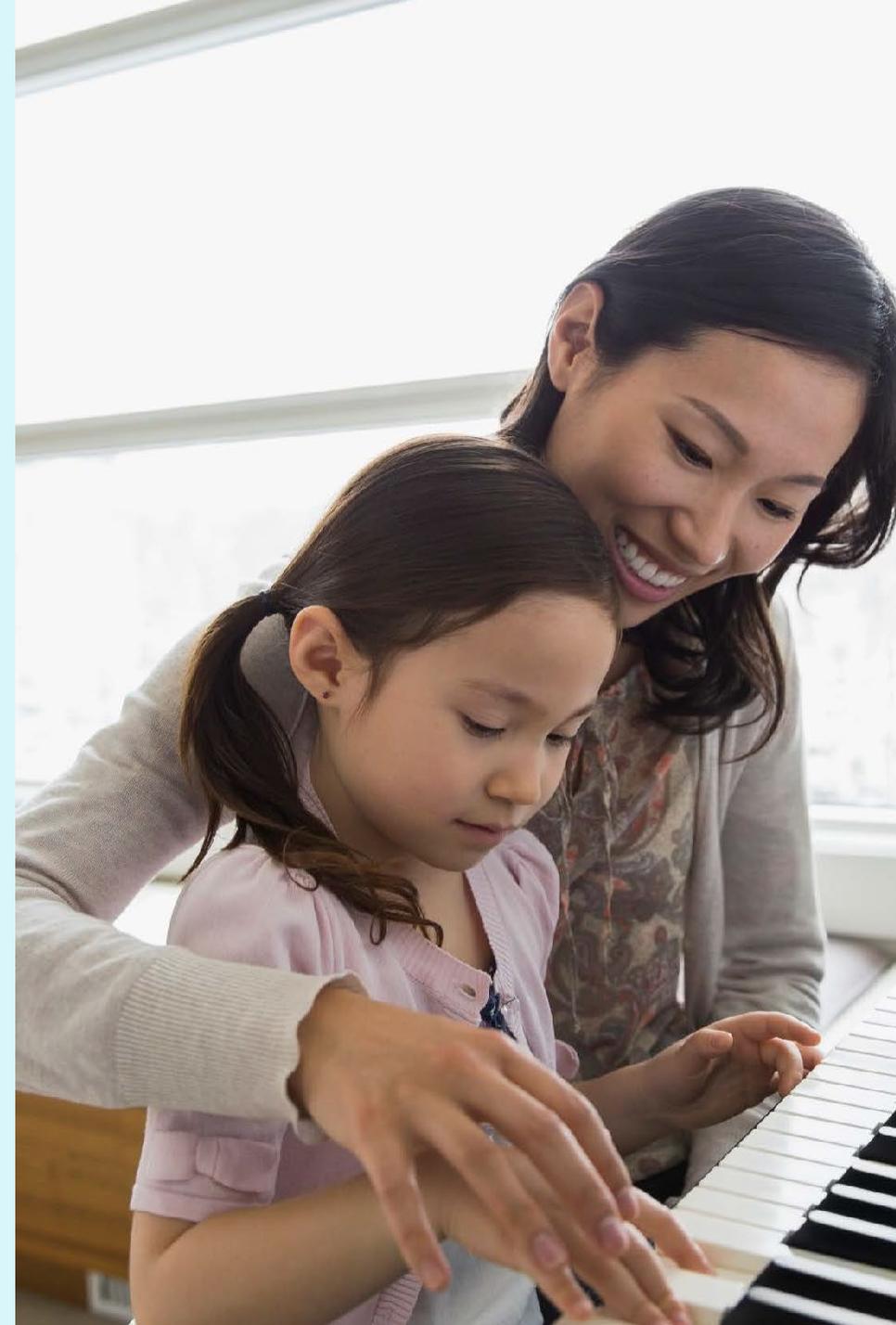# New York CHP/EPP ABA Program Provider Quick Reference Guide

New York CHP/ EPP ABA Program

Quick Reference Guide

ID Card		
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 • 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 call 1-866-830-0325	

Claims Paper Submission	Mail paper claims to: • Optum Behavioral Health, 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 120 days of date of service	
Electronic Submission	Submit claims online through: • Claims Payer ID 87726 • providerexpress.com or uhcprovider.com • EDI Support 1-800-210-8315 or email ac_edi_ops@uhc.com	
Claim Status	Claims status can be obtained by calling Customer Service Center: • 1-866-362-3368 • Or through the web portal at providerexpress.com or uhcprovider.com	
Appeals and Grievances	Claims appeal 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 received within 180 days from the date of disposition on the remittance report (EOB)	
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	Jaime Schweers, Specialty Network Manager Email: Jaime_schweers@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](#)

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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

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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