

## Beacon Frequently Asked Questions (FAQs) Guide

1. What is ProviderConnect and is it required?
  - a. ProviderConnect is an online portal for providers to access information regarding recipient eligibility, authorizations, and behavioral data. It is required as it is the primary way to request an authorization for a recipient by submitting either a BA Assessment request or a BA Services request. Supporting documentation is uploaded to the request and may include a physician's order and behavior plan. ProviderConnect also includes a secure messaging center for providers to get in contact with Beacon staff.
2. Regarding data entry within ProviderConnect, is it required and what happens if a provider misses a week or makes an error?
  - a. It is highly recommended to enter behavior data into ProviderConnect on a weekly basis. Any authorized user within your organization is able to enter this data. Data can be entered at any time and can be edited at a later date. Please note that graphs within ProviderConnect represent cumulative weekly data and phase lines and axis labels cannot be added or modified in the system. Therefore, data entry in ProviderConnect should be a supplement to data included in behavior plan updates, and will not be a replacement for baseline and current levels of data reported within the behavior plan.
3. How would a Lead Analyst register if he/she works for more than one company servicing recipients for BA Services?
  - a. The Lead Analyst would need to register separately with each organization he/she works with and would utilize two separate log-ins for each organization.
4. Who do we call for assistance?
  - a. For ProviderConnect and technical questions, please call the EDI Help Desk at (888) 247-9311. For questions regarding the authorization process please contact the Intake Coordination team at (866) 827-7737. For questions regarding the Rule or to report any concerns, please contact AHCA at (877) 254-1055.
5. Where can we find official informational documents?
  - a. Link to AHCA Behavior Analysis Services Provider Information:  
[http://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Policy/behavioral\\_health\\_coverage/bhfu/BA\\_Services.shtml](http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/behavioral_health_coverage/bhfu/BA_Services.shtml)
  - b. Link to the Beacon pre-recorded trainings:  
<http://fl.beaconhealthoptions.com/provider/prv-archive.html>
  - c. Link to the most recent version of the proposed Behavior Analysis policy:  
[http://ahca.myflorida.com/medicaid/review/Specific/59G-4.125\\_BA\\_Services\\_Coverage\\_Policy.pdf](http://ahca.myflorida.com/medicaid/review/Specific/59G-4.125_BA_Services_Coverage_Policy.pdf)
  - d. Link to the proposed Behavior Analysis billing codes and fee schedule:  
[http://ahca.myflorida.com/medicaid/review/Reimbursement/2017\\_01\\_01\\_BA\\_Fee\\_Schedule.pdf](http://ahca.myflorida.com/medicaid/review/Reimbursement/2017_01_01_BA_Fee_Schedule.pdf)
  - e. Link to the AHCA Provider Enrollment Application:  
[https://portal.flmmis.com/flpublic/Provider\\_ProviderServices/Provider\\_Enrollment/Provider\\_Enrollment\\_EnrollmentApplication/tabid/67/Default.aspx?desktopdefault=%20](https://portal.flmmis.com/flpublic/Provider_ProviderServices/Provider_Enrollment/Provider_Enrollment_EnrollmentApplication/tabid/67/Default.aspx?desktopdefault=%20)
  - f. Link to the AHCA Provider Enrollment Application Guide:  
[http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/Guide\\_for\\_App\\_for\\_2015\\_Final\\_2015-02-27.pdf](http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public%20Misc%20Files/Guide_for_App_for_2015_Final_2015-02-27.pdf)
6. What is the Service Delivery Model we are expected to follow?

- a. You should follow the ethical guidelines set forth by your licensing/credentialing body and evidence-based practices to guide your treatment plan. You are able to bill for any direct services provided directly with the recipient present that are included in your authorization. Indirect hours will not be authorized for billing. During coaching/supervision sessions with the Lead Analyst and behavior technician and the recipient, only one service can be billed, and would typically be time that the Lead Analyst would bill for.
7. What is the difference between a BA Assessment request and a BA Services request?
    - a. A BA Assessment request is submitted when the recipient is new to the provider. To request the BA Assessment through ProviderConnect a physician's order is required. A BA Services request is submitted either after the BA Assessment has been completed or the recipient is continuing with BA services. To request BA Services through ProviderConnect a physician's order must be on file and an updated behavior plan is required. A behavior plan template is available at: <http://fl.beaconhealthoptions.com/provider/forms/BA-Assessment-Template-Document.pdf>
  8. What is the timeline for submitting a BA Services request?
    - a. A BA Services request should be submitted two weeks prior to the end of the current authorization to ensure there is not a lapse in authorization. There is no backdating or extensions of authorizations on file.
  9. Are there minimums or maximums for the number of hours that can be requested for a recipient?
    - a. The determination of units/hours for BA Services is based on medical necessity and the clinical presentation of the recipient in the behavior plan. There is a maximum of 8 hours per day/40 hours per week for BA Services for the Lead Analyst, Assistant Behavior Analyst, Technician, and Group combined. To request more than 40 hours per week across the combined levels of service, a Special Services Request must be made using the Multi-Specialty Authorization Request Form found here: <http://fl.beaconhealthoptions.com/provider/prv-forms.html>

#### Medicaid Letter Questions

1. Is there is a standard letter/referral form that Medicaid has used that the doctor signs to request ABA services? Will a prescription suffice?
  - a. Required information in the Physician's order is: recipients name, diagnosis, a recommendation of BA services and the physician's signature. If all that information is included in the prescription, it would be acceptable.
2. Do we need to have a new prescription written for existing clients after the 6 months for the reassessment or do we need it now to begin services? How frequently will parents need to request this letter from the doctor?
  - a. The Physician's order needs to be submitted for all recipients when services are initiated through this program and will not be required to be resubmitted with subsequent reassessments.

#### Retrospective Chart Reviews:

1. What is the standard for information that is needed in each client's file? For instance, is there a standard form for daily reviews, session notes, etc.? Is there a standard format that Beacon wants to be used for session notes?
  - a. Please see the BA Chart Review Tool at <http://fl.beaconhealthoptions.com/provider/prv-tools.html>. In addition, Beacon is not requiring that session notes be written in any standard format. Providers should use best practices when writing notes.
2. For Retrospective Reviews, what is the time period of coverage that needs to be accounted for?
  - a. The previous 6 months of services.
3. How do we get notified if we've been selected? How long do we have to submit the information requested?

- a. Beacon will contact the Provider via phone or email, and once selected they have 3 business days to submit required information after being notified.

#### Questions Regarding Components of the BA Assessment Template

1. Can direct observations be conducted in the same setting over different days? Is there a timeframe expected for observations?
  - a. Observations can be in the same setting over different days. Two separate observations are required but you should use your clinical judgement for the duration of these observations.
2. Should graphs be included in the initial behavior plan and subsequent reassessments?
  - a. All behavior plans should include baseline data, and it is recommended that you include graphs, although they are not required. It is recommended that data be graphed weekly within the behavior plan and within ProviderConnect, although it is up to the provider when and how often they choose to graph and/or enter data into ProviderConnect. Ideally, graphs should represent at least the previous 6 months of data if available.
3. Should I use a VBMAPP or other specific standardized assessment?
  - a. VBMAPP or other specific standardized or evidence based assessments are recommended but not required.
4. Is it required that our Behavior Plans be written using the Beacon template or can we use our own as long as all the information needed is included?
  - a. Using Beacon's template is recommended but not required.
5. I see there is a template for the Behavior Analysis Assessment. Is there a template for the Behavior Plan on the Beacon website?
  - a. Yes, it is on the Beacon website: <http://fl.beaconhealthoptions.com/provider/forms/BA-Assessment-Template-Document.pdf>

#### Roles of Lead Analysts vs BCaBAs vs RBT

1. What is the role of the Lead Analyst and BCaBA?
  - a. BCaBA's can *assist* Lead Analysts during assessments but Lead Analysts will need to author the behavior plans. Both BCaBAs and Lead Analysts can provide direct services to recipients with clinical justification and provide parent training.
2. What code(s) will be utilized for request of services for RBTs? Are these different from behavior technicians?
  - a. RBTs and behavior technicians will utilize the same service code for direct services, H2014- Behavior Analysis Technician.