Health Plan of San Joaquin

Mountain Valley Health Plan

Overview

Behavioral Health Treatment (BHT) & Applied Behavior Analysis (ABA)

February 12, 2025

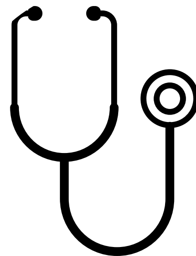
Meeting Agenda

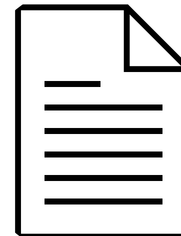
Topic	Facilitator
Introductions	Provider Services
Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) Overview	Christina Villar
Claims Overview	Dominque Robinson
Contracting	Jacqueline Nguyen
Provider Services	Stephanie Miranda
Questions	Open To All
Closing	

Introduction

Purpose: The purpose of this secondary training is to equip Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) providers contracted with the health plan with the necessary knowledge and skills to effectively navigate and manage health plan operations, focusing on key issues such as claims processing, appropriate use of modifiers, provider roster management, and other operational requirements.

Objective: By the end of this training, participants will be able to understand the claims submission process, accurately apply modifiers and coding practices, manage and update provider rosters, navigate health plan operational systems, and effectively communicate with the health plan to resolve issues and ensure compliance with benefit administration requirements.





Behavior Health

Christina Villar
Provider Service Representative

Behavioral Health Treatment (BHT)
and
Applied Behavior Analysis (ABA)
Overview

Health Plan of San Joaquin

QASP: Breakdown and Review

The Health Plan utilizes the three-tier model reflected in DHCS' State Plan Amendment 14-026 to ensure effective monitoring and improvement of care quality. This model, in alignment with DHCS's APL 23-010, provides a structured approach to assessing performance at various levels.

Each tier within the Quality Autism Service Practitioner/Professional (QASP) model plays a vital role in ensuring that health plans meet performance standards, uphold quality care, and comply with DHCS guidelines. Through this framework, continuous improvement is driven, enhancing outcomes for Medi-Cal beneficiaries.

Provider Type	Modifier
BCBA/BCBA-D	**HO**
LMFT, LCSW, LPCC	**HO**
BCaBA (or as otherwise specified in Exhibit B)	**HN**
Paraprofessional: RBT or ABAT (or as otherwise specified in Exhibit B)	**HM**

Modifier: HO

I. **Qualified Autism Service (QAS) Providers**
   I. Qualifications – QAS Providers must meet the qualifications of a BCBA or a Licensed Practitioner:
      I. **Board Certified Behavioral Analyst (BCBA)**: A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified.
      II. **Licensed Practitioner**: A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

Modifier: HN

I. **Qualified Autism Service (QAS) Professional**

   I. Qualifications – A QAS Professional must meet the qualifications meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program.

☐ Have a Bachelor of Arts or Science Degree **and** ☐ 12 units of ABA related course work **and** ☐ 1 year experience in designing and/or implementing behavior modification intervention services.	**OR**	☐ Have a Bachelor of Arts or Science Degree **and** ☐ 2 years' experience in designing and/or implementing behavior modification intervention services.

Modifier: HM

I. Qualified Autism Service (QAS) Paraprofessional

I. Qualifications – Paraprofessional: A Registered Behavioral Technician (RBT) or ABA Technician (ABAT) or an unlicensed and uncertified individual who meets all the following criteria:

☐ High School Diploma or equivalent **and** ☐ **30 hours of competency-based training** designed by a certified behavior analyst and evidence of completion **and** ☐ 6 months experience working with persons with developmental disabilities.	OR	☐ Associate's Degree in either a human, social, or educational services discipline, or a degree or certification related to behavior management, from an accredited community college or educational institution **and** ☐ 6 months experience working with persons with developmental disabilities.

**Cal. Code Regs. Tit. 17, § 54342*

QASP: Services

Billing Code	Description of Activities	QAS Provider[1] HO Modifier	QAS Professional[2] HN Modifier	QAS Paraprofessional[3] HM Modifier
H0031	Functional Behavior Analysis (FBA)	X	Not billable	Not billable
H0032	Treatment Plan Development	X	X	Not billable
H0046	Supervision of a Professional and Paraprofessional	X	X	Not billable
H2014	Skills training and development	X	X	X
H2019	Therapeutic Behavioral Services	X	X	X
S5111	Parent/Caregiver Training	X	X	X

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BHT FAQ

- **Do QASP providers need to be enrolled in Medi-Cal?**

  Currently BCBA's do not have a path to Medi-Cal Enrollment, **however, all other licensed staff do and will need to be enrolled in Medi-Cal in order to provide services for our members. This includes Licensed Psychologists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, etc.** All other QASPs do not need to be Medi-Cal enrolled at this time.

- **Where do we bill for indirect services?**

  Per Exhibit C H0032 includes **Treatment Plan Development**: Used for program development, treatment plan development or revision, data analysis, case review, treatment team conferences, supervision of therapy assistants/paraprofessionals, and for real-time direct communication/coordination with other providers must be signed by a BCBA. **Further indirect services** that are covered include supervision and parent/caregiver training. Hours are determined and approved on a case-by-case basis. If you feel you will need more hours for H0032 (or any other code) please send an additional prior authorization request that indicates medical necessity.

BHT FAQ

- **Do all providers need NPIs?**
  - Yes, HIPAA requires the adoption of a standard unique identifier for health care providers, the National Provider Identifier (NPI). This is for the purposes of billing- all claims must provide the billing NPI as well as the rendering provider NPI. Applying for an NPI is free, easy, and typically takes 20 to 30 minutes to complete. Organizations/Individuals can apply online through the CMS NPI Application/Update Form page. It takes approximately 15 days to be issued an NPI.
- **Can an QAS Professional (modifier HN) provide supervision?**
  - Yes, per the BACB handbook, HN providers can supervise which is a BCaBA, Non-Certified Supervisor, or an RBT Requirements Coordinator. These supervisors must complete 8 hours of supervision training before providing supervision from an ACE (Authorized Continuing Education) provider.

BHT FAQ

- **How do we get more referrals?**
  - Inform our BHTReferral@hpsj.com inbox of your availability. We get new requests daily and keeping abreast of your availability will help streamline your referrals. Please include service areas (if zip codes are known, you can include them) and operating hours of availability.
- **If we are looking to terminate services, what are the requirements?**
  - You should include a termination clause in your treatment plan with your member and their parent/caregiver. In that termination clause, you should include what would be the reasons to terminate the services. This should also include notification to the parent/caregiver and the health plan. Ideally, planned terminations should occur no sooner than 90 days to the expected termination date.

Claims

Dominique Robinson, Manager, Provider Disputes & Recoup Claims

Behavioral Health Treatment (BHT) and Applied Behavior Analysis (ABA) Claims Overview

Health Plan of San Joaquin

Billing Guidelines

Add appropriate authorization number to the claim header

- An authorization is required for all BHT/ABA services. Include the appropriate authorization number on the claim and ensure it is for the correct member.

Bill with appropriate HCPCS codes

- Only the HCPCS codes in Exhibit C of the contract will be accepted when billing BHT/ABA therapy.

Bill with modifiers

- Modifiers need to be included with the HCPCS code when submitting a claim. Based on your provider type, use the appropriate modifier from the table below.

Add the rendering provider NPI to the claim

- This should be the same provider for the modifier that is being billed for the services rendered.

Billing Codes

Billing Code	Description of Activities	Billing Increments
H0031	**Functional Behavior Analysis (FBA)** Used for initial evaluation/assessment, initial functional analysis, and periodic functional analysis re-assessments (must be done by a licensed provider or BCBA)	15 minutes
H0032	**Treatment Plan Development** Used for program development, treatment plan development or revision, data analysis, case review, treatment team conferences, supervision of therapy assistants/ paraprofessionals, and for real-time direct communication/coordination with other providers (must be done by a licensed provider or BCBA) must be signed by a BCBA.	15 minutes
H0046	**Supervision of a Professional and Paraprofessional** Used for supervision by a QAS Provider of a QAS Professional. Used for supervision by a QAS Provider or QAS Professional of a Paraprofessional.	15 minutes
H2014	**Skills training and development** Used for direct services to member and/or parents (including parent education and training) by therapy assistants/behavioral technicians/ paraprofessionals.	15 minutes
H2019	**Therapeutic Behavioral Services** A systematic implementation of the designed programs based on the science of behavior is applied to decrease problem behavior and increase socially significant behavior.	15 minutes
S5111	**Parent/Caregiver Training** Providing behavior analytic support to guardians based on principles of behaviors to ensure social validity, maintenance and generalization of programs designed to increase socially significant behaviors and decrease problem behaviors.	15 minutes

Claims Submission, Timeline and Processing

How are claims to be submitted?

- You can submit claims electronically or by paper. For electronic claim submissions, we partner with two clearinghouses: Office Ally and Waystar. We encourage electronic submissions since submitting paper claims increases reimbursement turnaround time.

How long does it take for a claim to be processed?

- Payment or denial of a Complete Claim will occur within 45 working days. The Health Plan will notify Providers in writing within 45 working days of receiving a claim. If a claim is denied, the notice will specify the contested portion and reason. If the denial is due to missing information, the Provider has 45 working days to submit the requested details, after which the Health Plan will complete its review within 45 working days.

How can we check a claims status or ask questions regarding claims?

- Claims status is available through the Provider Portal. The Provider Portal is available through Health Plan website, www.hpsj-mvhp.org. If you are unable to obtain satisfactory answers regarding claims status or other claim questions, please contact our Customer Service Department at (209) 942-6320 or (888) 936-7526.

Claims Submission and Processing cont.

Where do we submit paper claims?

Mail to: Health Plan of San Joaquin/Mountain Valley Health Plan

Paper Processing Facility

P.O. Box 211395

Eagan, MN 55121

How and where do we submit electronic and EDI claims?

Providers must establish an account with a clearinghouse of choice. Health Plan currently uses the following clearinghouses:

- Office Ally (Payer ID: HPSJ1)
- WayStar (Payer ID: HPSJ2)
- TriZetto/Cognizant (Payer ID: HPSJ)

Please contact the clearinghouse vendor of choice to set up electronic claim submission.

If you utilize a different clearinghouse that Health Plan does not already have, it will be set up once Health Plan is contacted by the clearinghouse.

Provider Disputes

What is the first step I should take if I feel my claims are being denied incorrectly?

- Submit Provider Dispute on HPSJ/MVHP website
- Select Dispute Type – **ABA Services Dispute**
- Complete all relevant ***** fields
- Allow 45 business days for provider dispute resolution

How to I submit a Provider Dispute?

Submit a Provider dispute online through the Provider Portal/Doctors Referral Express (DRE) (Provider.hpsj.com/dre/default.aspx).

Mail in Provider disputes as indicated below with the appropriate Health Plan Provider Dispute Resolution (PDR) form located at www.hpsj-mvhp.org .

Attention to: Claims Department
Health Plan of San Joaquin/Mountain Valley Health Plan
P.O. Box 30490
Stockton, CA 95213-30490

Provider Contracting

Jacqueline Nguyen
Network Manager

Behavioral Health Treatment (BHT)
and
Applied Behavior Analysis (ABA)
Contracting Overview

Health Plan of San Joaquin

National Provider Identifier

- **Do all providers need NPIs?**

  Yes, HIPAA requires the adoption of a standard unique identifier for health care providers, the National Provider Identifier (NPI). This is for the purposes of billing- all claims must provide the billing NPI as well as the rendering provider NPI. Applying for an NPI is free, easy, and typically takes 20 to 30 minutes to complete. Organizations/Individuals can apply online through the CMS NPI Application/Update Form page. It takes approximately 15 days to be issued an NPI.

Section 2.2.13, "Credentialing and Recredentialing," of the Plan’s Department of Health Care Services (DHCS) contract, "*Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must ensure that all Network Providers are in good standing with the Medicare and Medicaid/Medi-Cal programs and possess a valid National Provider Identifier (NPI) number.*"

Credentialing

What is the general credentialing process for BHT providers?

- This will be dependent on the type of providers rendering services; however, the Plan is currently credentialing at the agency level.

What is the process for credentialing Licensed QAS Providers?

- Licensed QAS Providers such as LCSWs, LMFTs, and Psychologists will go through the traditional credentialing process and application, including the need for Medi-Cal enrollment.

How often will the agency/providers be credentialed?

- The Plan's credentialing process occurs on a three-year cadence.

How do we know when our providers are active in the system and able to provide services to members?

- As we are currently credentialing most ABA providers at the agency level (except for licensed individuals, such as LCSWs, LMFTs, and Psychologists). When there are new staff members or staff leaving, we ask that you send an updated roster to providernetworks.verification@hpsj.com as soon as possible.

- Once we receive the roster, providers who don't require additional credentialing can start seeing members immediately. Failure to send these updates can result in claims denials.

Contracting Updates

- **First Amendment:** *Completed Amendment due date: February 14th, 2025*
  - Exhibit B: Scope of Services
    - Updated definitions:
      - QAS Professionals to include those provider other than BCaBAs
      - QAS Paraprofessionals to include those other than certified RBT/ABT
  - Exhibit C: Reimbursement Terms
    - Updated table footnotes to correctly indicate licensed staff as QAS Providers

Previous Version

Provider Type	Modifier
[1]BCBA/BCBA-D	HO
[2]LMFT, LCSW, LPCC	HO
[2]BCaBA	HN
[3]Paraprofessional: RBT or ABAT	HM

New Version

Provider Type	Modifier
[1]BCBA/BCBA-D	HO
[1]LMFT, LCSW, LPCC	HO
[2]BCaBA (or as otherwise specified in Exhibit B)	HN
[3]Paraprofessional: RBT or ABAT(or as otherwise specified in Exhibit B)	HM

Contracting Updates cont.

DHCS Disclosure of Ownership Form

- **Why do we need this?**
  - A DHCS disclosure of ownership form is necessary to ensure transparency and accountability within the healthcare system by requiring providers to disclose details about their ownership structure, which helps the state agency identify potential conflicts of interest and monitor compliance with Medi-Cal regulations, especially regarding who ultimately controls a healthcare provider entity.

  - **Mandatory Completion:** **February 26, 2025**

General FAQ

- **What guidance does the Plan use for Behavioral Health Treatment?**

  The plan follows guidance from the Department of Heath Care Services. The latest guidance can be found here**:** **APL 23-010 (ca.gov)**

- **How often and where do we check member eligibility?**

  Eligibility for Medi-Cal is month-to-month so Members participating in this program must recertify their eligibility annually. Because of this, Members may lose Medi-Cal eligibility and then regain it later or become effective for services retroactively. All Providers must verify eligibility on the date that the service is rendered. For eligibility, please call our automated system at 209-942-6303 or log into our Provider Portal (DRE).

- **Can providers bill members?**

  Balance billing Medi-Cal Members is prohibited by federal and state laws. This means Health Plan Members cannot be charged for co-pays, co-insurance, or deductibles.

Contact Information

Contracting Department

- ❑ Email - ContractingDepartment@hpsj.com
  For Contract Terms and Language

Behavior Health

Stephanie Miranda

Provider Service Representative

Behavioral Health Treatment (BHT)

and

Applied Behavior Analysis (ABA)

Doctor Referral Express (DRE) and Roster Submission

Health Plan of San Joaquin

Provider Portal – Doctor's Referral Express (DRE)

Health Plan's online provider portal, DRE, is available 24/7 to providers for beneficial resources.

DRE Link https://provider.hpsj.com/public/acctdre/default.aspx

Home Page	Provider Alerts
Medical Authorizations – JIVA	Provider Disputes Resolutions (PDR)
Member Eligibility	Search Claims
Provider Manual	Member Roster
Provider Verification / Data Validation	PCP Assignment Request
Search Procedure Codes	Check Payment

Provider Services Contact Information

For general inquiries, you may reach your Provider Services Representative listed below:

Provider Services Mailbox	Stephanie Miranda PR II	Christina PR II
providerservices@hpsj.com	smiranda@hpsj.com	cvillar@hpsj.com
(209) 942-6340	(209) 888- 1801	(209) 337 - 3964
General Mailbox/Emails/Inquiries	All Counties	San Joaquin Stanislaus
All Network Providers	Behavioral Health/ Mental Health	Hospitals / Ancillary / Back-up Behavioral Health / Mental Health

Roster Process and Key Points

Roster Link - https://www.hpsj.com/forms-documents-2/

- Select – Roster Template 2025
- All required fields must be completed for the roster to be considered complete
- Updated rosters are required whenever there is a change in,
    - Demographic Updates
    - Staffing
        - Adding
        - Termination – Letter is required – Group and/or Individual Staff/Providers
    - Only providers who will be working directly with our members should be listed
- Out-of-county providers should only be included if they are needed to serve our members due to staffing shortages in our counties
- Please note that lack of updates can impact claims payment

Questions

Health Plan
of San Joaquin