FABA Public Policy Committee Special Event

Bridging Managed Care and Behavior Analysis: Collaborative Strategies for Optimized Care

Introductions

- FABA
- AHCA
- Simpy/Carelon
- Sunshine
- United

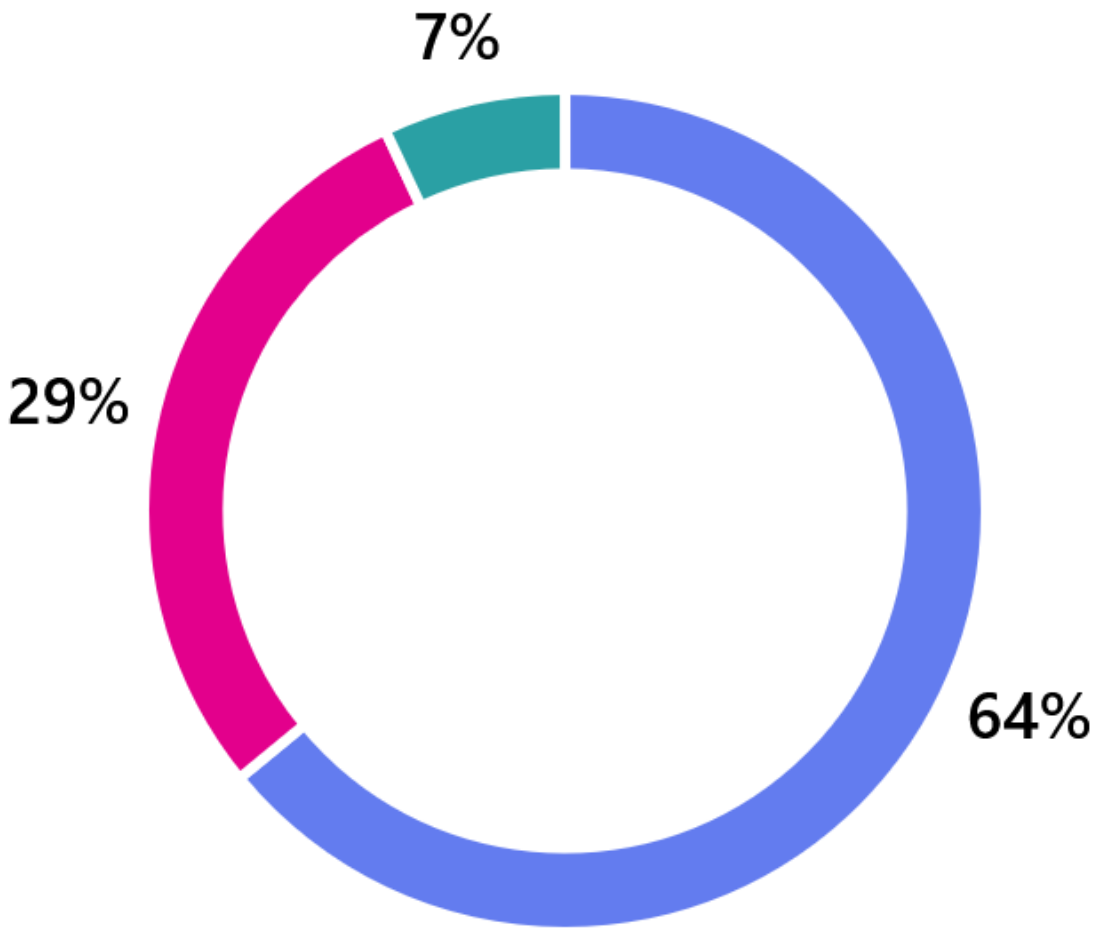
Managed Care Survey

Feedback to AHCA and Payers

Thank you to the 128 Respondents!

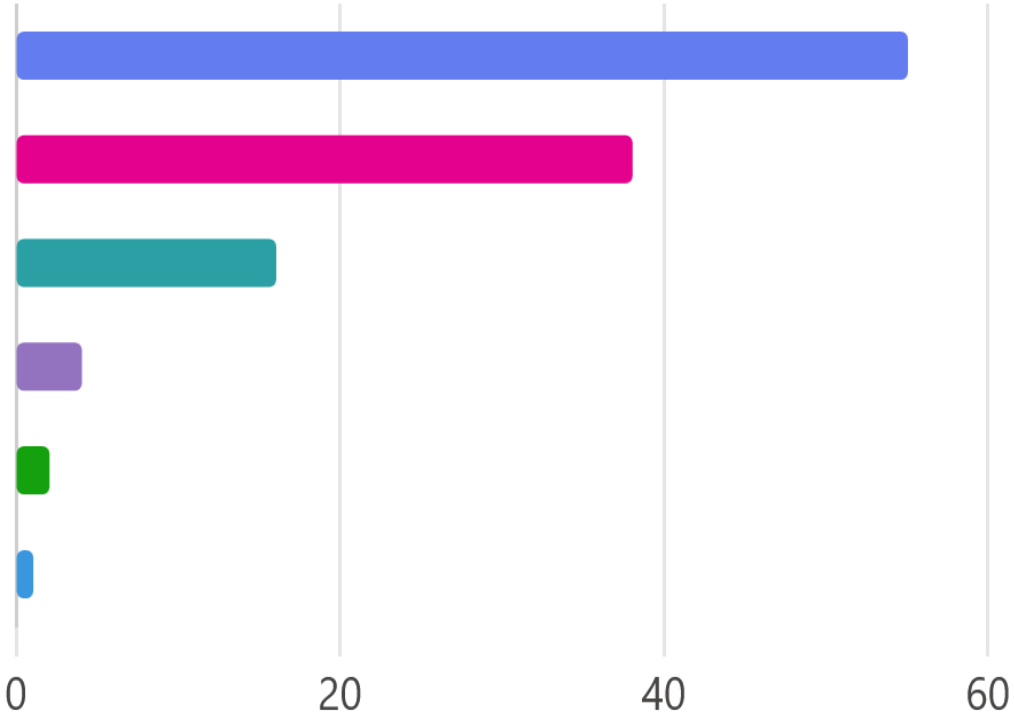
Still Owed Payments from CoC

Yes	82
No	37
Unsure or N/A	9

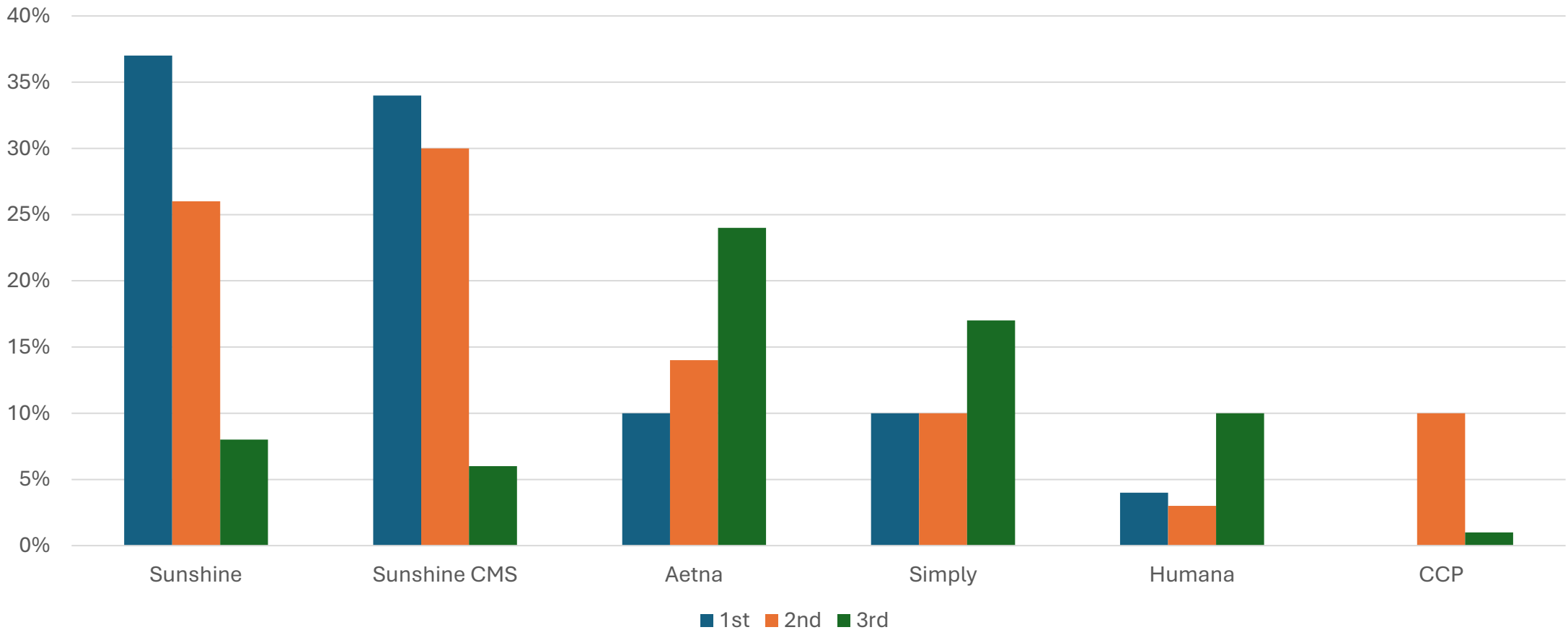


How Much are you Owed from CoC?

Less than $10,000	55
More than $10,000 but less than $50,000	38
More than $50,000 but less than $100,000	16
More than $100,000 but less than $200,000	4
More than $200,000 but less than $300,000	2
More than $300,000	1

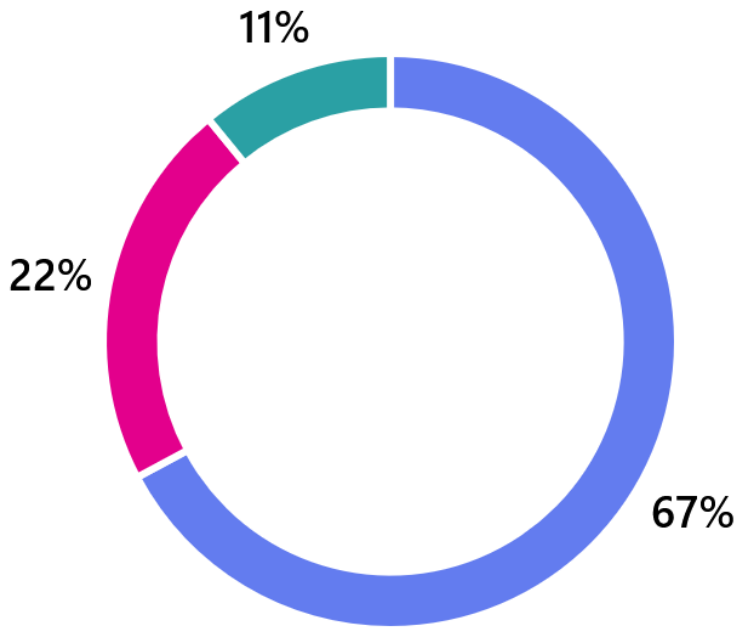


Which Plan Owes you the Most?



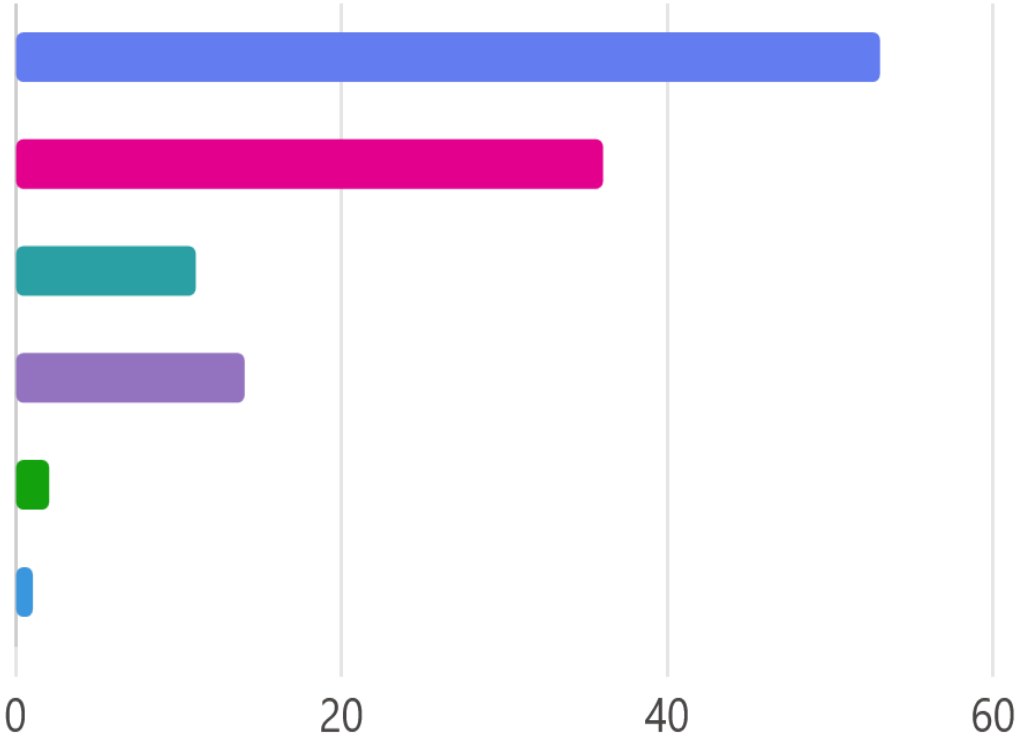
Still Owed Payments After CoC?

Yes	86
No	28
Unsure or N/A	14

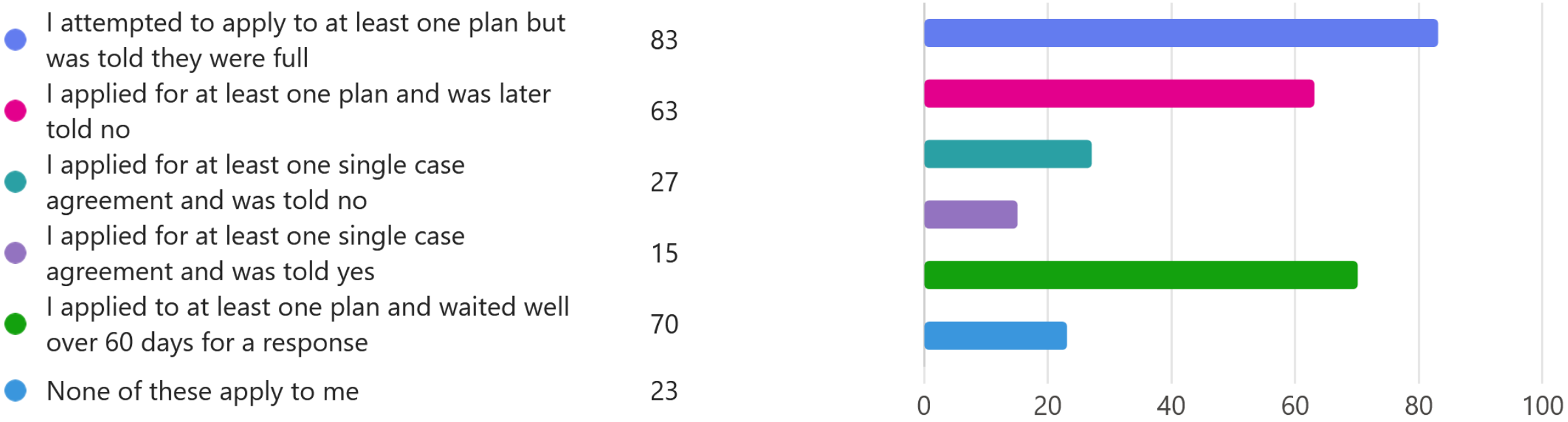


How Much are you Owed After CoC?

Less than $10,000	53
More than $10,000 but less than $50,000	36
More than $50,000 but less than $100,000	11
More than $100,000 but less than $200,000	14
More than $200,000 but less than $300,000	2
More than $300,000	1

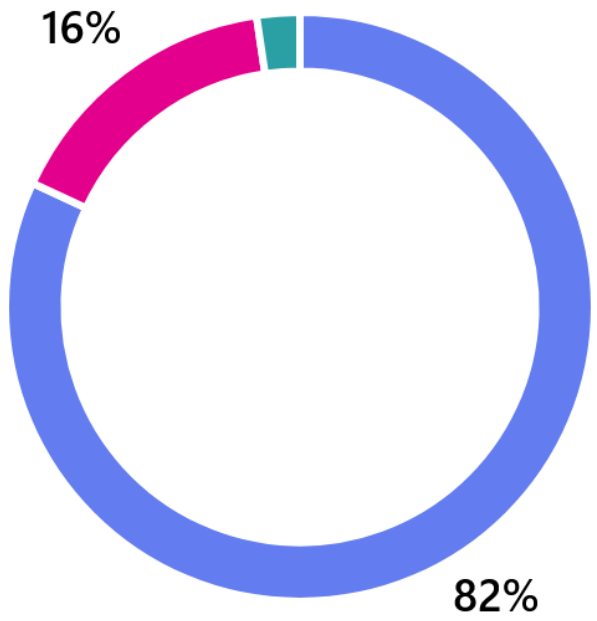


Enrolling with SMMC Plans



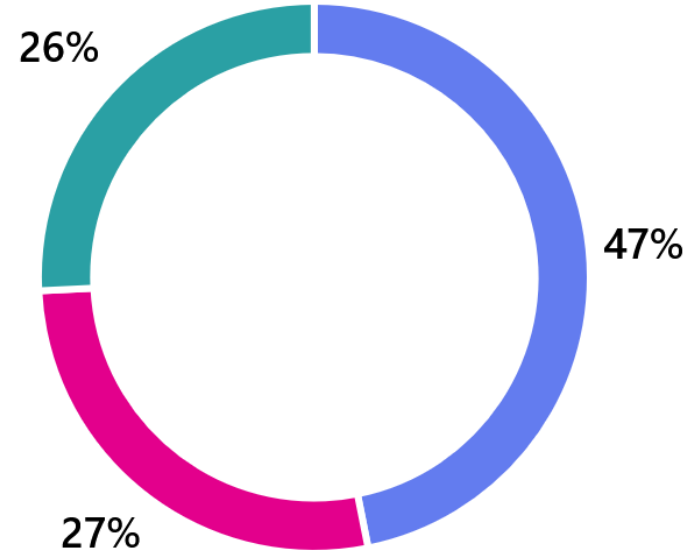
New or Updated CDE?

Yes	104
No	20
Maybe or Unsure	3



Did you remain in network after news of 80% reimbursement rate?

Yes	60
No	35
Considering leaving the plan	33

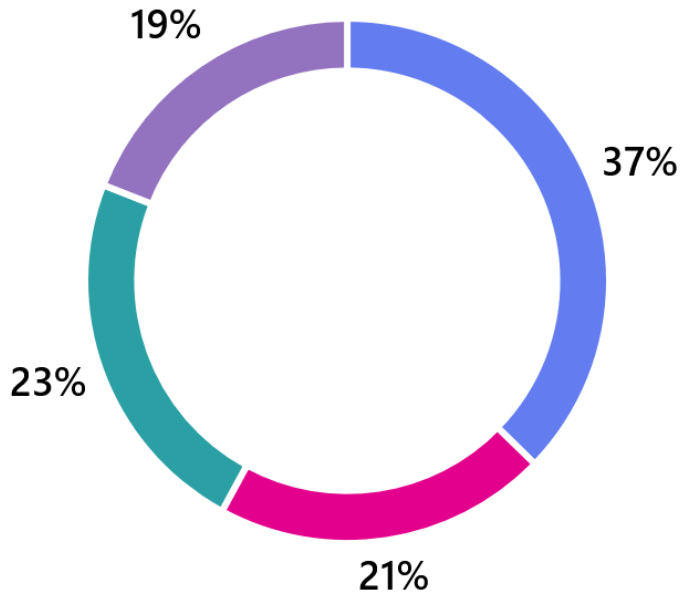


Sunshine Pausing Enrollment Effective 10/1/25

118 respondents indicated their patients would be affected.

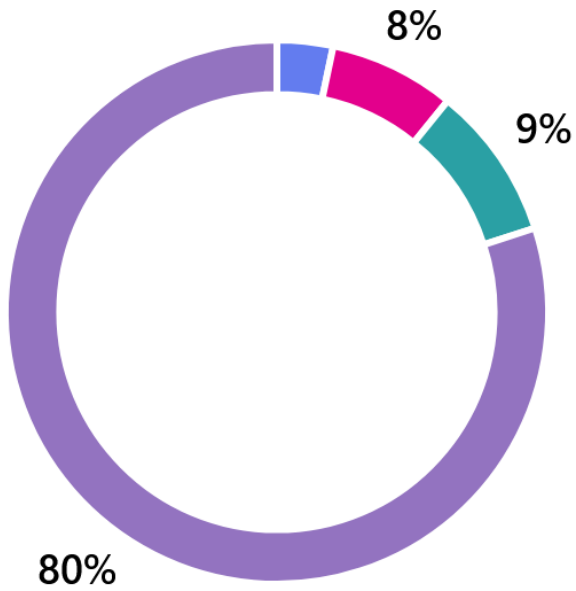
Waiting Lists

No, we can serve clients within 30 days of a request	47
Yes, clients must wait between 30-90 days	26
Yes, clients must wait between 90-120 days	29
Yes but I am unclear how long the wait to care is	24



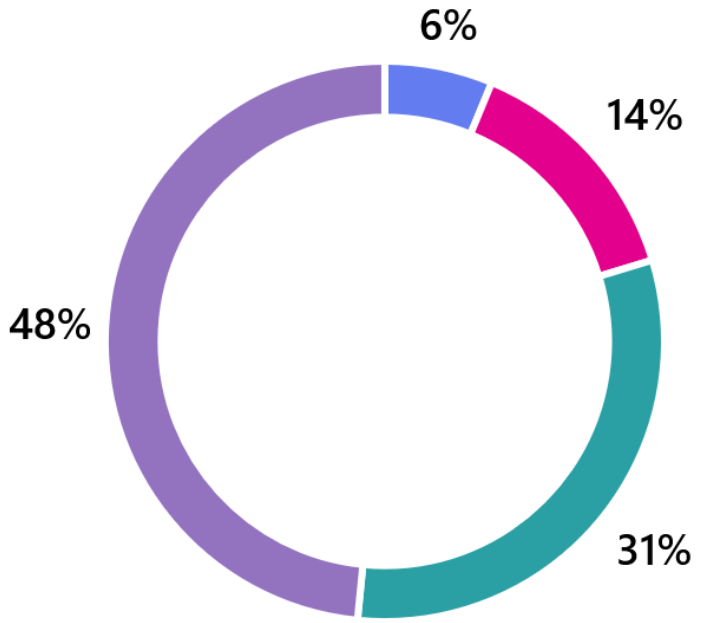
Wait Times for Peer-to-Peer Calls

0-10 minutes	4
11-30 minutes	9
31 minutes-60 minutes	11
Over an hour	96



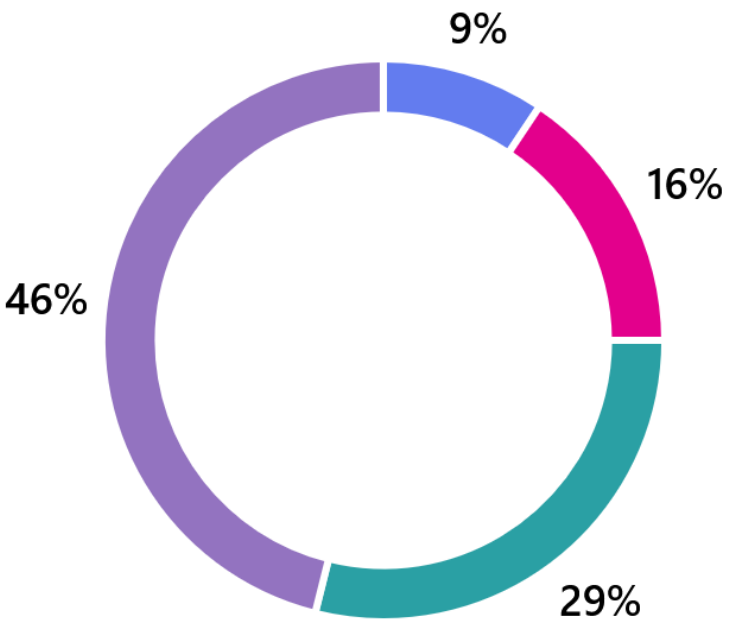
Timeline to Credential BCBA

Less than 30 days	8
31-60 days	18
61-90 days	40
90-120 days	62



Timeline to Credential RBT

Less than 30 days	12
31-60 days	20
61-90 days	37
90-120 days	59



Feedback to Providers

- Claims info should be consistent with the PML
- Providers should review how they are registered with the state to ensure it matches information on the PML
- Mismatches will result claim denial
- Information includes but is not limited to:
  - Taxonomy
  - Zip Code
  - Address
  - NPI status

Do not submit duplicate claims!

Demonstrating Medical Necessity (Treatment Plan)

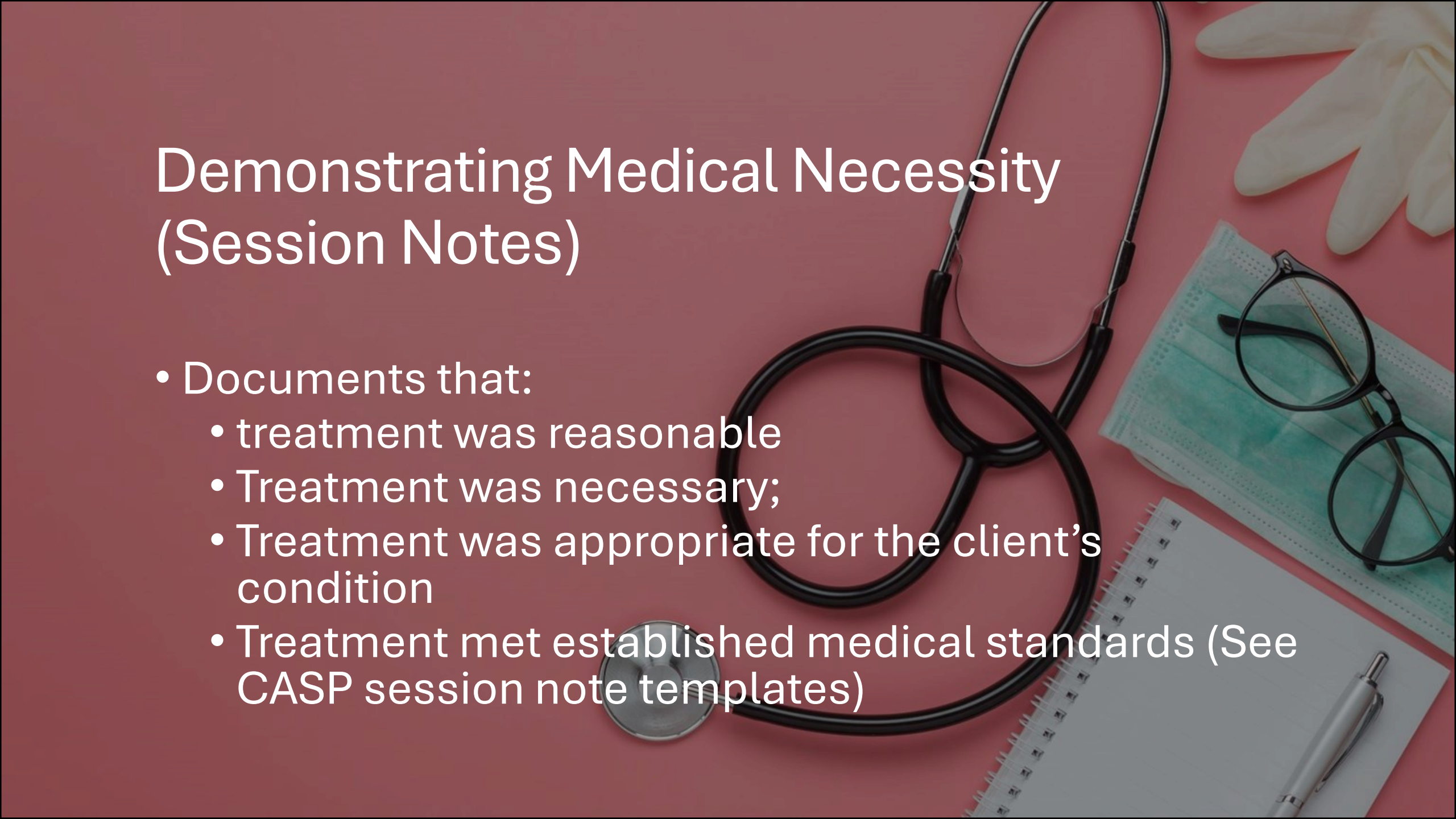
- The treatment plan that is being shared among providers needs to be deleted
- Case Conceptualization is key
- Treatment plan should be individualized
- Data collection should be consistent with the treatment plan and with delivered services
- Treatment plan should be accurate and based on assessment

Demonstrating Medical Necessity (Treatment Plan)

- For challenging behavior, the FBA matches the treatment plan
- Treatment plan should change from authorization to authorization
  - frequent, ongoing analysis, and adjustments
- The development of the treatment plan should involve the parent/legal guardian
- Key ingredients of a treatment plan (e.g., generalization, parent involvement, medical update)

Demonstrating Medical Necessity (Session Notes)

- Documents that:
  - treatment was reasonable
  - Treatment was necessary;
  - Treatment was appropriate for the client's condition
  - Treatment met established medical standards (See CASP session note templates)



Be Responsive

- MULTIPLE SMMC plans indicated that they reached out and received no response
- Pediatric group reached out with the same concern
  - Coordination and collaboration of care is essential
  - We do not provide services in a silo

BA Provider Resources

sunshine health™

Things to Know

1. **Sunshine Health follows AHCA's BA coverage guidelines** which requires a signed CDE with an appropriate licensed practitioner with diagnostic authority prior to initiation of services.
2. **Authorizations require documentation to demonstrate medical necessity.** Required documentation includes a signed script completed by an MD, DO or clinical psychologist in accordance with policy, a complete CDE, an updated signed assessment, updated BASC and vineland scoring sheets.
3. **Sunshine Health has a specialized UM team.** The authorization request is reviewed by our specialized BCBA staff who apply nationally standardized medical necessity InterQual criteria and AHCA coverage guidelines. If the authorization is determined to be denied or reduced, it requires supervisory approval by a doctorate level provider.
4. **All CMS Health Plan and Sunshine Health specialty plan members have an assigned Care Manager.** BA providers should work with the Care Manager as part of a comprehensive treatment plan to wraparound the member.
5. **Peer-to-peer requests do not solve for missing documents.** If your authorization is denied due to missing documents, the documents must be uploaded and resubmitted for approval prior to requesting a peer-to-peer review.
6. **Sunshine Health is here to help.** We recognize this is a transition for providers and we created resources to support you. You have a dedicated Provider Engagement Account Manager. Find yours at SunshineHealth.com/provider.

Tips for Providers

1. **Request authorizations under supervising BCBA.** Bill claims under rendering NPI (RBT or BCBA).
2. **Please do not submit duplicate requests.** Duplicate authorizations, claims, enrollment requests, appeals, peer-to-peer requests, etc. contribute to high volumes and wait times for all.
3. **Keep rosters updated.** We rely on providers to provide accurate information. Submit additions/removals timely. Leverage your Provider Engagement Account Manager to get a copy of your roster.
4. **Submit claims online.** You can use the Sunshine Health Secure Provider Portal or Availity to submit claims. Use the rendering provider's NPI to submit claims in box 24-J.
5. **Submit peer-to-peer requests online.** Avoid the call queue – submit your peer-to-peer request form online within 48 hours of authorization denial at SunshineHealth.com/p2p.

Provider Resources

- BA Quick Reference Guide (QRG): Find our BA reference guide at **SunshineHealth.com/BA**
- BA Provider Training: Register for training and view recorded sessions at **SunshineHealth.com/training**
- Claim Concerns: For further review of claim issues, visit **SunshineHealth.com/claim-concerns**
- Peer-to-Peer Review: To schedule a meeting with a Sunshine Health medical provider to discuss an authorization denial, visit **SunshineHealth.com/p2p**
- Provider Demographic Updates Form: Make changes to your practice information via our online tool at **SunshineHealth.com/PDU**

Questions

1. Let’s talk about CDEs
    1. When are they required
    2. Who can do them
    3. When is a new/updated CDE required
    4. How can we get new CDEs completed timely?
2. What is a reasonable time to credential new providers
3. What is an adequate network
4. Why are there so many denials?

Questions, cont.

5. Why are people on hold for so long?
6. What is an appropriate timeline for a peer to peer?
7. Who is an appropriate peer?
8. Let’s talk about Sunshine’s pause on credentialing
9. BCBAs are not trained to conduct Vineland’s and BASCs. Will these continue to be required?
10. Why are children with ADHD being denied services

Questions, cont

11. Let’s talk about Value Based Care
12. What are they going to do to better protect PHI in their portal?
13. Shout out to Molina and Simply who quickly roster our staff!