

# ABA Pilot Report

## Health Plan Reporting Tool

### QUEST Integration Health Plans

Health Plan: Select Health Plan

Report Name

ABA YYMM

Submission Date

Select Date

Reporting Quarter and Year

Select Quarter Select Year

Resubmission Date (if needed)

Select Date

### Instructions

Per QUEST Integration Memorandum QI-1822 dated December 11, 2018, the health plan shall submit an initial ABA Pilot Report on April 30, 2019, using the Microsoft Excel file embedded below. In the workbook, there is one worksheet for Section I and there are multiple worksheets for Section II. Double-click on the file below to open it.



ABA Pilot Report  
11.18.xlsx

Report all measures by the last day of the month following the initial first quarter reporting period. ***MQD may extend the pilot reporting period as needed.*** The following are topics that the health plan shall address:

Section I. Summary

Section II. Utilization

- A. Member Report
- B. ABA Authorizations
- C. ABA Billing Providers
- D. Credentialed BCBAs

An Excel workbook is provided for each section of the report for which data is required. To input data, double-click on the Excel icon and enter data. Do not leave any cells blank. If there are multiple entries for one child, repeat the child's name with all cells complete for each line. When all data is entered, close the Excel file and click save in this Word document. The data in the Excel file will save as long as the document in which it is embedded is also saved.

At time of submission, rename this report template as follows: **Health Plan Name \_ ABA YYMM**

Ensure that all data is captured in the embedded files prior to submitting the report.

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### Section I: Summary

**Instructions:** The following reporting matrix will assist each health plan with its submission of the required information. The health plan will enter data in highlighted cells. Grayed out areas of the summary section will be populated by input throughout the included worksheets.

ABA Pilot Report

Health Plan Name:   
 Reporting Period:

Member Measurement	
1. Total unduplicated members	
2. Total unduplicated EPSDT eligible members	
3. Total unduplicated members with ASD dx	
4. Total unduplicated EPSDT eligible members with ASD dx	0
5. Total unduplicated EPSDT eligible members with approved access to ABA services:	0
6. Total EPSDT eligible members with ASD dx receiving other developmental or behavior health services (NO ABA)	0
7. Total EPSDT eligible members with ASD dx with no ABA, developmental or behavior services accessed	0
8. ABA Denials	0
<b>Provider Measurement</b>	
9. All ABA Billing Providers	0
10. Billing Providers with waitlisted services	0
11. Total Credentialed BCBA Providers	0

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### Section II: Utilization

**Instructions:** The following reporting matrix provided will assist each health plan with submission of ABA authorization and utilization. Please complete the following tables for utilization measures. Figures 1 through 5. Enter data in the highlighted cell. Enter data into worksheet as indicated by column headers.

#### A. Member Report

Enter data in the highlighted cell. Enter data into worksheet as indicated by column headers. Columns H and I will self-populate according to data entered in other columns. There should only be one row of data for one unduplicated child.

Figure IIA. Member Report

ABA Pilot Report A. Member Report										
Health Plan Name Reporting Period										
Total EPSTI eligible members with ASD (with NO ABA, developmental or behavior services accessed)			Total unduplicated EPSTI eligible members with an ASD diagnosis			Total EPSTI eligible members with ASD (with NO ABA, developmental or behavior services accessed)		Total EPSTI eligible members accessing ABA		
1	2	3	4	5	6	7	8	9	10	11
Age	Last Name	First Name	Abledad ID # (9 digit)	Diagnosis (ICD 9 Code)	Reporting ABA within the reporting period (Yes/No)	If reporting ABA, list ABA (bring Provider(s) or indicate MHA if none)	If receiving services (from Developmental or Behavioral Health Providers including ABA providers within the reporting period, list Provider(s) or indicate MHA if none)	AKD with NO services accessed	ABD with other services accessed (NO ABA)	Comments (submitted for services, family seeking treatment, unable to contact, etc.)

#### B. ABA Authorizations

Enter data in the highlighted cell. Enter data into worksheet as indicated by column headers. Use one line for each authorization. One child may have multiple rows of entries for multiple authorizations. If there are multiple rows reporting information on a single member, limit responses in column I to one row per unduplicated child. This will result in unpopulated cells in column I for children with multiple ABA authorizations and denials.

Figure IIB. ABA Authorizations

ABA Pilot Report B. ABA Authorizations										
Health Plan Name Reporting Period										
Total EPSTI eligible members with approved access to ABA services			Total ABA denials							
1	2	3	4	5	6	7	8	9	10	11
Age	Last Name	First Name	Member ID (IPR #)	Diagnosis (ICD 9 Code)	CPT Code	Authorizations approved	Authorizations denied	Member approved for services ABA in the reporting period? (Y/N/A in Free text)	Member(s) authorized to receive ABA, list authorized ABA Billing Provider(s)	Number of Days of Service from 00/01/00 to 00/00/00

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### C. ABA Billing Providers

Enter data in the highlighted cell. Enter data into worksheet as indicated by column headers.

Figure 4 IID. ABA Billing Providers

1		<b>ABA Pilot Report</b>
2		C. ABA Billing Providers
3		
4	Health Plan Name:	
5	Reporting Period:	
6	Total Credentialed ABA Billing Provider	0
7	ABA Billing Provides with waitlisted services:	0
8		
9	<b>C. List of all ABA Billing Providers</b>	
10	<b>ABA Billing Providers</b>	<b>Medical Provider #</b>
11		<b>Waitlisted Services (Yes, No)</b>
12		<b># of members Waitlisted for Services</b>
13		
14		
15		
16		
17		
18		
19		
20		
21		

### D. BCBA

Enter data in the highlighted cells. Enter data into worksheet as indicated by column headers. List all credentialed BCBAs and all known ABA Billing Provider affiliations.

Figure 5 IID. Credentialed BCBAs

1						
2	<b>ABA Pilot Report</b>					
3	D. Credentialed BCBAs					
4	Health Plan Name:					
5	Reporting Period:					
6	Total Credentialed BCBAs	0				
7	<b>D. List of all BCBAs credentialed with the health plan</b>					
8	<b>Individual BCBAs</b>	<b>Provider #</b>	<b>Type</b>	<b>Billing Provider Affiliation</b>	<b>Billing Provider Affiliation</b>	<b>Billing Provider Affiliation</b>
9						
10						
11						
12						
13						
14						
15						
16						
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21						
22						
23						

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### Section III: Narrative

**Instructions:** Please complete the following narrative requirements for ABA Provider and Recipient Report Tool. Submit in a Word 2013 or lower or pdf document. This narrative should focus on areas listed below as well as performance improvement strategies to modify health plan utilization, if necessary.

1. Learnings from Measurement
2. Opportunities for Improvement
3. Best Practices Identified (either already in place or to be implemented)
4. Proposed Next Steps for either Maintaining Current Performance or for Improvement.

### Section IV: Signature

I, acting as the Chief Executive Officer or Authorized Agent of \_\_\_\_\_ (i.e., the Health Plan), **declare under penalty of law** that: (1) the information reported above is true and correct; (2) any attached documentation and materials referenced are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date