**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.

[Excel file link]

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.
**ABA Pilot 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.

<table>
<thead>
<tr>
<th>Member Measurement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total unduplicated members</td>
<td></td>
</tr>
<tr>
<td>2. Total unduplicated EPSDT eligible members</td>
<td></td>
</tr>
<tr>
<td>3. Total unduplicated members with ASD dx</td>
<td></td>
</tr>
<tr>
<td>4. Total unduplicated EPSDT eligible members with ASD dx</td>
<td>0</td>
</tr>
<tr>
<td>5. Total unduplicated EPSDT eligible members with approved access to ABA services:</td>
<td>0</td>
</tr>
<tr>
<td>6. Total EPSDT eligible members with ASD dx receiving other developmental or behavior health services (NO ABA)</td>
<td>0</td>
</tr>
<tr>
<td>7. Total EPSDT eligible members with ASD dx with no ABA, developmental or behavior services accessed</td>
<td>0</td>
</tr>
<tr>
<td>8. ABA Denials</td>
<td>0</td>
</tr>
</tbody>
</table>

**Provider Measurement**

| 9. All ABA Billing Providers                            | 0     |
| 10. Billing Providers with waitlisted services           | 0     |
| 11. Total Credentialled BCBA Providers                  | 0     |
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

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 IIIB. ABA Authorizations
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

<table>
<thead>
<tr>
<th>ABA Billing Providers</th>
<th>Medicaid Provider #</th>
<th>Wahtlisted Services (Yes, No)</th>
<th># of members Wahtlisted for Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. BCBA

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

Figure 5 IID. Credentialed BCBA's

<table>
<thead>
<tr>
<th>ABA Billing Providers</th>
<th>D. Credentialed/BCBA's</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ABA Pilot Report

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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 ________________