

Welcome to the ABA WebPass Clinical Review Forms Webinar

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g. unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform only.



How to submit questions:

- Open the chat feature at the top of your screen to type your question related to today's training webinar.
- In the "Send to" field, select "Webinar Host."
- Once your question is typed in, hit the "Send" button to send it to the presenter.
- We will address submitted questions at the end of the webinar.



Louisiana



ABA WebPass Clinical Review Forms Webinar

February 20, 2018

Presenters:



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*Provider Relations Department
Blue Cross and Blue Shield of Louisiana*



Adam Powell
*Vice President Clinical Services
New Directions Behavioral Health*

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

New Directions is an independent company that serves as the behavioral health manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.



We partnered with New Directions for their expertise in the provision of mental health services

As of January 1, 2016, New Directions manages authorizations for our members and performs all utilization and case management activities, including Applied Behavioral Analysis (ABA) case management

New Directions also engages with our providers to improve quality outcomes

New Directions team of mental health professionals is available 24 hours a day, seven days a week to assist in obtaining the appropriate level of care for your patients

Using New Directions authorization tool, **the Webpass Portal**, allows ABA providers to request authorizations for ABA care for patients



This guide explains how to sign up for WebPass in addition to:

- Requesting ABA assessment, initial treatment or ongoing treatment
- Reviewing members current and historical authorizations
- Reviewing previous request submissions



Log into iLinkBlue and select the Behavioral Health Authorizations link under the “Authorizations” tab

www.BCBSLA.com/ilinkblue

The screenshot shows the Louisiana iLinkBlue website interface. At the top, there is a header with the Louisiana logo and the text "Louisiana". To the right of the logo, there are input fields for "Provider" (with sub-fields for "Tax ID" and "NPI") and a "Submit" button. Further right, it says "Logged in as" followed by a location icon and the word "Location". Below the header is a dark blue navigation bar with a home icon and several menu items: "Coverage", "Claims", "Payments", "Authorizations", "Quality & Treatment", and "Resources". The "Authorizations" menu is expanded, showing two columns of links. The left column is titled "Authorizations - BCBSLA Members" and includes links for "Authorization Guidelines – Do I need an authorization?", "BCBSLA Authorizations", "Behavioral Health Authorizations", "AIM Specialty Health Authorizations", "Authorization/Pre-certification Inquiry", and "Medical Policy Guidelines". The right column is titled "Authorizations - Out of Area Members" and includes links for "Authorization Guidelines – Do I need an authorization?", "Out of Area (Pre Service Review – EPA)", and "Medical Policy Guidelines". A green arrow points to the "Behavioral Health Authorizations" link in the left column.

! Even if you have access to the Authorizations Portal, you must also be granted application-level access by your administrative representative to use each application



To use WebPass, providers must sign up using the following instructions:

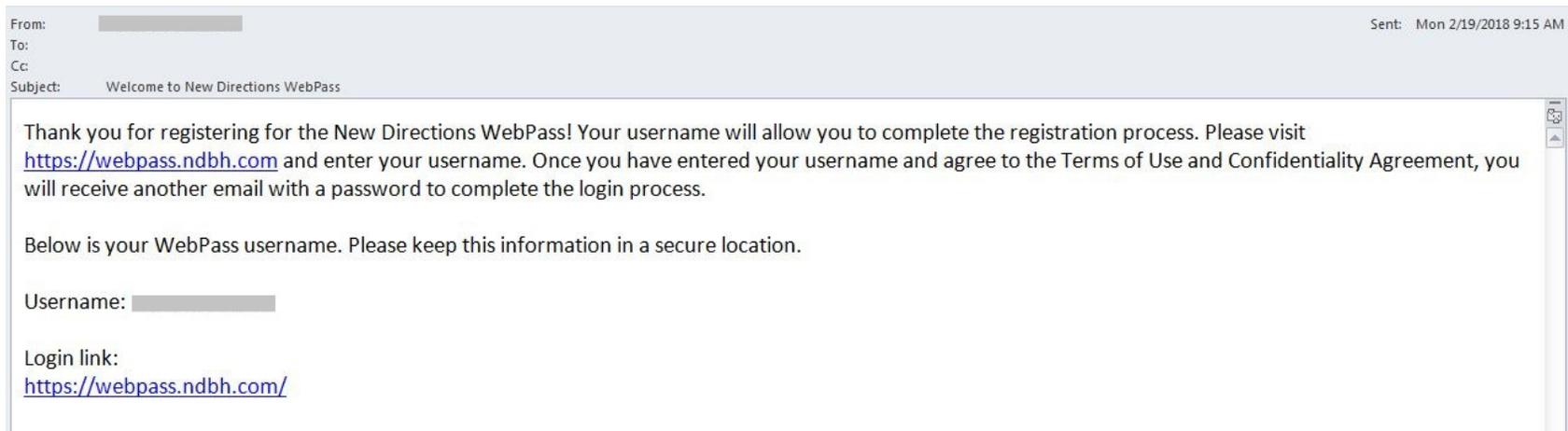
1. Send an email to New Directions with the name of the administrator representative for your professional group or for yourself if this is a private practice. The administrator representative will then be responsible for managing group users, including adding users, resetting passwords and deleting users no longer authorized to access the group WebPass account.
2. Include the facility tax ID
3. Indicate individual's first name, last name and email address

Emails should be addressed to prwebpass@ndbh.com

You can also contact your New Directions Autism Program Care Manager. Care managers can answer questions and help with the signup process



Once New Directions receives and processes the request, we will send you an email. It will include a username and instructions on how to complete the set-up process.





The first time you log into WebPass, enter your username. The system will prompt you to review the terms of use. After you click "Agreed," you will receive a second email that contains your individual password.

Note: Users will be prompted to agree to the terms of use every 365 days

The screenshot displays the 'WebPass Provider & Partner Login' interface. On the left, there is a 'Welcome to New Directions WebPass' section with a 'Username:' field (containing a redacted name), a 'Continue' button, and a 'Forgot Username?' link. The main area is a modal dialog titled 'WebPass Terms of Use & Confidentiality Agreement'. The dialog contains an 'ATTENTION' notice in red text: 'You will need to go through security verification to receive your new password. Please read and scroll through the entire agreement below to enable the Agree button. Then, click Agree to continue.' Below this is a paragraph: 'You are Applying for access to New Directions Behavioral Health ("New Directions") Internet applications and files on New Directions' Extranet via the WebPass program. WebPass allows you to request authorizations, provide clinical information, and contact New Directions' Provider Relations.' The 'TERMS OF USE' section follows, starting with 'By completing this application process you are guaranteeing, certifying, and agreeing that:' and a numbered list of 8 terms. At the bottom of the dialog are 'Cancel' and 'Agree' buttons. On the right side of the login page, there is a vertical list of links: 'Members, request outpatient treatment, contact', 'Access Request Form', and 'Please fax the completed form to New Directions'.



Before you request an ABA authorization, you will first need to look up the member. To do so, enter the member ID number (minus the prefix). You can also look up a member by last name, first name and date of birth.

Home My Services My Account Logout

Welcome to New Directions WebPass

WebPass allows providers and partners access to communications and services with New Directions.

- [Contact New Directions Provider Relations](#)

Find an Insured Member

Member Number:

Query Date:

Last Name:

First Name:

Date of Birth:

Query Date:

For Blue Products, drop the pre-fix before entering the member information. Example: LCKH12345678 would be entered as H12345678, or YBC12K123456 as 12K123456.

If the member is not managed by New Directions Behavioral Health, the member's information will not be available.



To choose the appropriate form, click on "Clinical Forms"

Home My Services My Account Logout

Welcome to New Directions WebPass

WebPass allows providers and partners access to communications and services with New Directions.

- **Clinical Forms**
- [Completed Clinical Forms](#)
- [Contact New Directions Provider Relations](#)
- [Member Authorizations Viewer](#)
- [Member Benefits Summary](#)
- [Outpatient Quality Review](#)
- [Member Programs](#)
- [Assessments](#)
- [Goals](#)

Selected Member

Member Name: [REDACTED]
Group Name: NEW DIRECTIONS
Effective Date: 1/1/2015
Termination Date: 6/6/2079
Contract Status: ACTIVE
Product Name: Blue Cross Blue Shield [REDACTED]
Date of Birth: [REDACTED]
Member ID: [REDACTED]

[Find a Different Member](#)

New or Ongoing Care Request?



- When requesting authorization for the ABA Initial Assessment or requesting ABA Treatment for the first time, click on “New Request”
- When requesting authorization for ongoing ABA Treatment or to update a previously submitted request, **always** “Select” the member’s previous authorizations so the historical information links with your current request

• To attach a clinical form to a current authorization, please select from the authorization line(s) below (Concurrent Review Form, Discharge Clinical Review, etc.).

• To initiate new requests for care (including step-downs from one level of care to another) or submit other forms, please choose the “New Request” button.

| | Authorization Number | Line Number | Service Code | Authorized Units | Description | Detail Start Date | Detail End Date | Auth Status Description |
|--|----------------------|-------------|--------------|------------------|--|-------------------|-----------------|-------------------------|
| <input type="button" value="New Request"/> | | | | | | | | |
| <input type="button" value="Select"/> | 1234567 | 001 | 90792 | | Psychiatric diagnostic evaluation with medical service | 03/01/2017 | 03/04/2017 | Open |

Confidential



- Noted to the right are the three ABA treatment request forms
- The ABA Initial Assessment and ABA Initial Treatment form should be used only once per member
- The ABA Continuation of Care form is used for all ongoing ABA care requests for a member

NEW DIRECTIONS

[Home](#) [My Services](#) [My Account](#) [Logout](#)

Selected Member

| | |
|-------------------|---|
| Member Name: | |
| Group Name: | FEDERAL EMPLOYEE PROGRAM |
| Effective Date: | 1/11/2015 |
| Termination Date: | 12/31/2199 |
| Contract Status: | ACTIVE |
| Product Name: | Blue Cross Blue Shield XXXXXXXXXX |
| Date of Birth: | |
| Member ID: | |

[Form Descriptions](#)

Authorization for Admission to Care Request Forms

| | |
|------------------------|---------------------|
| Initial Review | New |
| ABA Initial Assessment | New |
| ABA Initial Treatment | New |

Authorization for Ongoing Care Request and Care Coordination

| | |
|---------------------------------|---------------------|
| Discharge Clinical Review | New |
| Bridge Clinic Access Transition | New |
| Concurrent Review Form | New |
| ABA Continuation of Care | New |

Filling Out ABA Treatment Request Forms



After you select a form, you will enter the clinical information needed for New Directions to conduct an ABA treatment plan review

NEW DIRECTIONS
BEHAVIORAL HEALTH

ABA INITIAL TREATMENT

Warning: This session will time out in 90 minutes without continuous activity. If the session times out, the data will be lost and you will be unable to submit the form.

Member Name: TEST_Last_Name, TEST_First_Name
Member Id: abc123456789

Please answer the following survey questions:

IDENTIFYING DATA

Member Name * Required

Member ID# * Required

LEGEND

- Required and not Answered
- ✓ Required and Answered

QUESTION JUMPLIST

- IDENTIFYING DATA
 - ✓ Member Name
 - Member ID#
 - Date of Birth
 - Current Diagnosis Code(s)
 - Does Member have a Parent/Guardi...
- PROVIDER INFORMATION
 - Provider Group Name/Address
 - Behavior Analyst Name
 - Behavior Analyst Phone
 - Behavior Analyst Fax
 - Behavior Analyst Email
- Line Therapists involved in trea...
- INITIAL TREATMENT REQUEST
 - Has the comprehensive diagnostic...
 - Requested Date to Begin Treatmen...

As each section is completed, the “Question Jumplist” will display a green checkmark. Clicking on an item listed within will link users to that section. This helps with navigation on the form.



You will be prompted to upload supporting documents for authorization review while you complete the form. Click “Browse” to search for the correct document.

Please attach copy of adaptive behavior instrument used
Allowed files are .pdf, tiff and tif.

After selecting the file, you should see the name in the text box. Click “Upload File”

Please attach copy of adaptive behavior instrument used
Allowed files are .pdf, tiff and tif.



You will receive a success message. The form will list the documents that have been successfully uploaded

Note: Uploads are attached to the member record as soon as "Upload File" is clicked, even if the survey is not submitted

Please attach copy of adaptive behavior instrument used

Allowed files are .pdf, tiff and tif.

Files Uploaded: IEP Plan.pdf

Browse...

Upload File

File upload Successful!



When "Save Goal" is selected, the current goal will display in the grid, the fields will clear, and you can continue to add additional goals. All goals will display in the grid below the entry form. The goal name, start and end dates, current status and measurable goal will be displayed in the grid.

Note: You still have to submit the form for the changes to be saved

MEMBER GOALS

Member Goals

Goal:

Goal Type:

Current Status:

Start Date:

Baseline and present level of performance with corresponding dates:

Measurable goal with specific mastery criteria:

Goal notes (such as barriers to progress and how those barriers are being addressed, reason for discontinuing a goal, or other pertinent information):

| Goal | Start Date | End Date | Current Status | Measurable Goal |
|--------------------------|------------|----------|----------------|---|
| Follow two step commands | 12/19/2017 | N/A | New | Member will follow novel two step directions with 90% accuracy. |



To update an existing goal, click on the title/row to see the fields available to edit. Click "Update Goal" to add the revised goal back to the grid

Note: Once a goal is Mastered or Discontinued you have to select the row in the grid to view the full notes

MEMBER GOALS

Member Goals

Goal:

Goal Type:

Current Status:

Start Date:

Baseline and present level of performance with corresponding dates:

Measurable goal with specific mastery criteria:

Goal notes (such as barriers to progress and how those barriers are being addressed, reason for discontinuing a goal, or other pertinent information):

| Goal | Start Date | End Date | Current Status | Measurable Goal |
|--|------------|------------|----------------|--|
| Follow 2-step directions | 12/20/2017 | 12/20/2017 | Mastered | Goal is Mastered, select row to view latest goal notes |



- When “Add New” is selected, a separate form will become available and you can continue to add additional appointments. All appointments will display in the grid below the entry form.
- Appointment times can be edited in the same way goals were edited. Click on the line to be edited and save changes.

Note: You still have to submit the form for the changes to be saved

MEMBER TREATMENT SCHEDULE

Day of the Week:
Service Provided:
Time:
Setting:

Add New



| Day | Time | Service Provided | Setting |
|--------|-------------------|------------------|---------|
| Monday | 3:30 PM - 5:30 PM | Line Therapy | Home |



Some questions will enable a text box if "other" is selected

COORDINATION OF CARE

Please check the providers that you have had coordination of care with during the past six month authorization. In the provided box, please write relevant to treatment gathered through coordination of care with each of the providers * Required

| | | |
|---|---|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Primary Care Physician |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Mental Health Therapist |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Physical Therapist | <input checked="" type="checkbox"/> Other Relevant Providers |
| <input type="checkbox"/> No Coordination of Care Activities | | |

Other relevant providers

TREATMENT REQUEST

- [Indicate the type of Treatment S...](#)
- [Rationale for Services for reque...](#)
- [What type of ABA codes are reque...](#)

[TOTAL HOURS REQUESTED](#)

[TOTAL HOURS REQUESTED PER ...](#)

[TOTAL HOURS REQUESTED PER ...](#)

[TOTAL HOURS REQUESTED PER ...](#)

MEMBER UPDATE

- [Psychosocial Information - inclu...](#)

Continued Treatment Request Prepopulated Information



- When completing the “Continuation of ABA Treatment” form, information from the previous submission is prepopulated into the form
- This information can then be updated to reflect progress in treatment
- Fields that have prepopulated answers will be highlighted to ensure they are visible to the user
- All highlighted answers need to be reviewed. Not all questions will be prepopulated

The image shows two side-by-side forms from NEW DIRECTIONS BEHAVIORAL HEALTH. The left form is titled "INITIAL REVIEW" and the right form is titled "NEW 2017 CONCURRENT REVIEW". Both forms have a red warning box at the top: "Warning: This session will time out in 90 minutes without continuous activity. If the session times out, the data will be lost and you will be unable to submit the form." Both forms show member information: "Member Name: DOE, JANE" and "Member Id: 888888888888". Below this, there are survey questions. In the "INITIAL REVIEW" form, all fields are empty. In the "NEW 2017 CONCURRENT REVIEW" form, several fields are highlighted in yellow, indicating prepopulated information: "Member telephone number" (555-555-5555), "Member address" (123 Test Lane), "Does Member have a Parent/Guardian?" (No), "Facility name" (ABC Hospital), "Facility address (where member is actually being treated)" (4567 Medical Avenue), and "Name of facility staff completing this form" (Mr. Smith). Green arrows point from the "INITIAL REVIEW" form to the corresponding highlighted fields in the "NEW 2017 CONCURRENT REVIEW" form.

| Field | Initial Review | New 2017 Concurrent Review |
|---|---------------------|----------------------------|
| Member Name | DOE, JANE | DOE, JANE |
| Member Id | 888888888888 | 888888888888 |
| Member name | Jane Doe | Jane Doe |
| Member telephone number | 555-555-5555 | 555-555-5555 |
| Member address | 123 Test Lane | 123 Test Lane |
| Does Member have a Parent/Guardian? | No | No |
| Facility name | ABC Hospital | ABC Hospital |
| Facility Tax ID | 123-45-6789 | |
| Facility address (where member is actually being treated) | 4567 Medical Avenue | 4567 Medical Avenue |
| Name of facility staff completing this form | Mr. Smith | Mr. Smith |
| Authorization Number | | |
| Facility address (where member is actually being treated) | | 4567 Medical Avenue |
| Name of facility staff completing this form | | Mr. Smith |
| Phone number of facility staff completing this form | | |

Review of Prepopulated Information



- After a user reviews the highlighted information, the highlight will be removed and an “Edited” indicator will appear
- Only alpha-numeric characters count as edits. Spaces, returns, punctuation and special characters will not be highlighted
- Hovering over the “Edited” indicator will display the previous response
- The Legend provides helpful, handy editing tips.

NEW DIRECTIONS
BEHAVIORAL HEALTH

NEW 2017 CONCURRENT REVIEW

Warning: This session will time out in 90 minutes without continuous activity. If the session times out, the data will be lost and you will be unable to submit the form.

Member Name: DOE, JANE
Member Id: 888888888888

Please answer the following survey questions:

Authorization Number (include all number and leading zeros)
555-555-5555

Member telephone number * Required **EDITED**

816-994-1563

Member address * Required

123 Test Lane

Does Member have a Parent/Guardian? * Required

Yes
 No

Facility name * Required

ABC Hospital

LEGEND

- Required and not Answered
- ✓ Required and Answered
- Answer has not changed from previous submission
- EDITED** Answer has been edited

QUESTION JUMPLIST

- Authorization Number (include all number and leading zeros)
- ✓ Member telephone number
- ✓ Member address
- ✓ Does Member have a Parent/Guardian?
- ✓ Facility name
- ✓ Facility address (where member lives)
- Name of facility staff completing assessment
- Phone number of facility staff completing assessment
- ✓ Attending Provider first and last name
- ✓ Discharge planner's name, phone number and email address
- ✓ Primary diagnosis
- Secondary diagnosis
- Medical diagnosis
- Is this an inpatient admission?
- ✓ Current admit status?
- Is a substance use disorder the primary diagnosis?
- CLINICAL ASSESSMENT
- Please describe member's current clinical assessment
- Describe patient's progress and current clinical assessment
- ✓ Does the member have a current clinical assessment?



Once submitted, you will see the “Current” and “Previous” answers, as well as the “Edited” indicator where applicable. If no information is prepopulated, the standard results page will appear.

NEW DIRECTIONS BEHAVIORAL HEALTH

NEW 2017 CONCURRENT REVIEW SUBMITTED SUCCESSFULLY.

USER DETAILS:
Member Name: DOE, JANE
Member Id: 888888888888
Submission ID: 1374631

ADDITIONAL SURVEY ACTIONS
This survey submission created the following workflow events:
• A contact has been created and associated with this survey submission.

QUESTIONS ANSWERED:

Authorization Number (include all number and leading zeros) **EDITED**
Current:
1234567
Previous:
No selections were made for this question.

Member telephone number **EDITED**
Current:
816-994-1563
Previous:
555-555-5555

Member address **EDITED**
Current:
Updated address for Concurrent
Previous:
123 Test Lane

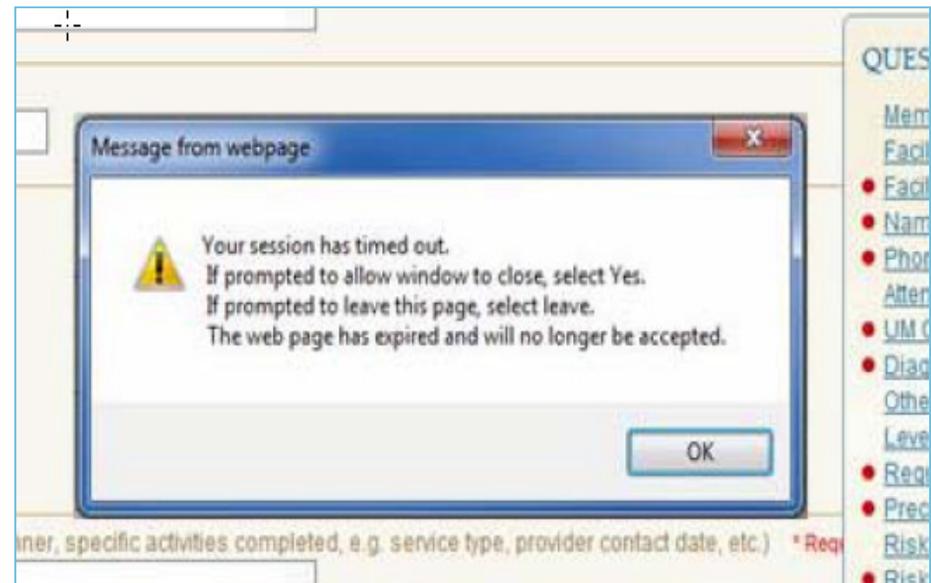
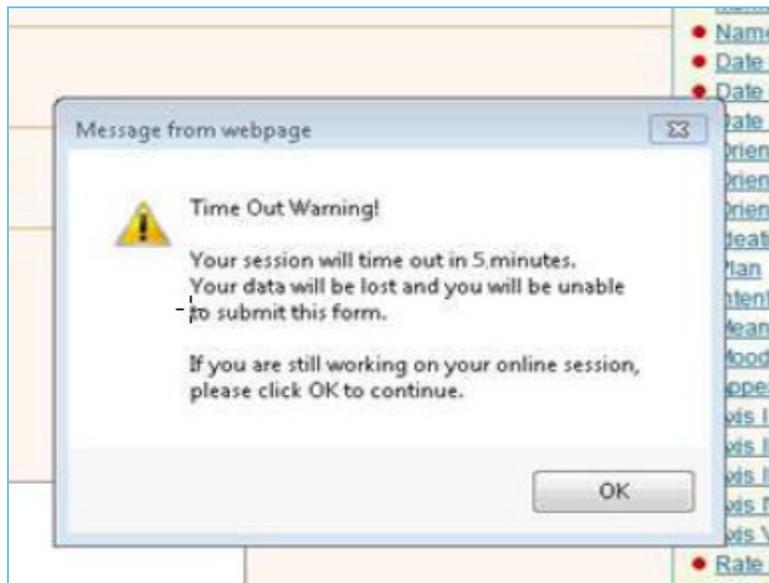
Does Member have a Parent/Guardian?
Current:
 No
Previous:
 No

Parent/Guardian's name
Current:
No selections were made for this question.
Previous:
No selections were made for this question.

Time out Warning



If the WebPass session is idle for 20 minutes, the system will automatically log the user out. When that occurs, all information added to the form the user was working on will be lost. Users receive a warning message five minutes before the system times out.



Submit as Complete or Save Partially Completed Forms



At the bottom of each form, the following options will be available:

[Continue Later](#)

[Completed and Submit](#)

Note: Forms must be completed and submitted within 72 hours after they are initially saved. If not, they will be deleted. Users will have the option to continue or remove forms.

| Select A Clinical Form | |
|---|---|
| Personal Transition Services Assessment | New |
| PTS Refusal | New |
| Depression Non-Clinical Referral (50) | New |
| Discharge Clinical Review (57) | New |
| In-home Therapy Clinical Review (69) | New |
| Integrated Care Management Referral | New |
| Pre-Certification Form | New |
| Concurrent Review Form | Continue Remove |
| Discharge Clinical Review | New |

Reviewing Member Authorizations



To view the status of a request, click on "Member Authorization Viewer"

Users will be able to view all authorization requests and statuses on the selected member. Click on "Details" or "History" to view more information about the authorization.

Welcome to New Directions WebPass

WebPass allows providers and partners access to communications and services with New Directions.

- [Clinical Forms](#)
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- [Outpatient Quality Review](#)
- [Member Programs](#)
- [Assessments](#)
- [Goals](#)

| Member Authorizations | | | | | | | |
|---|----------------------|-------------|--------------|----------------------|------------------------------|-------------------|-----------------|
| | Authorization Number | Line Number | Service Code | Total Approved Units | Treatment Description | Detail Start Date | Detail End Date |
| Details History | ██████ | 001 | 124 | 3 | Inpatient Day- Mental Health | 9/15/2014 | 9/18/2014 |

Reviewing Previous Request Forms



- To view forms submitted by any user that shares the same tax ID, click on "Completed Clinical Forms"
- The user will be able to view all forms that have been submitted by tax ID for the member

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- [Member Programs](#)
- [Assessments](#)
- [Goals](#)

Completed Clinical Forms

Title: Concurrent Review Form

1 2

Survey: Survey 3 of 3 Date: 2/6/2015 3:05 PM By: Test Facility

Authorization Number (include all number and leading zeros)

Member Telephone Number - Please provide if not on the Precertification

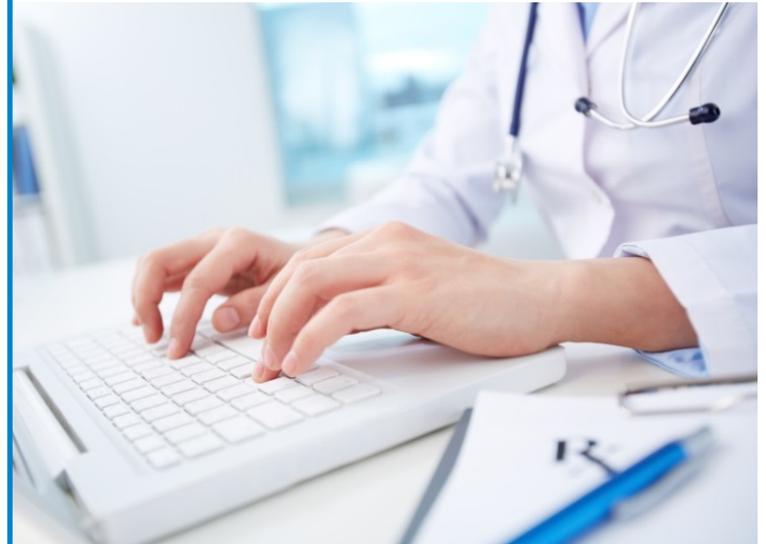


- Contact prwebpass@ndbh.com or your New Directions Autism Care Manager to get signed up for WebPass
- Initiate all ABA authorizations for benefit coverage review through WebPass (available through iLinkBlue (www.BCBSLA.com/ilinkblue))
- Link all ongoing authorization for ABA treatment requests to the member's initial authorization so the member treatment plan information carries over from one authorization review to the next
- Use WebPass to review:
 - Members current and history of authorization for ABA treatment
 - Previous treatment plan submissions
- Requests for authorization forms will only save for 72 hours and will be deleted unless submitted within this time period even if partially saved

Providers can electronically submit authorization requests for behavioral health services through our **Behavioral Health Authorizations Application**:

New Directions **WebPass Portal**

- Available on iLinkBlue (www.BCBSLA.com/ilinkblue) **through the Authorizations tab**
- Without access to iLinkBlue, you cannot access the Authorizations Portal



If you are unable to complete a form or have technical issues, please email prwebpass@ndbh.com

If you receive any error messages, please include the error message (screenshot), date and time:

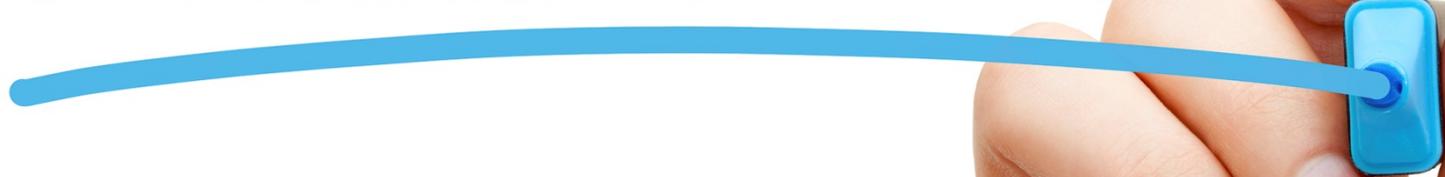
- Please do not send any confidential information in this email
- Email is not an instant response
- Please allow one business day for a response to your email

If you need to know an immediate decision for any request for services, call the number on the back of the member ID card



ADDRESSING YOUR

FEEDBACK



At this time, we will address the questions you submitted electronically through the webinar platform

