



Billing process for Behavioral Analysis (BA) Services

Introduction:

Florida Community Care (FCC) is committed to ensuring BA providers understand FCC's billing process. This document explains how providers bill and receive reimbursement for Behavioral Analysis (BA) services, specifically during the continuity of care period as outlined by the Agency for Health Care Administration in the [Continuity of Care Program Highlight](#).

Billing and Reimbursement During the Continuity of Care (COC) Period:

FCC will honor any ongoing service, or routine appointments scheduled prior to enrollment, including prior authorization for behavior analysis services for the entirety of the continuity of care period for a minimum of 120 days after the effective date of enrollment. FCC will extend any existing prior authorizations that may expire during the continuity of care period for the remainder of the continuity of care period. FCC will reimburse non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning for a minimum of 90 days, unless the provider agrees to an alternative rate.

Submission of Electronic and Paper Claims:

Electronic Claim Submissions allow providers to safely submit and track HIPAA-compliant electronic claims. To register and get started with Availity visit their website: <https://www.availity.com/essentials-portal-registration/>. You can submit your electronic claims to FCC via your provider or billing clearinghouse or FCC's clearinghouse, Availity, under payer ID FLCCR without manual intervention. Additional details can be found on FCC's website: [Availity Essentials Secure Provider Portal Registration - Florida Community Care](#)

If you prefer to submit paper claims on forms CMS-1500 and/or UB-04 claim forms, they should be mailed to:

Florida Community Care Attn: Claims
PO Box 211322
Eagan, MN 55121

Any questions regarding submission of an electronic or paper claim can be directed to FCC's provider call center: 1-833-322-7526.

Process and Timeline of Reimbursement:

Once FCC receives a clean claim for reimbursement, the provider can expect to receive reimbursement no later than 15 days, but most providers will be reimbursed within 7 days. A clean claim is a claim that can be processed without obtaining additional information from the provider of the service or from a third party.

Additional Billing Resources:

FCC's provider handbook includes additional information relating to FCC's billing process: [FCC-Provider-Handbook.pdf](#).

FCC's Secure Web Portal is a web-based platform that allows FCC to communicate Enrollee information directly with providers. Providers and their supporting staff can access several functions within this platform including:

- Enrollee Eligibility Status
- Authorization Status or Requests
- Claims Status
- Provider Inquiry Request

To access this information, providers must first register for the portal by clicking on the following link: [Florida Community Care Provider Portal](#).