



Frequently Asked Questions

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Thank you for contacting Graham Behavior Services. This video will answer some frequently asked questions regarding billing and insurance, as well as review other services we offer.

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What happens at the end of the plan year? At the end of the plan year, whether that is December 31st or a different date, your plan will reset and you will once again be responsible for your deductible and out of pocket maximum.

Does GBS submit claims? Yes, as we reviewed in the billing video, Graham Behavior Services submits all claims to the insurance company.

What if I have a secondary insurance? If you have two insurances, a primary and a secondary, please be sure you are sending us all of your information for both plans so we can accurately determine which insurance is the primary and which is the secondary. GBS only submits claims to your primary insurance. If you are also using a secondary insurance, you will need to submit those claims for reimbursement. However, we do still need to know if you have a secondary in order to bill properly.

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What if I don't have out of network coverage or my costs are extremely high? We may still be able to work together! We can request what is called a single case agreement, sometimes known as a network exception request. SCAs are one time agreements in which the insurance company agrees to allow us to provide services at the in network benefit level, even though we are an out of network provider. However, it can be challenging to get an SCA approved. Typically, insurance companies will only approve SCAs when there are no in network providers available, and will require documentation to that effect. Because of this, there are a few extra steps we would take prior to requesting authorization, including getting a history of what other providers you have contacted and worked with.

What if I'm using other out of network providers? If you are working with other out of network providers, the accumulations will total from all of the providers. Some plans also have cross accumulations. This means that money spent on in network providers also goes towards your out of network OOPM. Whether your plan cross accumulates or not, if you are utilizing other services, you will most likely pay a portion of your out of pocket max to them and a portion to us. All GBS services that go through your insurance will go towards your out of pocket maximum. This would include ABA therapy, Speech therapy, occupational therapy, and feeding therapy.



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What other services does GBS offer? Quite a few! In addition to our ABA, speech, feeding, and occupational therapies, we offer social skills, school based services, advocacy and IEP services, and sleep services. For adults, we have adult ABA therapy in our clinic location, as well as DDD funded behavior supports. For parents, we offer parent coaching, support groups, and online workshops. For professionals, we offer staff training, professional development, and online courses for CE credits.

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If you are interested in additional services or have any questions, please do not hesitate to reach out to one of our directors or our Client Support Coordinator during your intake process. If you have any further questions or concerns about your insurance coverage or billing, please email billing@grahambehavior.com to schedule a meeting with our billing specialist. She will be happy to answer any questions you may have!

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So...what's next? Well, if you are interested in starting services and are comfortable with your financial obligation, you can complete the schedule form found in your benefits email. Our Client Support Coordinator will check our provider availability and get back to you. If we have staff available, you will then meet with one of our directors for an onboarding meeting. If you're interested in clinic based services, you may have already met with the director during your tour.

Next, our operations team will apply for authorization with your insurance company. It can take up to two weeks to receive approval. If your plan does not require pre-authorization, we move directly into the assessment period.

Once the authorization is received, you will be connected to your provider, who will complete an initial evaluation and develop a treatment plan. The provider will review this plan with you directly before submitting it for treatment authorization. Once approved, the plan is sent to your insurance company for pre-authorization. It can take up to two weeks to receive this approval, but once it is received we can begin services.

Authorization times vary depending on the service. For ABA therapy, we typically need to renew authorization every six months. This means that towards the end of your six month authorization period, your provider will conduct another evaluation and update the treatment plan with progress and new goals, and then submitted to the insurance company.

Thank you for joining us! We hope you found these videos helpful. If you have any questions or concerns, please do not hesitate to reach out. We look forward to working with you! And as always, follow us on social media for more helpful information!

