

# Autism and Health Insurance Coverage: Making Your Benefits Work For Your Child

Karen Fessel, Dr P.H.,

Feda Almaliti,



For more information visit please visit:

[www.autismhealthinsurance.org](http://www.autismhealthinsurance.org)

[www.asdhealth.com](http://www.asdhealth.com)

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# Overview & Topics for Discussion

- Why private health insurance?
- Plan types and coverage issues
- Rights under Erisa: Self-funded
- Rights under CA AB 88: State regulated
- What is & isn't covered
- Behavioral Health Carve-Outs
- Requesting Treatments, submitting claims

# Overview & Topics for Discussion cont.

- Appeals
- Grievances with the Dept of Managed Health Care (DMHC), Dept of Insurance (DOI), or your employer
- Independent Medical Reviews
- Kaiser Permanente
- Reasons to be hopeful

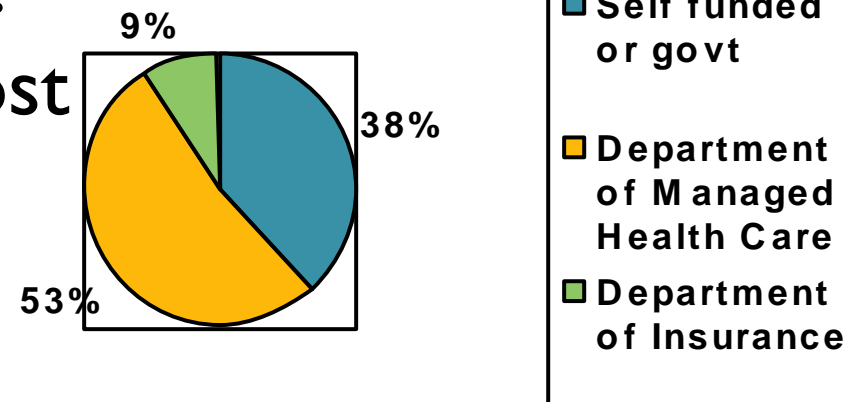
# Why Health Insurance?

- Health insurance is a benefit that you pay for.
- Autism is a neuro-biological condition.
- Autism treatments are health care services.
- Schools treat educational issues related to ASDs
- Regional Centers are the payers of last resort.

# What type of plan Do you have?

- Ask your employer
- CA State regulated:  
AB 88 (includes most individual policies)
- Self-funded and federal: Erisa

## Private Insurance, Plan Type



Source: Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2008 Medical Expenditure Panel Survey-Insurance Component

# Self Insured Plans

- Employers (not insurers) are regulated by Dept. of Labor, under ERISA\* (through EBSA\*\*, see website).
- Employers pay out claims, pay health plan to administer it
- Employers can decide whether they pay for mental health, and what services.

\*Employee retirement income security act of 1974

\*\*Employee benefits security administration

# Self-insured Plans

- New National MH Parity, if they offer mental health benefits, they must offer in parity with medical conditions:
- Only applies to companies with 50+ employees
- No visit limits
- Same co-pays as medical
- Same deductibles as medical

# Self-insured Plans

- Some employers have internal or external medical-review process.
- Read your plan description to understand your rights.
- Government employees (CalPERS\*, state and federal employees\*\*) have their own regulatory processes.

\*California Public Employees Retirement System

\*\*FEHB, Federal Employees Health Benefits Program



# Self-insured and Government employees: What can you do?

- Ask your health benefits person, network with others, and speak up together.
- Many employers have elected to include ABA and other therapies, -- they get to choose.
- Military/Tri Care; Wells Fargo; Cisco; Microsoft; Yahoo; Oracle; and many other High Tech companies.

# State Regulated- Mental Health Parity, aka AB88

- Defines Severe Mental Illness to include Pervasive Developmental Disorder or Autism
- Requires coverage for the **diagnosis** and **medically necessary treatment** of severe mental illnesses
  - Outpatient services
  - Inpatient hospital services
  - Partial hospital services
  - Prescription drugs (if plan has prescription drug coverage)

# State Regulated, Mental Health Parity Cont.

- Under the **same terms and conditions** as other medical conditions
  - Maximum lifetime coverage
  - Co-payments and coinsurance
  - Individual and family deductibles
- Assessment of suspected autism (even if not confirmed) should be covered.
- Allows for Mental Health Carve outs (behavioral health plans)

# Mental Health Carve-outs

- Each plan sets it up differently – call your plan for more information
- In some HMOs, you can see any professional on their list
- Behavioral health and medical plans may have different networks.
- Sometimes the medical plan says ABA is a behavioral benefit and behavioral plan says it is medical benefit. Causes delays and confusion. Ultimately medical plan is responsible.

# What benefits can be covered?

- ABA, (may need pre-certification).
- Speech, PT, and OT (in HMO, go through the medical group).
- Psych therapy, group therapy & social skills therapy
- Medical treatment (psych meds)
- Developmental pediatricians
- Psych evals and assessments
- Family therapy related to autism
- Augmentive communication devices

# What is generally not covered?

- Treatments which do not have enough published studies that show they are effective. (“Evidenced based medicine.”)
- Therapies for learning issues which benefit the school but not other environments.
- DAN Dr visits sometimes covered in PPOs, DAN treatments usually not, but may depend on how it is coded.

# Requesting Treatments

- For HMOs, request permission first, usually through Primary care doctor
- For PPOs send in claims and request reimbursement or ask for pre-certification
- Behavioral health carve-outs often require you to work the system yourself
- Ask for providers / therapists with autism experience
- Follow-up verbal requests in writing.

# Requesting Treatments

- Save copies of all communication
- Document all verbal and phone communications with name, date, details, ask for tracking #.
- Plans should acknowledge receipt of request within 5 working days, 2 days if urgent.



# Requesting Treatments

- Make sure claims are submitted to the correct side of the health plan. Submit to both, if you're not sure.
- Make sure claims were received and entered into the system correctly. Claims are often "lost." Follow submissions with phone call.
- For PPOs: Challenge reasonable and customary rates if below market. Quote Medicare rates.

# Requesting Treatments: Claims

Claims should contain the following:

- Name, address, DOB of client
- Diagnostic (299.0, 299.8) and CPT (procedure) codes.
- Date of service
- Number of units (OT = 4 unit/hour)
- Name, address, phone, license # of provider, some plans want EIN.

# Network Insufficiency: AKA “Phantom Networks”

- The plans must tell you who the autism experts are: don't let them tell you to call everyone on a list.
- Call 5 experts, ask about autism experience, do they have regularly available slots?
- 15 miles for mental health, 30 for medical.
- Don't let their experts put you on a long wait-list. Find your own expert and request a single-case agreement (you pay co-pay only).

# Denials and Grievances

- If you have started treatment or are in PPO, send in claims.
- If you are in an HMO, you must request the treatment from your PCP, then file grievance with the plan.
- If you don't receive a response within 30 days or you receive a written denial. You can file an appeal with the regulator.
- You can file a complaint with the DMHC or DOI while filing your appeal.
- DOL requires you to exhaust your appeals within the plan, then they will get involved.

# Denial Letters

- If treatment not medically necessary, you can appeal the denial and request an independent medical review (IMR)
- If treatment is experimental, the same applies.
- If it says the treatment is educational or not a covered benefit, -- administrative review only.

# Complaints and Independent Medical Review (IMR)

- For access problems (not medical necessity), DMHC and DOI lawyers can contact the plan on your behalf.
- What is IMR?
- DMHC /DOI will determine if you get to go to IMR.
- Results should be returned in 30 days.

# How to apply for an IMR

- Complete an IMR application (online)

Include: Cover letter describing dispute, relevant evaluations, doctor letter, denial letter, treatment plan w/goals

- Relevant literature showing efficacy of treatment e.g. Pediatrics, “Management of Children with Autism Spectrum Disorders,” October, 2007

# How to get ABA covered

- DMHC has recently made it much harder to get ABA covered. The following are needed:
- Questionnaire must be filled out by a licensed professional (see handout)
- ABA treatment must be provided by a **licensed provider.**
- Reasons that work. “Due to the severity and complexity.” OR “Due to the subtlety and complexity”.



# Kaiser Members - Special Info

- Kaiser is a unique health system
- Health plan owns the medical group, which is for profit.
  - Doctors won't recommend treatments that the plan won't cover, even if they are medically necessary
  - Refuse to make referrals if not covered
- Conflict of interest for doctors and patients

# Kaiser Members - Special Info

- Kaiser ASD (Northern CA) centers will only diagnose and evaluate, but do not treat autism; Southern CA???
- Some centers offer case management, but this usually involves helping you get therapies from regional centers and school districts.
- Request treatment in writing from member services dept.

# Kaiser Members - Complaints and IMRs

- The “new” stalling tactics:
  - They keep calling you back for repeated evaluations.
  - Authorize 4 sessions of ST or OT for “caregiver training” and won’t reauthorize.
  - Probably best to allow evaluations, their SLPs and OTs generally do not currently treat ASDs.

# Kaiser Members, Complaints and IMRs

- Document all conversations in writing.
- If you are not in regional center, you may have to pay for a private assessment for ABA.
- ABA – Kaiser has been referring N. CA cases to Easter Seals (ESDM\*), -- fewer hours.

\*Early Start Denver Model

# Reasons to be Hopeful

- New Governor, will appoint DMHC Executive Director (powerful position)
- New Insurance Commissioner (Dave Jones)
- President Pro Tem Steinberg interested in introducing Autism Insurance Mandate\*

\*23 states currently have autism mandates

# Reasons to be Hopeful,

- Health Care Education and Affordable Reconciliation Act of 2010 (Obama Health Reform)
  - Mandates autism treatments (ABA) for state based exchanges, individual and small group markets.
  - Likely others will match this
  - Not effective until 2014
  - Already in effect :

Children cannot be denied for pre-existing conditions,

Can remain on parents plan until age 26.

# Litigation Activities

When regulatory action isn't enough

- Consumer Watchdog –Case against DMHC, trial set for December 13, stay tuned.
- Law Offices of Scott Glovsky, class action against Kaiser, also represents individuals.

# You Can Do it, and You are Not Alone

- Do not take NO for an answer.
- You are NOT the only one.
- Do NOT be shamed into giving up.
- Only 10% of denials appeal, -- they are banking on it.
- Don't be afraid to ask your provider for help
- It takes time. Support is available.
- Health Ins. Is a benefit that YOU PAY FOR!
- The more complaints filed, the easier it will be for all.