



North Dakota Autism Insurance Update Conference

October 3, 2018
Fargo, North Dakota

Agenda

- 8 a.m. Welcome
- 8:05 a.m. Details of Bulletin 2018-1: Coverage of Treatments for Autism Spectrum Disorder
- 8:45 a.m. North Dakota Medicaid Coverage for Applied Behavior Analysis
- 9:15 a.m. Insurance Carriers and Autism
- 9:45 a.m. Break
- 10 a.m. Telemedicine Provisions
- 10:15 a.m. Appealing a Claim Denial
- 10:45 a.m. Legislative Discussion
- 11:15 a.m. Q & A Session
- 11:55 a.m. Closing Remarks



Welcome

Jon Godfread
Commissioner
North Dakota Insurance Department



Details of Bulletin 2018-1: Coverage of Treatments for Autism Spectrum Disorder

Jon Godfread
Commissioner
North Dakota Insurance Department

Jeff Ubben
Deputy Commissioner/General Counsel
North Dakota Insurance Department

Autism and Mental Health Parity

- ▶ How we got here?
 - Legislative discussions
 - Federal interpretation changes
- ▶ Mental Health Parity and Addiction Equality Act (MHPAEA)
 - Passed in 2008
 - Prevents insurance companies from placing more treatment or financial limitation on services related to mental health and substance abuse
 - These limitation are known as qualitative treatment limitation (QTLs)

Autism and Mental Health Parity

Example:

Prior to the MHPAEA being enacted, a health insurance policy might offer an unlimited number of medically necessary appointments with a cardiologist (medical) and charge a lower co-pay and deductible for a cardiologist's services, but in turn only cover the first five psychiatrist appointments for a patient and charge a much higher co-pay and place a higher deductible on psychiatric services.

Autism and Mental Health Parity

- ▶ MAHPAEA also prohibits a non-qualitative treatment limitation (NQTL) with respect to mental health/substance abuse disorder, unless the limitations are comparable to and are applied no more stringently than the factors used in applying the limitation on medical/surgical benefits.
 - NQTLs are non-numerical limits on the scope or duration of benefits for treatment and include medical management standards:
 - Preauthorization requirements
 - Limiting or excluding benefits based on medical necessity
 - Limiting types of treatment that are allowed
 - Limiting treatments based on whether the treatment is considered to be experimental or investigative

Autism and Mental Health Parity

- ▶ If an insurance carrier chooses to cover mental health and substance abuse disorders and seeks to place QTLs or NQTLs on benefits or treatments for these conditions, it must show that a similar limitation exists regarding benefits and treatments on the medical/surgical portion of their insurance coverage.
 - Essentially, health insurance companies now must cover mental health and substance abuse services in the same way they cover surgical and medical benefits
- ▶ Treatments for Autism are primarily considered mental health services or benefits

Autism Bulletin

- ▶ 2015 and 2017 Legislative Sessions
 - State mandate would not have been as comprehensive as this bulletin
 - Caps were included
 - State would have to pay for increased benefits
 - Uncertainty regarding rollout to health insurers
 - Difficult votes were taken, but ultimately we have reached a point where we have a broad based, comprehensive coverage bulletin.
- ▶ Issued July 10th
 - In effect October 1 - for non-ACA plans
 - January 1 for ACA plans

Autism Bulletin

- ▶ If an insurance company chooses to cover autism spectrum disorder and seeks to place QTLs or NQTLs on autism spectrum disorder benefits or treatments, it must show that similar limitations exist on benefits and treatments on the medical/surgical portion of the coverage.
 - Rare for health insurance not to contain these benefits on the medical/surgical portion of the policy because it would make these policies unattractive.
 - End result is that these limitations for the most part will not exist when it comes to coverage of treatments and benefits for autism.

Autism Bulletin

- ▶ Applied Behavior Analysis (ABA) Treatment
 - Considered the gold standard for treatment of children with autism
 - Carriers can no longer consider this treatment experimental or investigational
 - DOL Guidance
 - October 1
 - Grandfathered, Transitional health insurance policies regulated by the Department, including individual, small group and large group.
 - January 1
 - All non-grandfathered insurance policies regulated by the department, including individual, small group, large group and all self funded multiple employer welfare arrangement plans.

Autism Bulletin

- ▶ Implementation efforts
 - We have been in close contact with our companies
 - They have been very cooperative and helpful to work with
 - Worked with DHS to understand the impacts of this bulletin and Medicaid
 - Positive feedback from all stakeholder groups
- ▶ There will be some bumps along the road
 - There are areas we do not have authority to regulate
 - New process for both Department and Carriers
- ▶ We have come a long way, in a very short amount of time.

What is outside of our reach?

- ▶ Companies can still evaluate the medical necessity of treatments for autism spectrum disorder.
- ▶ Plans that completely exclude coverage for autism spectrum disorder
- ▶ Plans that exclude all habilitative services - If the plan doesn't cover any habilitative services, including PT, OT, ST, etc. it would not have to cover ABA therapies.
 - The only plans that would fall under this exception is grandfathered plans or large group plans as they do not have to follow EHB.
- ▶ ERISA plans - these are regulated by the federal government, not the state.



North Dakota Medicaid Coverage for Applied Behavior Analysis

Krista Fremming
Medicaid Deputy Director
North Dakota Department of Human Services

Eligibility for Applied Behavior Analysis (ABA)

- ▶ Under 21 years of age
- ▶ Eligible for North Dakota Medicaid on dates of service
- ▶ Have diagnosis of Autism Spectrum Disorder (ASD) from a licensed provider qualified to diagnose ASD
- ▶ Have an annual North Dakota Health Tracks (EPSTD) screening completed

North Dakota Medicaid ABA Policy -

<http://www.nd.gov/dhs/autism/docs/autism-aba-service-policy-and-procedures.pdf>

Services

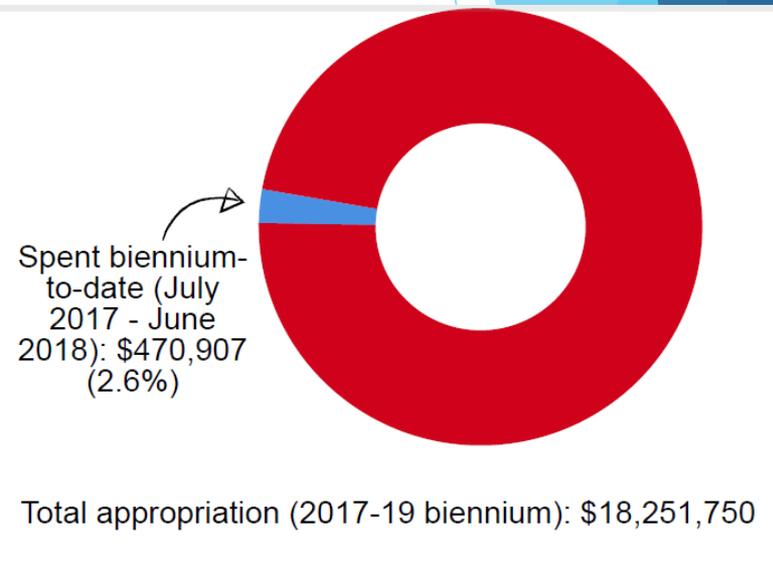
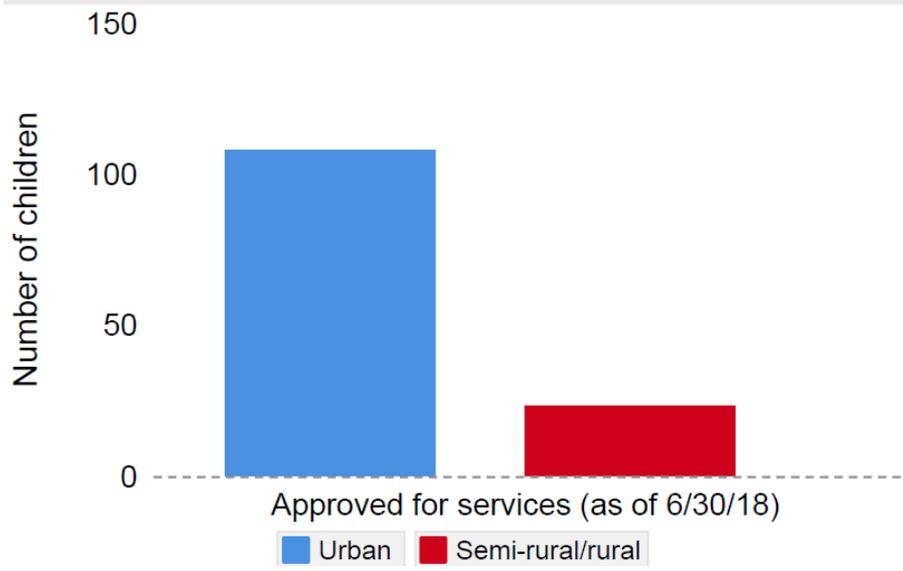
- ▶ Program oversight
 - Assessment and periodic reassessment
 - Development of care plan (care plan must be updated every 180 days)
 - Referrals
 - Monitoring and follow up activities
 - Provide oversight of skills trainers
- ▶ Skills training - direct service designed to assist the child in acquiring skills identified in the care plan

Eligible Providers

- ▶ Agencies/schools must meet the following criteria:
 - Have in place a training process that will ensure that staff have adequate knowledge relating to children involved in unsafe, crisis, and/or unstable situations; and
 - Ensure skills trainers are one of the following: registered behavior technician (RBT)*, board certified autism technician (BCAT), registered behavior analyst (RBA), board certified assistant behavior analyst (BCaBA), board certified behavior analyst (BCBA), board certified behavior analyst-doctoral (BCBA-D), licensed social worker (LSW), licensed independent clinical social worker (LICSW), licensed certified social worker (LCSW), licensed professional clinical counselor (LPCC), licensed marriage and family therapist (LMFT), speech & language pathologist, licensed occupational therapist, or licensed physical therapist.
 - Ensure staff providing program oversight is either a licensed board certified behavior analyst (BCBA), licensed board certified behavior analyst-doctoral (BCBA-D), registered behavior analyst, or licensed clinical psychologist.
 - All providers must enroll with ND Medicaid.

*Individuals who have a bachelor's or master's degree in social work, psychology, counseling, nursing, occupational therapy, physical therapy, child development, communication disorders, special education, sociology, elementary education, early childhood education, applied behavioral sciences, or human development and family sciences may enroll to provide skills training; however, they must become a registered behavior technician or board certified autism technician within six months of enrollment.

ABA Therapy Utilization - 2017-2019 Biennium



*ND Medicaid coverage for ABA began August 1, 2017.

Questions

- ▶ Krista Fremming - krfremming@nd.gov
 - Medicaid Deputy Director
 - North Dakota Department of Human Services
 - (701) 328-2342

- ▶ Kathy Barchenger - kbarchenger@nd.gov
 - Autism Services Administrator
 - North Dakota Department of Human Services
 - (701) 328-4630

BCBS of North Dakota Presentation ND Autism Insurance Update Conference



10/3/2018

BCBSND's Proactive Adoption, Implementation, and Support of ABA

- Federal Employees Plan (FEP) added the ABA benefit January 2017
- BCBSND followed by adding the benefit option to commercial plans starting January 2018
- BCBSND sent targeted mailings to licensed and registered behavior analysts to encourage credentialing and participation with BCBSND
- BCBSND provides ongoing outreach and support to providers regarding coding requirements, precertification requirements and documentation needs
- BCBSND allows the use of HIPAA compliant telehealth for delivery and supervision of ABA services.



Type of Plan	Effective Date
Federal Employee Program (FEP) plans	Added on plan anniversary beginning 1/1/17
Large non-grandfathered group plans	Added on plan anniversary beginning 1/1/18
Small ACA group plans	Added on plan anniversary beginning 7/1/18 Group plans with Jan-Jun anniversaries effective 1/1/19
Self-funded group plans	Added option for self-funded plans to elect to add on plan anniversary beginning 1/1/18



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Self-funded group plans	Added option for self-funded plans to elect to add on plan anniversary beginning 1/1/18
Large grandfathered group plans	Added to fully insured plans on 10/1/18
Small grandfathered group plans	Added to fully insured groups on 10/1/18
Self-funded group plans	Mandated to add to grandfathered self-funded plans 10/1/18 Mandated to add to non-grandfathered self-funded plans on anniversary by 1/1/19
Individual ACA plans	Adding on 1/1/19
Individual grandfathered plans	Added on 10/1/18

- Support programs designed to assist members in navigating their benefits
- Enhanced provider network with proactive recruitment of ABA providers
- Case management services are available at no cost to all members
- Disease Management services available for members with medically complex comorbidities

Ease of documentation - BCBSND engaged providers in the development of a standard service request template in order to enhance efficiency

Targeted provider navigation support - BCBSND takes an anticipatory stance in making proactive ongoing outreach to ABA providers when they are struggling with navigation of coding, billing, documentation, and precertification requirements

Coding support - BCBSND recognizes there will likely be challenges implementing the new CMS ABA codes January 2019

- Treatment Code Conversation will be in an upcoming Health Care News Blast
- The Provider ABA request form will be updated to reflect new 2019 codes
- The fee schedule will be updated to reflect new 2019 codes

Member Contact Information

Member Services

- Members may reach our Member Services Department at the phone number listed on the back of their ID card
- Questions regarding health care benefits, covered services, precertification, cost share, deductible, etc..

Case Management

- Members may reach our Case Management Department at 800-336-2488
- Questions regarding accessing services, coordination of services and support in navigating your insurance benefit

Provider Contact Information

Provider Services: 800-368-2312

- Providers may call with questions regarding a member's benefits, covered services, precertification, cost shares, deductibles, etc..

Case Management: 800-336-2488

- Providers may call to request a referral/assessment of case management services

Provider Networks: 800-756-2749

- Providers may call with questions about credentialing and re-credentialing of facilities and providers

Provider Partnerships – prov.partners@bcbsnd.com

- Provider may email with questions about BCBSND programs and procedures

Additional Pertinent Information

- BCBSND recognizes that the adoption of ABA services creates areas of potential confusion for all parties. We have dedicated communication pathways for both members and providers to resolve questions about ABA services
- Specific contact information is outlined in the BCBSND brochure available today
- All BCBSND plans will have coverage for ABA by January 2019



Telemedicine Provisions

Krista Fremming
Medicaid Deputy Director
North Dakota Department of Human Services

Telemedicine for ABA

- ▶ North Dakota Medicaid Telemedicine Policy:
<http://www.nd.gov/dhs/info/mmis/docs/telemedicine.pdf>
- ▶ Research on delivering ABA via telemedicine:
 - http://pediatrics.aappublications.org/content/pediatrics/137/Supplement_2/S167.full.pdf
 - <https://doi.org/10.1007/s40489-016-0086-9>

Literature generally supports the feasibility and potential effectiveness of using telemedicine to increase access to autism services.

Other Department of Human Services Autism Services

- ▶ ASD Waiver (96 slots)
 - Provides service management, respite care and assistive technology to children under age 12.
 - Child must have a need for waiver services, be eligible to receive care in an intermediate care facility, have an ASD diagnosis and live at home with parents or other legally responsible caregiver
 - The child's income must meet Medicaid financial eligibility criteria.
 - Children enrolled in the waiver receive Medicaid state plan services in addition to waiver services
- ▶ ASD Voucher (53 slots)
 - Provides funds for assistive technology, training and other support services such as respite care or tutoring to children between ages 3 to 17.
 - Child must have an ASD diagnosis, gross family income up to 200% of the federal poverty level and cannot be receiving services through a Medicaid waiver.
 - Each enrolled child is eligible for up to \$12,500 per year.

Questions

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Appealing a Claim Denial

Jeff Ubben
Deputy Commissioner/General Counsel
North Dakota Insurance Department

Appealing a Claim Denial

- ▶ Fully Insured Plans

If you have a fully-insured plan (not self-insured) and you believe your claim for services is not being handled by the insurance company or claims administrator in accordance with the terms of your patient's health insurance policy, you have the right to file an external appeal.

Appealing a Claim Denial

- ▶ Self-Insured Plans
 - Unfortunately, the law providing for an external appeal does not apply to self-insured plans.
 - Unless otherwise provided for in the policy, a self-insured plan does not have the right to file an external review.

Appealing a Claim Denial

Process for grandfathered plans:

- ▶ Law requires a provider to exhaust all internal appeals offered through the insurance company first.
- ▶ The internal appeal request is filed through the insurance company. The external appeal request is filed through the Insurance Department's Consumer Assistance Division.
- ▶ The external review is conducted by North Dakota health care review, Inc., or any person designated by the Insurance Commissioner.
- ▶ Costs of the appeal are the responsibility of the non-prevailing party.

Appealing a Claim Denial

Process for non-grandfathered plans:

- ▶ The insurance company may require the claimant to exhaust all internal claims and appeals first.
- ▶ The external review appeal request is filed through the Insurance Department's Consumer Assistance Division.
- ▶ The external review is assigned to a qualified Independent Review Organization (IRO) as determined by the Insurance Department.
- ▶ Costs of the appeal are the responsibility of the insurance company, no matter who prevails.
 - A minimum filing fee, not to exceed \$25 may be collected by the company and must be refunded if claimant prevails.



Legislative Discussion

Joan Heckaman
North Dakota Senator
District 23



Q & A Session



Closing Remarks

Jon Godfread
Commissioner
North Dakota Insurance Department

Contact Us



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www.nd.gov/ndins



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