

Autism Mandate Coverage Frequently Asked Questions

October 3, 2012

In April 2012, Michigan Lt. Gov. Brian Calley signed legislation requiring underwritten group and individual health plans to provide coverage for the diagnosis and treatment of autism spectrum disorders. The mandate goes into effect Oct. 15, 2012.

You may receive questions from employer groups or individual subscribers about the mandate and what it means. The following information will help you in discussions with them.

Underwritten groups and individuals

Q.1. When will the autism coverage mandate go into effect?

A.1. The autism mandate was signed into law on April 18, 2012, and will be effective Oct. 15, 2012. Benefits will take effect on October 15 for underwritten business regardless of renewal dates or plan years.

Q.2. What does the autism law require?

A.2. It requires that underwritten groups and individual plans provide coverage for the diagnosis and treatment of autism spectrum disorders.

Q.3. Are all customer groups required to offer coverage for the diagnosis and treatment of autism spectrum disorder?

A.3. No. The mandate applies to underwritten groups and individual plans. The mandate does not apply to self-funded groups or administrative service contract groups, but groups that aren't required to offer the coverage may opt to do so beginning January 1, 2013.

Q.4. What conditions are included in autism spectrum disorders?

A.4. The legislation refers to autism spectrum disorder as defined by the *American Psychiatric Association Diagnostic and Statistical Manual*, which includes:

- Autistic disorder
- Asperger's disorder
- Pervasive developmental disorder not otherwise specified

Q.5. What is Michigan’s Autism Coverage Reimbursement program?

A.5. The state of Michigan is setting up the Autism Coverage Reimbursement program to reimburse insurance for claims they have paid for ASD diagnosis and treatment services provided in Michigan. More details about the program are expected to be released soon. We'll provide more information when it becomes available.

Q.6. Will the Blues participate in the Autism Coverage Reimbursement program?

A.6. Yes, the Blues will participate in the program.

Q.7. Will premiums go up once the coverage is available?

A.7. No. Rates as of Oct. 15, 2012, will not increase as a result of this mandate.

Q.8. What benefits are required by the autism mandate?

A.8. Benefits include coverage for the following:

- Applied behavior analysis, a specialized treatment for autism
- Physical therapy, speech therapy and occupational therapy provided as part of the treatment of ASD
- Nutritional counseling provided as part of the treatment of ASD
- Other mental health benefits to diagnose and treat autism
- Other medical services used to diagnose and treat autism

Q.9. What are the requirements and limitations for the mandated benefits?

A.9.

	BCBSM group business	BCBSM individual business	BCN
Coverage when billed with a diagnosis of ASD (BCBSM group and BCN already cover outpatient mental services with an autism diagnosis)	Applied behavior analysis (see below) Physical therapy Speech therapy Occupational therapy Nutritional counseling	Applied behavior analysis (see below) Physical therapy Speech therapy Occupational therapy Nutritional counseling Outpatient mental health treatment	Applied behavior analysis (see below) Physical therapy Speech therapy Occupational therapy Nutritional counseling

	BCBSM group business	BCBSM individual business	BCN
Annual dollar limits*	\$50,000 annual benefit limit for ABA services	\$50,000 annual benefit limit for ABA services	\$50,000 annual benefit limit for ABA services
Age limits*	Through age 18	Through age 18	Through age 18
Mandated services not subject to dollar limits	All standard mental health services and diagnostic services, physical therapy, speech therapy, occupational therapy and nutritional counseling	All outpatient mental health treatment services and diagnostic services, physical therapy, speech therapy, occupational therapy and nutritional counseling	All standard mental health services and diagnostic services, physical therapy, speech therapy, occupational therapy and nutritional counseling
Mandated services not subject to age limits	All standard mental health services and diagnostic services	All services to diagnose ASD	All standard mental health services and diagnostic services
Cost share	All services to diagnose or treat ASD will be subject to the member's medical cost share, as applicable. If the group has a mental health parity rider, services to diagnose or treat ASD will be subject to the cost-sharing requirements in the rider.	All services to diagnose or treat ASD will be subject to the member's medical cost share, as applicable.	ASD-related physical, occupational and speech therapy services will be subject to the medical outpatient therapy benefit and the applicable deductible, copayment or coinsurance. Other outpatient ASD-related services will apply the primary care physician copay/coinsurance and deductible when applicable.
Prior approval requirements	At this time prior approval is only required for applied behavior analysis	At this time prior approval is only required for applied behavior analysis	Required for all services with the exception of nutritional counseling

***These limits** may be waived on an individual basis when BCBSM or BCN determines further treatment is medically necessary.

- BCBSM members receiving services other than applied behavior analysis to treat ASD do not need to receive the ASD diagnosis from a BCBSM participating provider. BCN members must go to a provider in the BCN network, unless the product offers out-of-network coverage.
- For applied behavior analysis treatment to be payable, the AAEC must confirm the ASD diagnosis and provide a treatment plan containing a comprehensive set of treatment recommendations for the member, including a recommendation for applied behavior analysis.
- If applied behavior analysis treatment is recommended by the AAEC, the member must seek services from a board-certified behavior analyst, or BCBA, for the treatment to be payable. The analyst also must obtain prior approval from BCBSM or BCN to provide applied behavior analysis services.
- For BCBSM the BCBA may be nonparticipating.
- For BCN services must be obtained from a BCN network provider, unless the product offers out of network coverage.
- For BCN, all services require prior approval except nutritional counseling.

Q.10. Does the \$50,000 limit applied to autism benefits conflict with the federal Mental Health Parity Law?

A.10. No. The \$50,000 limit for the autism benefit will not preclude members from obtaining medically necessary services to diagnose and treat autism spectrum disorders. Once \$50,000 has been paid for autism benefits, BCBSM or BCN will allow additional payments to be made upon the request of the member's provider. Additional services will require approval, and if they're determined to be medically necessary, they will be paid.

Q.11. Does the age limit applied to autism benefits conflict with the federal Mental Health Parity Law?

A.11. No. The age limit for the autism benefit will not preclude members from obtaining medically necessary services to diagnose and treat ASD. Once the member is age 19 or older, BCBSM and BCN will allow additional payments to be made upon the request of the member's provider. Additional services will require approval.

Q.12. How do members find BCBSM- or BCN-approved autism evaluation centers?

A.12. BCBSM and BCN are in the process of identifying the AAECs. Beginning Oct. 15, 2012, we will post information about the centers in the online provider directory at **bcbsm.com** and **MiBCN.com**. This information will be updated periodically as additional AAECs are identified.

Q.13. Will members have autism coverage both in and out of their networks?

A.13. Network requirements remain the same and cost variations will continue for in-network versus out-of-network services where applicable. BCN members should be aware that, in most instances, out-of-pocket costs for out-of-network medical care can be substantial. BCN members should always confirm in advance that the provider and facility are in BCN's network.

Q.14. How will the Blues make sure members have access to providers for the diagnosis and treatment of ASD?

A.14. Specialists in BCBSM's and BCN's networks are available to serve the various needs of members diagnosed with ASD. The Blues are also expanding the network of professionals and specialists, including board-certified behavior analysts, to help ensure our members have access to appropriate care.

Q.15. How can members get more information about the law?

A.15. Go online to mi.gov/autism.

Q.16. Are there prescription drugs for the treatment of autism that are covered under the mandate?

A.16. Currently, there are no drugs that are specific to the treatment of autism. Coverage for prescription drugs is subject to the member's current benefit plan.

Q.17. How is the state-mandated autism benefit applicable to out-of-state claims?

A.17. Out-of-state claims will be handled as they normally are through Blue Card, with the exception of applied behavior analysis services. **ABA services will only be covered in the state of Michigan.**

The following services are covered at the applicable cost share when provided outside the state of Michigan:

- Physical therapy/speech therapy/occupational therapy provided as part of the treatment of ASD
- Nutritional counseling provided as part of the treatment of ASD
- Other mental health benefits to diagnose and treat autism
- Other medical services used to diagnose and treat autism

Q.18. Why are you implementing the benefit on Oct. 15?

A.18. BCBSM and BCN elected to do a universal launch date of Oct. 15. The mandate does not prohibit the Blues from providing this benefit early; rather, it establishes parameters to define the latest points in time in which the benefit must be applied. Given that this early implementation by the Blues is not affecting the monthly premiums paid by our underwritten groups and individuals, we saw no reason to delay member access to this benefit. The Blues recognize autism is an important health issue and believe we have been more progressive than other Michigan insurers in addressing autism and, to the best of our knowledge, have been the only health plan in the state offering applied behavior analysis coverage options to groups since 2009.

Q.19. Why are other health plans implementing the benefit upon a group's renewal? (If asked, then answer)

A.19. Under the mandate, parameters are established defining the latest points in time in which the benefit must be applied.

Q.20. Does the October implementation date affect my premiums? (If asked, answer:)

A.20. No. The October implementation date does not affect the monthly premiums being paid by underwritten groups or individuals.

Self-funded groups

If you receive questions about how the law applies to self-funded groups:

The state mandate does not apply to self-funded groups but BCBSM and BCN self-funded groups have the option to offer autism coverage beginning January 1, 2013.

For BCBSM standard benefit requests should be submitted between Oct. 15, 2012 and Nov. 1, 2012 to ensure that benefits are active Jan. 1, 2013. The usual group wide change process for submitting the benefit request should be followed.

There is a 60 day lead time for both MOS and NASCO platforms if:

- The group selects the standard autism benefit **with no modifications**
- The group uses the Blue Cross behavioral management vendor for approval

For BCBSM groups that require modification to the standard benefit at least 90 days lead time is required.

Please note: Benefit requests cannot be submitted for BCBSM groups before Oct. 15, 2012 because benefits will not be loaded into the system.

For BCN standard benefit requests should be submitted no later than Oct. 15, 2012 to ensure that benefits are active Jan. 1, 2013. For BCN groups that require modification to the standard benefit at least 90 days lead time is required. The usual group wide change process for submitting the benefit request should be followed.

If you have additional questions not covered in this FAQ, please send them to ONHR@bcbsm.com. Include Autism in the subject line.

The information in this document is based on Michigan Blues' review of the autism legislation and is not intended to impart legal advice. Interpretations of this legislation may vary, and efforts will be made to present and update accurate information. This overview is intended as an educational tool only and does not replace a more rigorous review of the law's applicability to individual circumstances and attendant legal counsel and should not be relied upon as legal or compliance advice.