



AST Autism
Spectrum
Therapies

Creating Futures For Individuals With Autism



Understanding California's New Insurance Mandate

SB 946

- Requires that every health care plan that provides hospital, medical, or surgical coverage shall also provide coverage for applied behavior analysis (ABA) and other evidence-based behavior intervention programs for pervasive developmental disorder or autism.

- But there are some exceptions...

Exceptions to SB 946

- Law does not apply to health care service plans that do not deliver mental health or behavioral health services to enrollees
- Law also does not apply to participants in the Medical program, the Healthy Families Program or the California Public Employees Retirement System (CalPERS)
- Law only applies to fully-funded, health care service plans



What Will Insurance Actually Cover?

- ABA programs can cover a broader amount of goals and needs compared to the Regional Center
 - Social Skills
 - Communication
 - Behavior Management
 - Self-Regulation and Coping Skills
 - Independent Living Skills
 - Overall Independence
 - Parent Training
- Only exclusion is academics



Where Can Services Take Place?

- Insurance companies will not dictate where services must take place
- Services can take place at home, school, clinic, and community settings
- Services can take place in multiple settings
- Services can be approved to provide support at short-term activities such as camps
- To have services at school or in a community setting a site director must approve

Who Can Qualify for Services?

- Anyone with a Autism Spectrum Disorder
- Includes autism, PDD-NOS, and Aspergers
- Must have a formal diagnosis
- There is no age limit
- Teens and Adults can also qualify for services

How Much Will Insurance Cover?

- There are no limits to the number of hours that can be approved
- There are no limits in the dollar amounts that can be covered
- There is no limit to the number of visits
- There are no annual or lifetime caps

How Do I Get Approved For Services?

- You must have a pre-authorization to get ABA services covered
- You can seek approval yourself or through a third party
- Must have a formal diagnosis in writing
- Prescription for ABA (recommended)
- Treatment Plan outlining goals and number of hours

What If I Have a Self-Funded Plan?

- A number of employers with self-funded plans elect to cover ABA
- You should still call to request a pre-authorization, some plans make exceptions
- You have the right to request a medical review
- Contact your HR department and let them know you want ABA covered

Self-Funded Plans That Cover ABA

- Microsoft
- Time Warner Cable
- Home Depot
- Symantec
- Maxim Integrated Products
- Network Appliance Inc
- TriQuint Semiconductor
- Arnold and Porter Law Firm
- Cisco
- Deloitte
- Eli Lilly
- Halliburton
- IBM
- Intel

Understanding Your Costs

HMO	In Network	Out of Network
Co Pay	\$25 per day	N/A
Deductible	\$0	N/A
Member Pays	Co Pay	N/A
Plan Pays	100% after Co Pay	N/A
Deductible Resets	January 1	N/A
Out of Pocket Max	\$3,000	N/A
Max Benefit	Unlimited	N/A

Understanding Your Costs

PPO	In Network	Out of Network
Co Pay	\$20 per day	\$20 per day
Deductible	\$3,000	\$6,000
Member Pays	Co Pay and Deductible	Co Pay and Deductible
Plan Pays	100% after Co Pay and Deductible	100% after Co Pay and Deductible
Deductible Resets	January 1	January 1
Out of Pocket Max	\$5,000	\$10,000
Max Benefit	Unlimited	Unlimited

Understanding Your Costs

PPO	In Network	Out of Network
Co Insurance	10% after Deductible	30% after Deductible
Deductible	\$2,000	\$4,000
Member Pays	Co Insurance and Deductible	Co Insurance and Deductible
Plan Pays	90% after Deductible	70% after Deductible
Deductible Resets	January 1	January 1
Out of Pocket Max	\$6,000	\$12,000
Max Benefit	Unlimited	Unlimited

Denials

- You have rights and can appeal any denial, delay, and change to your services
- You have the right to ask for a medical review at any time
- You are entitled to an independent medical review free of charge
- You can file the denial yourself or through a third party

Potential Inappropriate Reasons for Denial

- Child has autism and another diagnosis
- Child is not making enough progress
- Child has a preliminary diagnosis
- Recommended program is too large
- There is a set network
 - There must be an “adequate” network
 - Right to be seen by provider within 10 - 14 days

How Will SB 946 Impact Regional Centers?

- Some inconsistencies between Regional Centers
- Regional Center is “Payer of Last Resort”
- Expect families to contact insurance before they will approve services
- Families will have to provide up to 2 denial letters before they will approve services
- Starting on July 1, 2012 they will expect every family to attempt to obtain an authorization from their insurance company
- No one will be cut off over night

Who Will Regional Centers Cover?

- Families who have denial letters from their insurance company
- Families with Medi-Cal, Cal-PERS, Healthy Families
- Some Regional Centers will cover Co Pays
 - A few will cover everyone's co pays
 - A few will only cover co pays if there is financial hardship

How Will SB 946 Impact Schools?

- There is nothing in the bill that will allow schools to shift programs to insurance
- Districts must still offer FAPE
- Schools may allow a family to use their insurance to cover ABA services in the classroom (particularly private schools)
- Whether or not a school would cover the co pay is still very unclear, and at this time unlikely

Thank You

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