





Potential Autism Spectrum Disorder Benefit

Board of Trustees

March 27, 2014

A Division of the Department of State Treasurer

Presentation Summary

- Recap of BOT interest
- Update on Autism Spectrum Disorder (ASD)
 Benefit Design Development
- Comparison of Proposed Benefit and HB 498
- Status with BCBSNC and ValueOptions
- Next Steps



Summary of BOT Interest in Autism Benefit

- In the November BOT meeting, stakeholder groups were allowed to present potential benefit changes to the Board
- Autism Speaks proposed the Board increase coverage for ASD to include Applied Behavioral Analysis (ABA) therapy that mirrored HB 498
 - The Board requested Plan staff develop a benefit design for consideration that includes ABA therapy

Autism Benefit Development

- BCBSNC does not currently cover ABA therapy, therefore, the Plan is working with BCBSNC to evaluate the network and design a benefit
- Plan staff has met with local experts to better understand ASD, ABA, the roles of different service providers, and benefit considerations
- Actuarial note for HB 498 projects annual cost of new benefit ranging from \$2.5 to \$5.1 million in FY 2014-15 with an annual benefit of \$36k
 - Within five to six years, the annual cost is expected to be \$6.1 to \$12.7 million



Benefit Goal

Provide members with a benefit that covers treatment for ASD that will assist in maximizing independence and improving quality of life.

Benefit Component	HB 498	SHP Considered Benefit	Explanation of Difference
Age requirements	Diagnosis: Prior to Age 8 Treatment: Age 23 (§ 58-3-192.b)	Diagnosis and Treatment: Age 26	Age changed to match dependent eligibility
Utilization management	An insurer shall have the right to request a review of that treatment not more than once annually, unless the insurer and the individual's licensed physician or the individual's licensed psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall apply only to a particular insured being treated for an autism spectrum disorder and shall not apply to all individuals being treated for an autism spectrum disorder by a physician or psychologist. The cost of obtaining any review shall be borne by the insurer. (§ 58-3-192.h)	Consistent with SHP utilization management policies through BCBSNC and ValueOptions. ABA Exclusions: • With medical conditions or impairments that would prevent beneficial utilization of services • Requiring 24 hour medical/nursing monitoring or procedures provided in a hospital setting	Exclusions appropriate if underlying issues would prevent effective treatment; important to retain rights regarding medical necessity review



Benefit Component	HB 498	SHP Considered Benefit	Explanation of Difference
Diagnosis of Care	"Diagnosed with autism spectrum disorder by a licensed physician, or a licensed psychologist who determines the care to be medically necessary" (§ 58-3-192.a.10)	Same	No difference
Providers of Treatment	Provided or supervised by: (i) a Board Certified Behavior Analyst or (ii) a licensed psychologist or licensed psychological associate, so long as the services performed are commensurate with the psychologist's training and experience (§ 58-3-192.a.3(b))	 Behavioral health treatment, including applied behavioral analysis (ABA), when provided by: a licensed psychologist, licensed psychiatrist, medical doctor specializing in autism disorders, licensed social worker, licensed counselor, or a Board Certified Behavior Analyst working under the supervision of a licensed psychologist. 	Expanded to be more inclusive and to make sure practitioners not licensed by NC have oversight by NC licensed providers



Benefit Component	HB 498	SHP Considered Benefit	Explanation of Difference
Board Certified Behavior Analysts	Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behavior Analyst (BCaBA) from offering services within the scope of practice authorized by the Behavior Analyst Certification Board, including behavior analysis and therapy, in accordance with professional standards of the BCBA or BCaBA's certification, if both of the following are true: (1) The BCBA or BCaBA is properly certified and in good standing with the Behavior Analyst Certification Board; and (2) does not hold him/herself out to be a licensed psychologist. (G.S. 90-270.4 f1)	BCBA must be supervised by a psychologist. BCaBA must be supervised by a BCBA who is supervised by a licensed psychologist	Currently, there is no NC licensure for BCBAs or BCaBAs. To ensure appropriate medically necessary treatment is being administered, SHP would require these providers to be supervised by a licensed psychologist. Additionally, BCBA's and BCaBA's are not currently in network.



Benefit Component	HB 498	SHP Considered Benefit	Explanation of Difference
Therapeutic Care	Therapeutic care. – Direct or consultative services provided by a licensed or certified speech therapist, occupational therapist, physical therapist, or licensed clinical social worker. (§ 58-3-192.a.9)	ABA treatment will not be certified for the following services: • Speech therapy • Occupational therapy • Vocational rehabilitation • Supportive respite care • Recreational therapy • Orientation and mobility • Respite Care • Equine therapy • Hippo therapy • Dolphin therapy • Other educational services	Recognizes ABA treatment as distinct from other therapies. Exclusions based on analysis of other states and best practices while remaining consistent with SHP benefit policies.
Annual benefit maximum	\$36,000 annual maximum (§ 58-3-192.g)	\$36,000 annual maximum	No difference



Status of Implementing Benefit through BCBSNC

- BCBSNC will be administering the benefit for our members as our TPA
- BCBSNC does not cover a similar benefit for their book of business
- BCBSNC and their behavioral health subcontractor, ValueOptions, are providing assistance with the development of Medical Policy
- BCBSNC will be preparing the required system updates to ensure the appropriate billing codes are available
- BCBSNC contracts with providers on behalf of the Plan and is assessing the availability of providers in the State based on current draft design and definition of who is eligible to provide treatment

Next Steps

- Finalize Benefit Design and Medical Policy
- Update the Financial Impact Analysis
- Discuss with Relevant Stakeholders
- Present Final Benefit Proposal to BOT in May for Consideration