

**Autism Coverage Fund
FAQ – Responses in BOLD
October 10, 2014
(Updated)**

Autism Coverage Fund Questions - Third Party Administrators & Health Insurance Carriers

1. Who is eligible to participate in this program and seek reimbursement for claims from the Autism Coverage Fund?

Commercial and non-profit health insurance carriers and third party administrators (TPA) are eligible to seek reimbursement from this Fund. For more information refer to [Eligibility Requirements](#).

2. What is the frequency in which a carrier or third party administrator (TPA) may submit requests for reimbursements?

Once a month.

3. If multiple health plans submit reimbursement claims on the same date, how will the fund determine in what order plans will get reimbursed?

As requests are submitted, the appropriate DIFS administrator will receive a notification which will be dated and time-stamped. In addition, when the carriers or third party administrators (TPA) complete the certification form and submit with the claims data, this will also be dated and time-stamped. These time verifications will allow DIFS to issue payments in the order by which they are received.

4. What is the expected lag time for the reimbursement payment to the health plan or TPA?

If there are no issues with the reimbursement request and processing, it could take 2 to 7 business days from when DIFS and the Department of Treasury receives the reimbursement request for the carrier or TPA to receive payment by check or electronically.

5. How are “reimbursements” for the purposes of data collection defined? Does it mean the number of services provided for the diagnosis or treatment of autism or does it mean the number of paid claims?

It means the number of paid claims.

6. Will standard billing codes and descriptions be specified by the department or will carriers or TPAs need to include this information?

Yes, DIFS has created [Standard Billing Codes and Descriptions](#) for ABA (Applied Behavioral Analysis) as a way to make the processing of such claims more efficient since this is a new benefit. Please note that carriers and TPAs may use their standard codes and descriptions for other evidence-based treatments and services (i.e. OT, Speech, etc.) for such claims to be considered for reimbursement from the Autism Coverage Fund.

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7. Does the department want the claims report as an aggregate or as individual? Is there a template of the data that needs to be provided?

By individual claims. Please see [Claims Data](#) excel spreadsheet for the data information that the carrier or TPA needs to provide. It is recommended that carriers and TPAs download this spreadsheet for use each time claims are submitted to DIFS.

8. Instead of capturing data by county and by age, would the department be okay with carriers or TPAs providing zip codes by providers and date of birth?

Please refer to the [Claims Data](#) excel spreadsheet format for submission of data.

9. Can carriers or TPAs pick who they want to certify the claims report and application request for reimbursement?

Yes, so long as it is a person who handles claims information and/or financial records for the carrier or TPA. This individual would need to be available to address any questions or concerns relating to the reimbursement request or if audited.

10. To clarify the list of items that are not covered for reimbursement would the following items not be allowed?
- a. Claims for non “evidence based” treatments;
 - b. Claims for services (supervision of direct therapy) performed by a nonqualified provider; and
 - c. Claims for services provided in the absence of a valid or standard assessment.

These are examples of the type of claims that will not be reimbursed. However, it will be up to the carrier to make this determination so long as such determinations comply with [PA 101 of 2012](#).

11. Sec. 5(6) of [PA 101 of 2012](#): “ If the department determines at the end of the fiscal year that a carrier was not fully reimbursed for paid claims paid due to a shortfall in the reimbursement fund for the fiscal year, and the carrier increases its rates in the following year to cover the total amount of such unreimbursed paid claims, the rate increase shall not be considered reimbursement or compensation for paid claims paid under section 3(n)(viii), if the commissioner determines that such rate increase is a reasonable recoupment of the amount of such unreimbursed paid claims.”

In the above statement, what is the definition of “fiscal year” – would this be the state’s fiscal year, would the fund run on a fiscal year and that is what is meant, or does this mean the carrier’s fiscal year?

Fiscal year refers to the State of Michigan’s annual fiscal year which begins, for example, October 1, 2014 and ends September 30, 2015.

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12. What's the anticipated longevity (continued appropriations) of the fund?

The legislature reviews funding annually and for fiscal year 2015 there remains approximately \$18 million in the fund. Future funding is not guaranteed.

13. Is there anything that prohibits a carrier from foregoing to seek a reimbursement from the fund and instead just raising rates to avoid the administrative burden and increase in administrative costs?

No, rates are subject to DIFS' approval.

14. Is coverage for treatment of ASD limited to an insured through 18 years of age?

DIFS [Order No. 14-017-M](#) requires that issuers may not convert annual dollar limits to non-quantitative limits such as visit limits, hourly limits or daily limits on any statutorily mandated treatment for autism spectrum disorders. This applies to all non-grandfathered individual, small group and large group policies. This Order will be effective with renewal dates beginning on or after January 1, 2015.

Self-Funded Company Questions

1. Are self-funded companies eligible for reimbursement of claims from the Autism Coverage Reimbursement Fund?

Yes, a self-funded company is defined as a "carrier" under [PA 101 of 2012](#).

2. Can the self-funded company directly submit claims for reimbursement?

Yes, according to [PA 101 of 2012](#).

3. What is the process for a self-funded company to seek reimbursement from the Fund?

Self-funded companies need to consider the following:

- a. Requests for reimbursement from the Autism Coverage Fund may come from the self-funded company directly to the state or from its third party administrator (TPA).
- b. In order to seek reimbursement from the fund, self-funded companies would need to self-adopt coverage for all of the required autism benefits and offer to its employees.
- c. By virtue of federal law on Essential Health Benefits, self-funded companies are prohibited from imposing annual or lifetime dollar limits.
- d. Requests for reimbursement from the Autism Coverage Fund can only be applied to the employees who reside in Michigan and also receive treatment from Michigan providers.

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- **Claims showing that the treatments were from Indiana, Ohio or outside of Michigan will not be reimbursed from the fund.**
- e. **If a self-funded company decides to provide coverage that is below the age category cap amounts, then it can still qualify and seek reimbursement from the Autism Coverage Fund.**

The process that the self-funded companies would go through in filing a claim directly or by way of its TPA is the same as what any other health insurance carrier would go through to seek a reimbursement from the Autism Coverage Fund.

Questions regarding registration for the Autism Fund can be directed to the Office of Financial and Administrative Services at (517) 373-0248 or by visiting http://www.michigan.gov/difs/0,5269,7-303-13047_13049-297217--,00.html.

General Autism Questions

1. Under PA 101 of 2012 for an insurance claim to be reimbursed by the state it looks like ADOS or any other results from any other evaluation documentation needs to be provided. Would this mean that the claims for reimbursement for the diagnosis of ASD could be accepted/approved even if ADOS was not used for the diagnosis?

Yes, if the insurance company or self-funded plan allows for the other test. This is up to the insurance companies and self-funded plans to determine if they accept other tests.

2. Sec. 416e (6)(b) of [PA 99 of 2012](#) and Sec. 3406s (7)(b) of PA 100 of 2012 defines ADOS as being the standard for diagnosing autism but that the commissioner could approve other standards. If the commissioner approved other standards besides ADOS, then ADOS would not have to be the only standard followed for diagnosis of autism spectrum disorders (ASD), correct?

Yes, that is correct. The Director can approve other standards but in the interim DIFS will defer to the response provided above in this section under question 1.

3. Sec. 416e (6)(e) of [PA 99 of 2012](#) and Sec. 3406s (7)(e) defines the diagnosis of ASD as being assessments, evaluations, or tests, including ADOS.

Does the word “including” mean in this context as an example such as ADOS? Or does it mean that other assessments or tests can be used but that ADOS has to be included as well?

ADOS in this section is referenced as one of the tools or as an example.

4. Sec. 416e(6)(d) of [PA 99 of 2012](#) and Sec. 3406s(7)(d) of [PA 100 of 2012](#) states: “Behavioral health treatment” means evidence-based counseling and treatment programs, including applied behavior analysis, that meet both of the following requirements:

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- (i) Are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual.
- (ii) Are provided or supervised by a board certified behavior analyst or a licensed psychologist so long as the services performed are commensurate with the psychologist's formal university training and supervised experience.

Does DIFS have plans to license/regulate Board Certified Behavior Analysts (BCBA)?

Yes. There are ongoing discussions related to licensing BCBA's but the details are still being worked out and there is an expectation that a proposal will be introduced soon. Since the state does not at this time license BCBA's under this section, treatments need to be provided or supervised by a *board certified* behavior analyst or licensed psychologist who is within his/her scope of practice with related training and experience.

5. Will DIFS develop a list of "evidence-based treatment" that falls under this mandate? (Aside from requiring ABA). There are many that are not considered evidence-based treatments (i.e. hippo therapy, hyperbaric chamber treatment, etc). Is AVA (Applied Verbal Analysis) covered to the same extent as ABA?

No, DIFS does not have a list of evidence-based treatments. ABA is covered under the law. As for the other evidence-based treatments (hippo therapy, hyperbaric chamber treatment, and AVA are not covered), the National Standards Project includes a list of established evidence-based treatments that carriers may want to refer to as a guide. Ultimately, the carriers will make the determination.

6. Can you confirm that the school evaluation will not be acceptable for continuation of services? Are the school systems going to stop providing services?

Evaluations and diagnosis in accordance to the autism benefit laws need to be done by a licensed physician or a licensed psychologist, so a school evaluation is not acceptable for reimbursement from the Autism Coverage Fund. Schools under state and federal laws are required to provide educational programs for all special needs children. The intent of the legislation was to help children with autism receive appropriate treatments by trained specialists and medical professionals through early diagnosis and early intervention.

7. Are there limits to the amount of co-pay, coinsurance or deductible a patient can pay?

The limit on co-pays, coinsurance or a deductible cannot be greater than what applies to physical illness generally.

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8. What is the actual implementation date of PA 99, PA 100 and PA 101 of 2012?

The three Autism bills were signed into law on April 18, 2012, with an effective date 180 days after enacted into law for policies executed, issued, amended, adjusted or renewed. October 15, 2012 is the effective date for implementation when the carriers are required to offer this benefit.

9. When is it expected that Medicaid/Medicare eligible individuals will also have this coverage?

As of April 1, 2013, Department of Community Health received federal approval to provide ABA services for children ages 18 months through age 5 with an ASD diagnosis.