ASD Advisory Group | COB/TPL Work Group
January 2, 2017 | 3:00-5:00 pm
AHCCCS | 801 E. Jefferson | Phoenix| 4th Floor, Arizona Room
Call-in Number: 1-877-820-7831 | Participant Passcode: 778195#
Facilitator: Sharon Flanagan-Hyde, sharon@flanagan-hyde.com

NOTES

Work Group Objectives

- Clarify Coordination of Benefit/Third-Party Liability (COB/TPL) issues.
- Explore common scenarios impacting families and providers regarding who is responsible for payment when the family has private insurance and ALTCS-DDD.
- Finish the compilation of a FAQ document.

Meeting Dates

Participants decided to hold weekly 2-hour meetings throughout January in order to make recommendations by February. **The previously scheduled meeting on January 10 from 2:00-3:00 pm is cancelled.**

Upcoming dates are:

Friday, Jan. 12 from 9:00-11:00 am

Wednesday, Jan. 17 from 12:30-2:30 pm

Wednesday, Jan. 24 from 3:00-5:00 pm

Monday, Jan. 29 from 11 am–1:00 pm

All meetings will be at AHCCCS with call-in availability.

Participants on 1/2/18

- Ann Monahan, Board President, Arizona Autism Coalition; Vice President, State and Governmental Affairs, Hope Group
- David Bolden, Research & Audit Supervisor, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- David Vargas, Director of Health Plan Operations, Mercy Care Plan
- Diana Davis-Wilson, DBH, BCBA, LBA, Director of Clinical & Business Development, Hope Group
- Diedra Freedman, JD, Board Secretary/Treasurer, Arizona Autism Coalition
- Jenifer Werntz, Administration & Finance Director, Arizona Autism United (AZA United)
- Lauren Prole, Clinical Project Manager, Arizona Health Care Cost Containment System (AHCCCS)
- Leslie Paulus, MD, PhD, FACP, Medical Director, UnitedHealthcare Community Plan
- Lindsey Zieder, Interim DDD Liaison & Special Projects Lead, Mercy Maricopa Integrated Care (MMIC), RBHA
- Lorraine McCarthy, Mercy Care Plan

- Megan Woods, MEd, BCBA, LBA, Behavior Analyst, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Sara Salek, MD, Chief Medical Officer, Arizona Health Care Cost Containment System (AHCCCS)
- Stephanie Erickson, Claims & COB/TPL, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Tatyana Farietta-Murray, MD, Children's Medical Director, Medical Management, Cenpatico Integrated Care (C-IC), RBHA
- Tom Daniels, Claims Adjudication Supervisor, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Tyrone Peterson, Behavioral Health Manager, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)

Approach

1. Update AHCCCS policies to address issues.
2. As needed, develop Q&A.
3. Identify funding sources to support programs such as JumpStart (SARRC) and Family Fundamentals (Arizona Autism United) that help families develop the skills needed to understand benefits, claims, and related issues.

Underling/System-Level Issues Identified through Discussions

- There are not enough behavior analysts in Arizona.
    - This is a national problem: policies are needed to increase the workforce.
    - There are some providers in Arizona who could be contracted but are not; what is needed to incentivize them to become contracted?
    - How can we better leverage providers using telemedicine?
    - How can we encourage use of three-tier model by private insurers to increase capacity?
- The system must be aligned to ensure consistency among AHCCCS acute plans, DDD ALTCS, and private insurers. Universal adoption of a three-tiered model would expand access. (Nationally, there is a move toward a three-tiered model among some payers.) Supervision requirements should also be aligned and designed to maximize the quality of service delivery.
- Different funders use different billing codes for ABA.

Terminology/Acronyms

Applied Behavior Analysis (ABA)

Early Intensive Behavioral Intervention (EIBI)—utilizes ABA

Early Childhood Autism Specialized Habilitation (ECA)—based on model of EIBI, formerly known as Hab-M

Division of Developmental Disabilities (DDD)

Arizona Long Term Care Services (ALTCS)

DDD's Health Care Services (HCS) coordinates the acute care services for persons with developmental disabilities who are enrolled in ALTCS.

The Behavior Analyst Certification Board® has the following credentialing levels:

- Registered Behavior Technician™ (RBT®)—High School level
- Board Certified Assistant Behavior Analyst® (BCaBA®)—Bachelor's level
- Board Certified Behavior Analyst® (BCBA®)—Master's level
- Board Certified Behavior Analyst-Doctoral™ (BCBA-D™)—Doctoral level

Case Examples

Discussed to date:

#1. ALTCS-DDD member with primary insurance and Medicaid as secondary. ABA through primary insurance authorized, provided by DDD or RBHA in-network provider.

If the contract between the contractor and the provider does not state otherwise, a contractor shall pay no more than the difference between the contracted rate and the amount of the third-party liability.

#2. ALTCS-DDD member with primary insurance and Medicaid as secondary. ABA through primary insurance authorized, provided by DDD or RBHA out-of-network provider.

If the provider does not have a contract with the contractor, a contractor shall pay no more than the difference between the Capped Fee-For-Service rate and the amount of the third-party liability.

#3. ALTCS-DDD member with primary insurance and Medicaid as secondary. ABA through primary insurance authorized, provided by non-AHCCCS registered provider.

AHCCCS cannot pay a provider who is not registered with AHCCCS.

#4. ALTCS-DDD member with primary insurance and Medicaid as secondary. Loses primary coverage.

Clarifying question about this scenario: Was the service the member was receiving a Medicaid reimbursable service? Answer: The child was age 6 and in first grade, therefore not eligible for EIBI through DDD. However, because the child received a two-year authorization for EIBI prior to age 5, DDD covered services when the primary coverage was lost.

Another scenario: Child authorized for EIBI and receiving services through DDD, then gets primary insurance that includes ABA benefit. COB is difficult because of the two-tiered model used by private primary insurance and the three-tied model used by DDD. Need a crosswalk to better coordinate benefits.

Discussion

- Codes, billing procedures, and rules differ among insurance plans.
- Provider Level Modifiers could be used to identify level of provider.
- Private insurance uses a two-tiered model for ABA providers and DDD uses a three-tiered model.

    - There are not enough BCBAs in Arizona to meet the needs. DDD's three-tiered model is working well to address this problem. However, when a claim is submitted to private plans for EIBI services provided by a bachelor's or master's level provider being supervised by a BCBA, plans reject the claim; it never progresses to an issuance of a denial. As secondary, DDD needs a denial to cover the service. Need to evaluate AHCCCS rule to determine how to overcome this issue.
- There are differences among different funders in requirements for supervision of bachelor's- and master's-level providers, and supervision requirements vary among private plans. (Note: Providers must be licensed in order to practice in Arizona, and BCaBAs are not licensed in Arizona.)
- Concerns: Are providers receiving appropriate supervision to maximize the quality of service delivery? Quality is harder to measure than quantity, and quantity doesn't address an individual's effectiveness as a supervisor. State regulations are open to interpretation in terms of quantity of supervision; they are written in terms of "are you causing harm?" Some supervision requirements are only 5% of hours; 8-12% is probably more appropriate, but increasing supervision hours exacerbates the access problems. There are also professional guidelines of practice and ethics, state licensure requirements, and certification requirements. Ethics standards say that a BCBA cannot supervise more than 12 cases at one time. Effective supervision can be done through telemedicine—secure, HIPPA-compliant live-streaming. Some private insurers do not have a code for supervision but build it into the rate.
- Question: What's going on with children who have DDD EIBI authorization but don't use the hours?
    - In some cases, the family may be using only primary insurance, but obtains EIBI authorization in case it may be needed in the future.
    - In some cases, families use two agencies paid by different funders. One reason is that parent education may not be covered by primary insurance.
    - Some families use both primary insurance ABA coverage as well as ECA services without care coordination.
- Concern: Identifying families with primary insurance.
    - DDD and MMIC delegate this function to the providers; ask providers to screen for primary insurance. However, some parents don't disclose to providers that they have coverage.
    - DDD has been focusing on this and asking families if they have primary insurance.
- Education is needed to ensure that all stakeholders understand eligibility, benefits, regulations, policies, and COB/TPL:
    - RBHA and DDD staff need to understand that EIBI is an acute covered benefit as well as a long-term care covered benefit when medically necessary.
    - Ensure that all DDD staff understand that DDD functions as the MCO for ALTCS.
    - Providers who are registered with AHCCCS but are not contracted providers need education about the agreement they have signed.

    - Both AHCCCS contracted and AHCCCS registered providers need education on COB/TPL.
    - Parents need education on COB/TPL and copays.
    - Need to make available a COB/TPL contact for each plan—a liaison with the knowledge to know how to answer questions about COB/TPL. Lauren will get this information.
    - Tatyana Farietta-Murray confirmed that at Cenpatico, health homes are responsible for coordination of benefits and that they ask members about primary insurance upon enrollment. Additionally, when a prior authorization request is submitted to C-IC, our UM team checks as well. The providers verify and let UM know who has TPL. UM staff then verify that the member is eligible for services. The TPL piece is either communicated to UM by the Hospital/Facility; they see it in TruCare or get it from PMMIS if the member has shared with them.
    - MMIC is conducting intensive education and training to support case managers in taking ownership of the clinical management of ABA and coordination of benefits. ABA has been a focus for the past year. If there is a problem with a specific provider, contact Lindsey Zieder so the provider can be given additional support.
  - Alert AHCCCS about any providers who are not complying with regulations regarding COB/TPL. AHCCCS will provide education and take action as needed. A single point of contact for these issues should be designated at AHCCCS.
- Question: Certain codes in AHCCCS system do not have assigned rate. How is this handled?
    - Response: The FFS rate for By Report (BR) is 58.66% of the covered billed charges.
- What happens when a self-funded plan changes benefit coverage in a new year, and EIBI is no longer a covered benefit?
    - Self-funded plans are not mandated to cover EIBI.
    - Provider would need to bill primary insurance, receive a denial, then bill Medicaid.
    - Need to evaluate requirement that families must go for intake and evaluation through MCO-contracted provider before service would transition.
    - Is provider from the self-funded health plan contracted with the RBHA/MCO? If yes, could contracts with the MCOs address this unique scenario?
    - If provider is not contracted but Medicaid registered, what should the process look like?
    - Medicaid cannot reimburse for services furnished by a non-Medicaid provider.
- Since EIBI is a prior-authorized service, how should families make requests to the MCO/RBHA? Are these clearly outlined on the MCOs' websites?
- What if the client has coverage for ABA but does not have an autism diagnosis so does not have the benefit through insurance for their diagnosis but does have it for ECA/BH?

How do we need to document this? Do we need to submit this somewhere or just maintain on file?

- What if there is a limitation surrounding benefits (e.g., 20 visits per year)?
- Do we need different scenarios needed for members over 5 years old?

List of All AHCCCS Registered Providers

https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings/

Action items

- Share crosswalks that have been developed for AHCCCS and private insurance BCBA codes. Also, identify:
    - Primary insurance overlap/differences with DDD services
    - Primary insurance overlap/differences with RBHA services
- Additional discussion at next meeting about reimbursement issues related to level of education of providers and supervision issues.
- DDD will provide whatever information can be ascertained about children who obtain EIBI authorization but do not use the hours, and about COB with primary insurance. How does DDD coordinate benefits with private insurance for members with prior authorization for EIBI who are receiving EIBI through private insurance? When members are using their primary insurance, when is DDD being billed?
- Get information on other states' Medicaid programs and private insurers who are using or considering a three-tiered model.
- Does DDD allow supervision via telemedicine? Are there telehealth modifier restrictions? Check with Stephanie Erickson.
- Sara needs to hear about specific problematic situations to they can be addressed. De Freedman developed a post for the AZ Autism Coalition Facebook page and shared it in several parent support groups—post is included on pages 8-9 of these notes.
- Call out policy and rule for billing member.
- Update policy regarding member who loses primary insurance and is receiving services from an out-of-network provider that is an AHCCCS registered provider with an AHCCCS plan.
- Develop a process for transitioning service when primary insurance no longer covers service.
- Address problem of private insurance issuing a rejection instead of a denial in relation to education level of provider. Please send real-life examples to Sara.
- Investigate scenarios when primary insurance retroactively will no longer cover a service.
- Lauren will reach out to DHCM Ops get the TPL/COB contact list from health plans.
- Sara will confirm with AHCCCS coding manager that information provided by Ann Monahan is correct—9 new cat I codes will be released for use in 2019. They are expected to be publicly available (so we can all start amending our EMRs) by August 2018 in the 2019 CPT book.

Additional Scenarios (address at future meetings)

#5. ALTCS-DDD member with primary insurance with ABA denied through primary insurance.

#6. ALTCS-DDD member receiving a comprehensive ABA program through private insurance, however, the private insurance plan does not cover parent training as a portion of the comprehensive ABA program.

#7. ALTCS-DDD member with primary insurance authorized to receive ABA through both primary insurance and DDD with two separate programs running at same time.

#8. ALTCS-DDD member has primary insurance and Medicaid as secondary. Member is assigned to MMIC for behavioral health and has not had an intake with an MMIC-contracted provider. Primary insurance authorizes a behavioral health residential treatment center for 30 days for an MMIC out-of-network provider with an AHCCCS ID.

AMA CPT® Editorial Summary of Panel Actions February 2017

Ann Monahan shared the following information:

https://www.ama-assn.org/sites/default/files/media-browser/public/physicians/cpt/February-2017-summary-panel-actions.pdf

				01XX1, 02XX1 for ablative treatment of burn and traumatic scars.
42	Adaptive Behavior Analysis	99X01 99X02 99X03 99X04 99X05 99X06 99X08 99X09 99X10 0359T 0360T 0362T 0363T 0364T 0365T	0366T 0367T 0368T 0369T 0370T 0371T 0372T 0373T 0374T	**Accepted addition** of codes 97X51-97X58 for adaptive behavior treatment; **revision** of guidelines in the Adaptive Behavior Services section; and revision of codes 0362T, 0373T and; **deletion** Category III codes, 0359T, 0360T, 0361T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T 0372T, 0374T.

Dear APBA member,

As you may know, APBA, the Association for Behavior Analysis International, Autism Speaks, and the Behavior Analyst Certification Board have been collaborating for some time on a proposal to modify the existing Category III CPT code set for "adaptive behavior" assessment and treatment services. We have attempted to clarify the areas of confusion within those codes that have been identified by providers and have requested modification of the codes from Category III to Category I. In early February, representatives of the first three organizations attended the meeting of the American Medical Association CPT Editorial Panel in New Orleans to present our code change proposal. Results of that meeting will be available on the American Medical Association's website: *https://www.ama-assn.org/practice-management/cpt-editorial-summary-panel-actions*. Information related to any of the codes that remain Category III will be released in early July 2017. In the event any Category I codes are approved by the CPT Editorial Panel, they will be available in the 2019 CPT Code book, which is typically released in August of the preceding year (August 2018 in this case). An updated CPT Assistant® article will also be available in the coming months to describe any coding changes that may be approved. If you have any questions regarding this process or the current Category III adaptive behavior code set, please contact

Jenna W. Minton, Esq.
President
Minton Healthcare Strategies

Outreach to Parents

De Freedman posted the following on the AZ Autism Coalition Facebook page and shared it in several parent support groups:

The AHCCCS ASD Advisory Committee Coordination of Benefits Workgroup is trying to understand the scope of the AHCCCS network insufficiency regarding ABA services; especially for the DDD ECM program. Cynthia Macluskie and I were appointed to this committee to represent families of children with ASD who are AHCCCS members. As many of you are aware, Cynthia currently is recovering from surgery and on hiatus from these committee meetings so I am doing my best to make sure families are heard until Cynthia recovers and rejoins these meetings.

While I can summarize what I know and share anonymous anecdotes (Cynthia Macluskie and I never share personal information without permission), unless I can share specific examples it remains impossible for AHCCCS officials to truly understand the actual scope of the shortage of ABA services especially for young children for whom EARLY intervention is critical. Dr. Sara Salek, AHCCCS Medical Director, and a child psychiatrist, understands that expecting an 18 month old child to wait another 9 months for critical early intervention services to actually begin means unnecessarily losing one third of that child's lifetime that could have been spent helping the child catch up to their peers rather than allowing the child's development to fall even further behind their peers. Dr. Salek wants to do all she can to make sure AHCCCS members receive timely medically necessary services but can not do that if she doesn't know the actual scope of the network insufficiency.

If your child is DDD/ALTCS eligible and approved for the ECM program but had to wait more than 14 days from the date of DDD approval for the ECM services to actually begin, please email me (Diedra.Freedman@gmail.com) your experience including as much of the following information as possible you are comfortable sharing:

Your name and your child's name.

Your email address for possible follow up.

Your child's DDD Support Coordinator's name.

The (approximate is fine) date DDD authorized ECM services for your child and the (approximate is fine) date ECM services for your child actually began or if you are still waiting for services to begin.

The specific DDD Qualified Vendor Agencies (QVA) that provide ECM services you personally contacted along with the wait times for each agency that the representative told you that your child would have to wait before their agency could actually begin providing your child with services.

If you are you still waiting for services to begin, how long have you been waiting? If your child is receiving services (or did receive services), how long did you wait for services to begin?

If your child is receiving (or received) ECM services, the name of the DDD QVA providing the services.

I will compile and share whatever is sent to me with Dr. Salek and the AHCCCS ASD Advisory Committee Coordination of Benefits Workgroup. Please share my request with any families who might be interested in sharing their experiences with me.

Again, as Cynthia Macluskie and I continue educating families, wait lists (either de facto or de jure) for AHCCCS services including DDD/ALTCS services are illegal (http://phxautism.org/uncategorized/are-wait-lists-illegal-learn-how-to-file-a-quality-of-care-complaint/). If your child does not receive timely (within 14 days of authorization for an established member and within 30 days of authorization for a new member) AHCCCS services, you need to file a WRITTEN Quality of Care Complaint with AHCCCS and/or DDD. Remember, if your Quality of Care Complaint it isn't in writing, there is no paper trail and no proof it ever was filed! Written Quality of Care Complaints currently are the only effective mechanism we have available to us to change the system!