

ASD Advisory Group | COB/TPL Work Group
April 24, 2018 | 1:00-2:00 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

Meeting 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.
- Develop recommendations.
- Finish the compilation of a FAQ document.

Participants on 4/24/18

- Aaron Blocher-Rubin, PhD, BCBA/LBA, Chief Executive Officer, Arizona Autism United
- Amy Kenzer, PhD, BCBA-D, Vice President & Clinical Services Director, Southwest Autism Research & Resource Center (SARRC)
- Ann Monahan, Board President, Arizona Autism Coalition; Vice President, State and Governmental Affairs, H.O.P.E. Group, LLC
- Ashley Bennett, PhD, BCBA, LBA, Clinical Director of Behavior Analytic Services, Touchstone Behavioral Health
- Bohdan Hrecznyj, MD, Children's Medical Administrator, Health Choice Integrated Care (HCIC), RBHA
- Brian Kociszewski, Behavioral Health Program Manager, Arizona Health Care Cost Containment System (AHCCCS)
- Brian van Meerten, MEd, BCBA, LBA, Director of Behavioral Health Services, Behavioral Consultation Services of Northern, Arizona, LLC (BCSNA)
- Bryan Davey, PhD, BCBA-D, CEO, Touchstone Health Services
- Carey Burgess, Clinical Director, Arizona Autism United
- David Bolden, Research & Audit Supervisor, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Diedra Freedman, JD, Board Secretary/Treasurer, Arizona Autism Coalition
- Jeanette Costillo, Compliance Coordinator, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Jenifer Werntz, MBA, Chief Operations Officer, Arizona Autism United (AZA United)
- Jennifer Drown, Insurance Billing and Coding Supervisor, HOPE Group
- Jonathan Mueller, MBA, Managing Partner, Ascend Behavior Partners
- Lauren Prole, Clinical Project Manager, Arizona Health Care Cost Containment System (AHCCCS)

- Lindsey Zieder, Interim DDD Liaison & Special Projects Lead, Mercy Maricopa Integrated Care (MMIC), RBHA
- Megan Woods, MEd, BCBA, LBA, Behavior Analyst, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Michelle Pollard, Third-Party Liability Supervisor, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Paulina Tiffany, Outreach Director, AZ Autism United
- 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)
- Tyra Oliver, Compliance Officer, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- 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)

Focus of April 24 Meeting

AHCCCS is in the final stages of developing ABA policy for the acute and long-term care populations, and must address differences between DDD supervision policy (3-tiered model) and private insurance (2-tiered model) in order to:

- Implement COB/TPL policies and procedures.
- Incentivize families to keep private insurance.
- Support fidelity with ABA best practices in terms of training levels needed for different services and appropriate supervision.

Background and Key Issues

- About 30-40% of DDD members have private insurance; percentage is much lower among acute members, therefore DDD has a higher COB/TPL burden.
- DDD is reimbursing for, and most agencies are using, three tiers: technician level, mid-level, BCBA level. However, most private insurers do not have codes for bachelor's level ABA clinicians, so agencies are not getting reimbursed. Attempts to bill private insurance for mid-level services are rejected at the clearinghouse level; claims don't get to the point of a written denial. Potential solution: DDD could consider the rejection a denial, which would then trigger payment. However, if DDD does not receive notification of a rejection, the paper trail needed in an audit does not exist.
- Question: How do ABA workforce shortages impact decisions about supervision policies?
 - There are 125 BCBAs registered with AHCCCS, but not all are providing direct services to members.
 - In a 2-tiered model, a BCBA can supervise a maximum of 12 to 18 members.
 - Telehealth could be utilized more to leverage BCBAs' time.

- How can policies balance network capacity with quality of health care services?
- With transition to AHCCCS Complete Care on 10/1/18, contractors must be clear about what Medicaid covers and what is medically necessary with regard to ABA.
 - Must make clear how to align private benefit with public benefit.
 - Need to align codes and what they can be used for.
 - New CPT codes are expected to be published in August 2018 and will be effective 1/1/19. These will be Category I codes that carriers will be required to use.
 - Policy must go through AHCCCS Policy Committee and then a 45-day public comment process. Since the new codes will not be known until August, there will not be time to implement policy by the time AHCCCS Complete Care goes live. However, there would be time to have policy in place by the 1/1/19 start date for the new CPT codes.
 - In the interim, AHCCCS should provide direct guidance to contractors about COB/TPL and balance billing for deductibles and copays.

Key Question

What is the work group's recommendation about a two-tiered versus three-tiered model, and what are the minimum training and supervision requirements at each level?