

## **BRIEF SUMMARY<sup>1</sup>:**

On July 11 and July 15, 2011, Settlement Agreements were executed between the Department of Managed Health Care (DMHC) and Blue Shield of California and Anthem Blue Cross, respectively. At this time, there are Agreements with only these two (2) health plans.

The purpose of these Agreements was to implement an interim solution now so that ABA services would be covered, under certain conditions, while the legal and policy issues continue to be debated. The initial "Recitals" contained in the Agreements and paragraphs I-L towards the end of the Agreements, essentially set forth the parties' various legal positions and contain typical legal recitations.

The Agreements are intended to improve and resolve five (5) major areas relating to the coverage for ABA for those enrollees diagnosed with ASD or PDD.

### **1. NO MORE SYSTEMIC DENIALS BASED UPON COVERAGE:**

- Agreements-all denials (other than not eligible/enrolled as member) will be construed as denial based on medical necessity.

### **2. BROADER ACCESS TO ABA PROVIDERS:**

- Plans agree to expand ABA coverage and will enter into letters of agreement and/or contractual terms with Licensed Providers or Supervising Licensed Providers who supervise either BCBA-certified or other unlicensed ABA providers who have training/experience/competence in rendering ABA.
- For ABA rendered by unlicensed providers, the Supervising Licensed Provider will enter into agreement with health plan(s) and Supervising Licensed Provider will: (a) supervise and bill for services, (b) use billing codes provided by health plan, (c) maintain appropriate liability insurance covering the ABA services provided, (d) retain appropriate treatment records, (e) agree to provide copies of treatment records on reasonable requests/intervals.

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<sup>1</sup> This brief summary is intended to explain and highlight some outcomes of the Agreements. This summary is not intended to replace or substitute any of the terms contained in the Agreements.

### **3. STOP DELAYS/INTERRUPTIONS IN CARE:**

- initial 6 mos-must be authorized at # of hours per week/month up to 6 mos
- UM-medical necessity reviews no more often than every 6 mos; and periodic reviews must be done while enrollee is receiving ABA services and shall not result in delays/interruptions of care.

### **4. BILLING/PAYMENT ISSUES:**

- Prospectively: Going forward- should eliminate/reduce the provider reimbursement/payment problems because as part of the Agreement, Plans will enter into LOA or terms with providers regarding payment rates, billing codes, etc.

### **5. OVERSIGHT OF AGREEMENTS TO ENSURE IMPLEMENTATION AND WORKING SEAMLESSLY FOR CONSUMERS/PROVIDERS:**

- DMHC has met with various Regional Center(s), vendors, and autism consumer advocates to discuss issues/strategies to implement the Agreements.
- DMHC is preparing a presentation for Regional Center/Vendors.
- DMHC will be scheduling bi-monthly “Roundtable” meetings, to include representatives from Anthem Blue Cross and Blue Shield, ABA vendors, Regional Centers, and consumer advocates and parent(s) of children with ASD/PDD. The first meeting will be scheduled the last week of August (tentative date is August 31<sup>st</sup>, time TBA).