HB453 Looks to Modernize and Uniformly Strengthen the Insurance Funding Framework for Therapies for Autism

This is a cleanup bill for Employer Health Plans & Medicaid Plans.

Taxpayers are picking up the tab left by commercial employer-based health insurers.
Ohio families need adequate in-network provider options in employer plans and Medicaid.

Commercial and Medicaid Insurers need to utilize the same Standards of Care ABA

Utilizing the industry-developed and accepted standards of care as the benchmark for all ABA medical necessity determinations will offer a fair shot at an individualized medical necessity determination from all insurers. Insurers can no longer use internal standards and policies they have developed or purchased. *The Practice Guidelines,* authored by CASP, were developed by subject-matter experts, not insurers.

Commercial Insurers' Preset Treatment Limitations Push Some into Medicaid

Under current Ohio law, ORC Section 3923.84, and in many state-regulated commercial health plans, we still see preset treatment limitations: under age 14, with a 20-hour weekly cap for ABA treatment, and under age 14, with a 20-visit cap for speech and occupational therapy. Arbitrary caps hurt a child's shot at getting individualized care, and for children with autism, the intensity of evidence-based ABA treatment is a key element in driving meaningful outcomes in adaptive skills, cognitive functioning, and decreasing autism symptom severity.

On the Medicaid side, we do not have ABA coverage codified in Ohio laws and rules. MCOs tend to set internal caps on age and hours, and their reasoning and cap levels change frequently, causing much confusion for families.

Commercial Insurers Need Adequate Provider Networks and Stop Pushing Families into Secondary Medicaid Coverage

Many children with commercial insurance plans receive a substantial portion of their ABA treatment coverage through Medicaid because of the commercial plan's age or hour caps and a lack of providers, as the insurer's claims reimbursement is at or below the current Medicaid fee schedule. Insurers need to pay at least 100% of the new Medicaid draft ABA reimbursement schedule to allow for a sustainable ABA provider network.

When providers leave the employer-based insurance network and then receive an out-of-network single case agreement at a higher reimbursement rate from that same insurer, it pushes families into out-of-network benefits with less coverage, higher out-of-pocket costs, and some or all cost shifting to Medicaid.

Medicaid's Actuarial Firm-Developed ABA Therapy Medicaid Reimbursement Rates Need to be Published and Codified from Draft Rules Rule 5160-34-01 and 5160-34-03

All Medicaid MCOs and commercial and employer-based insurers need to reimburse at least 100% of Medicaid's newly actuarially developed ABA reimbursement rates. Stakeholders applauded Ohio Medicaid for the newly developed coverage and reimbursement. Medicaid's last suggested reimbursement for ABA was in 2016.

Medicaid Can Cut Down The Waitlist By Allowing Exam-Eligible Technicians

Once an Ohio-certified behavior analyst (COBA) deems a technician competent and ready for the certification exam, stakeholders agree with Medicaid that the tech should be billable for 90 days until they obtain certification.

This Clean-Up Bill Unifies Coverage • Commercial Insurers Need To Cover Care First •
Protect Access Applied Behavior Analysis, or ABA, the most prescribed treatment for Autism.

The Ohio Autism Insurance Coalition supports Autistic Individuals and their Families and over 55 ABA Providers. P: 614-565-5765 E: Help@ASDOHIO.COM