

# *Value Behavioral Health of Pennsylvania, Inc.*

Working with the Autism Insurance Act (Act 62)

**The webinar will begin at 2:00 PM**

We are waiting for the other  
participants to join

# Webinar Rules

- **All lines are open so we ask that all attendees place their phones on mute at this time by pressing \*6 or the mute button on your phone. Again, please **mute** your phone by pressing \*6 or we will be able to hear any background noise. We appreciate you keeping your line muted.**
- **If you have to take a call please disconnect from this call. DO NOT use HOLD. We will have to talk over the music.**
- **If you happen to get disconnected from the audio portion please call back into the same number you just dialed.**
- **The visual portion of this presentation is web based. Of course you can choose the audio portion only but if you would like to join/login to see the webinar presentation/PowerPoint, the login information is located on the invite you received after you registered. If you are experiencing any problems with that particular link to join you can also go to [www.joinwebinar.com](http://www.joinwebinar.com) and enter the web **ID:266142234****
- **There will be a designated question and answer portion at the end of today's presentation. We ask attendees to hold their questions for this designated question/answer period.**

# Working with the Autism Insurance Act (Act 62)

Value Behavioral Health of Pennsylvania

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# Agenda

- Act 62 Overview
- Working with Primary Insurance
- Authorization Processes
- Questions and Answers

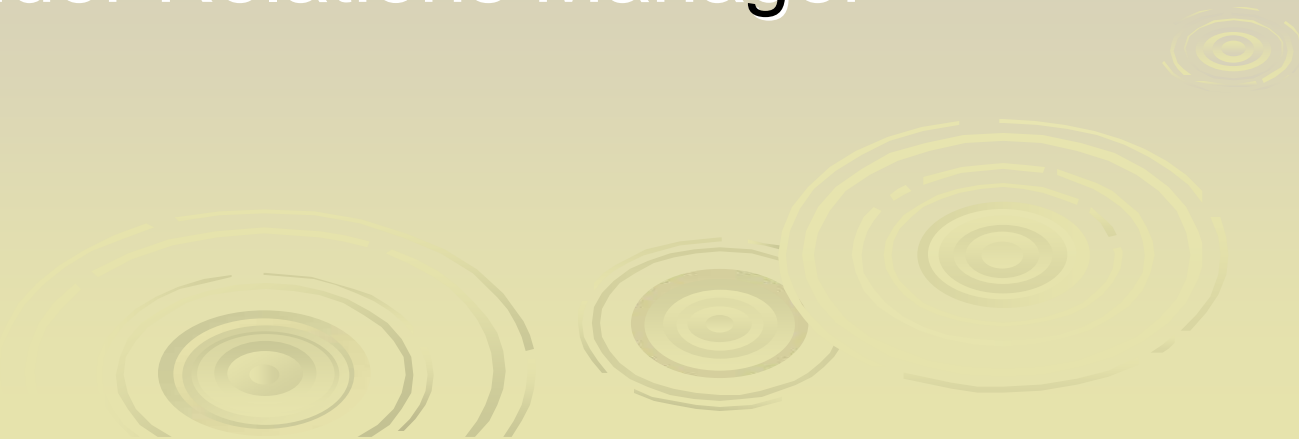
# Presenters

- Jim Friend, Special Projects Manager
- Karla Barger, Provider Relations Manager
- Christina Bowman, Authorization Specialist
- Jennifer Randolph, CAFS Manager

# Act 62 Overview

Karla Barger

Provider Relations Manager



# Q: What does Autism Insurance Act (Act 62) do?

Broadly speaking, Act 62 does three main things:

- It requires many private insurers to begin covering the costs of diagnostic assessments for autism and of services for individuals with autism who are under the age of 21, up to \$36,000 per year;
- It requires the Pennsylvania Department of Public Welfare to cover those costs for eligible individuals who have no private insurance coverage, or for individuals whose costs exceed \$36,000 that year; and
- It requires the Pennsylvania Department of State to license professional behavior specialists and to establish minimum licensure qualifications for them.

# Q: What coverage is mandated by the law?

- Act 62 requires coverage for diagnostic assessments, pharmacy care, psychiatric care, psychological care, rehabilitative care, and therapeutic care. These categories of mandated services are defined in the law.
- More specifically, the new Act will cover evaluations and tests needed to diagnose a child's autism disorder, as well as the development of a plan to provide health care services for children with a diagnosis on the autism spectrum.
- This plan may include medically necessary prescribed treatments such as behavioral analysis and rehabilitative care, prescription drugs, blood level tests, psychiatric and psychological services, speech/language therapy, occupational therapy and physical therapy.

# Q: What BHRIS services are covered under Act 62?

- Rehabilitative care includes Applied Behavioral Analysis (ABA) as a covered service
- Behavioral Specialist Consultation, Mobile Therapy, and Therapeutic Staff Support are all covered services under Act 62 as long as they fall under the definition of "treatment of autism spectrum disorders." This means that they must be determined to be medically necessary and included in a treatment plan. These services could fall into the "rehabilitative care" or "psychological care" categories of care that are included in the Act.
- Case Management is **not** a mandated service under Act 62.

# No Special Rules for Autism Services

- Providers should follow the existing TPL regulations
- Because of the unique requirements of Act 62, providers must follow procedures for both MA and private insurers.
- DPW is not creating special rules for Autism Services

# Cost Avoidance

- The procedure codes covered as Act 62 services are subject to *Cost avoidance*.
- *Cost avoidance* means that VBH-PA may not pay a provider for services unless the primary insurance denies payment for services or until the primary insurance is exhausted.

# Cost Avoidance

- The VBH-PA claims processing system ensures that the primary insurance was billed first.
- If the primary insurance was not billed, the claim is denied by VBH-PA.
- The provider will be instructed on their voucher to bill the primary insurer.

# Working with Primary Insurance

Christina Bowman  
Authorization Specialist



# Q. How does the provider check to see if the client has a primary insurance?

- A. The easiest way to check to see if a member has a primary insurance is to ask the family. This should be done regularly.
- Primary insurances can also be verified through the DPW PROMISe system or VBH-PA ProviderConnect.

**Q. How does the provider find out the effective date and the renewal date of the primary insurance?**

- **A. The most accurate way for providers to find out the effective date and renewal dates on policies is to contact the primary insurance carrier about each child.**

## **Q. How often should providers verify benefits?**

- **A. Providers should verify benefits every time a service is provided to ensure that no changes have occurred.**

**Q. What information is needed by VBH-PA if the client has a diagnosis on the autism spectrum, and has private insurance coverage?**

- A. VBH-PA must be notified of the Group Plan Renewal Date, as well as if Act 62 is applicable in the specific situation.

**Q. If Act 62 is not applicable under the client's private insurance benefit plan, what does the provider need to do to ensure consistent reimbursement from VBH-PA?**

- A. If there is no coverage under Act 62, the provider must forward documentation of the reason from the primary insurance carrier to VBH-PA.
- This information can be submitted to the Customer Service Fax @ 724-744-6379 or via "Submit an Inquiry" accessed through ProviderConnect.

## **Q. What is in a completed packet for a child with Act 62 coverage?**

- A. There are 2 packets required for a child covered by Act 62. The first packet is a standard packet that gets faxed to the CAFS Coordinator and the County.
- The second packet contains the Act 62 fax coversheet, the Plan of Care and any insurance verification documentation and should be faxed to Christina Bowman at 724-744-6557.
- Packets for Fayette County members should be submitted using the Fayette County fax form.

# How often does the provider need to submit an Act 62 fax cover sheet for a child with primary insurance?

- For a child whose primary insurance is paying for services, the Act 62 fax cover sheet must be submitted with every Plan of Care cycle.
- For a child with primary insurance but where Act 62 does not apply, the Act 62 fax cover sheet must be submitted on the renewal date annually.
- Any time a child's insurance changes, an Act 62 fax cover sheet must be submitted.

# Authorization Processes

Jennifer Randolph  
CAFS Manager

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# Dual Authorization Process

- Providers should request prior authorization from both VBH-PA and the primary insurance company.
- Prior authorization is not a guarantee of payment from VBH-PA service.
- Providers must have documentation from the primary insurer of a denial, or that a service is not covered, prior to submitting a claim to VBH-PA.

# Dual Authorization Process

- Providers should submit a claim to the private insurer even if the provider does not think a service is covered, unless there is already written documentation that it is not a covered service.

# Medical Necessity Denials

- Act 62 allows private insurers to use their own definitions of medical necessity.
- The HealthChoices programs will continue to use the regulatory definitions of medical necessity.

**Q. What should a provider do if they receive a Medical Necessity Denial from the primary insurance?**

- A. The provider must supply proof to VBH-PA that the family activated the appeal process and notify VBH-PA of the appeal results.
- Failure to notify VBH-PA of payments received from the primary insurance following a reversal of the appeal could be considered fraudulent.

# Appeals

- If a service is denied by the primary insurer as not medically necessary, the family may elect to (but is not required to) appeal the denial.
- If an appeal is filed by the family for a primary insurance medical necessity denial, then the provider may seek to have services authorized and paid through VBH-PA.
- If the family does not appeal a denial by the primary insurance, then VBH-PA is not permitted to pay for services.

# If the appeal is decided favorably

- When the primary insurance appeal process is resolved in favor of the recipient, and the provider receives payment from the insurer, the VBH-PA payment must be returned by the provider, or adjusted to reflect the third party payment.
- Failure to do this will be considered fraud.

## **Q: What if the provider is not enrolled with the primary insurance?**

- If a provider is not in network with the primary insurance, VBH-PA cannot assume payment for services.
- In this instance, the family may need to choose a provider from within the insurer's network.

# Q: What about co-pays or deductables?

- VBH-PA will pay co-insurance and deductible payments up to the level of the VBH-PA payment rates.

# Family Responsibilities

- Families should not intentionally disenroll from their primary insurance.
- By law, medical assistance (and thereby HealthChoices) is a government program and is the designated payor of last resort.
- As a condition of MA eligibility, enrollees agree to use other available insurance first.
- Families that drop private insurance coverage are at risk of losing continued MA coverage.

# Family Responsibilities (con't)

- The family may not refuse to use available primary insurance to avoid a co-payment.

# Helpful Resources

- Act 62 website:

[www.dpw.state.pa.us/ServicesPrograms/Autism/Act62](http://www.dpw.state.pa.us/ServicesPrograms/Autism/Act62)

- VBH-PA website:

[www.vbh-pa.com](http://www.vbh-pa.com)

- VBH-PA Fax Cover Sheet

[http://www.vbh-pa.com/provider/info/clinical\\_ut/CL\\_Act\\_62\\_fax\\_cover\\_sheet.doc](http://www.vbh-pa.com/provider/info/clinical_ut/CL_Act_62_fax_cover_sheet.doc)

- Fayette County Fax Cover Sheet

[http://www.vbh-pa.com/provider/info/clinical\\_ut/CL\\_Act\\_62\\_fax\\_cover\\_sheet\\_Fayette.doc](http://www.vbh-pa.com/provider/info/clinical_ut/CL_Act_62_fax_cover_sheet_Fayette.doc)

# Question and Answer Period for Providers



# Additional Questions

➤ Contact Information:

Karla Barger – Provider Relations

Manager

724-744-6520

➤ [Karla.Barger@ValueOptions.com](mailto:Karla.Barger@ValueOptions.com)

# Contacts

## **VBH-PA Provider Line**

**Toll Free**

**1-877-615-8503**

**Hours: 8:00 a.m. – 5:00 p.m. EST**

**Monday – Friday**

Thank you!