

ABA and Medicaid Knowing Your Rights: Part 2

New Jersey State Bar Foundation

Co-Sponsorship Program

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Scope of this presentation

Medicaid-funded ABA therapy for individuals under 21

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Agenda

- Medicaid: Managed Care and Fee-For-Service
- Rules about rules
- Insurance companies' required disclosures
- Timeliness rules
- NJ FamilyCare Three Year Update to ABA Benefit

Why do we care?

Some federal laws only apply to states whose Medicaid plans operate under a managed care model

Fee For Service

State pays directly

Fees established for services and treatment

Can be more transparent

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Managed Care

State pays managed care organization

State works with MCOs to administer health plans

MCOs have own policies and procedures

Majority of Medicaid members are covered under managed care plans





New Jersey Medicaid



Managed Care Organizations

Once determined eligible for NJ FamilyCare, enrollees must choose a managed care organization (MCO) or Health Plan to provide health coverage services.









Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

Medical and **Surgical Benefits**

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Mental and Behavioral Health **Treatment Benefits**

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

Requirements do not apply to beneficiaries who only receive state plan services under FFS arrangements





Section 1932(b)(8) does not provide authority to apply parity protections to beneficiaries who are not enrolled in an MCO

Section 1937 of the Act limits the application of parity requirements to Alternative Benefit plans (ABPs) (CMS 2016a)



Before 2010 Carriers/MCOs could skip behavioral health

Complete omission of MH/BH treatment would successfully sidestep MHPAEA

After 2010 Affordable Care Act has given us parity.

Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended)

Mental health benefits and prescription drug coverage added to the list of benefits that must be included in benchmark equivalent coverage, including alternative benefit plans (ABPs)

No longer a way around MHPAEA requirements

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MHPAEA Applies How it works

Parity between **substantially all** medical/surgical benefits and mental/behavioral health benefits in the same category

Categories: inpatient in-network, inpatient out-of-network, outpatient in-network, outpatient out-of-network, emergency, and prescription drug

- Quantitative Treatment Limitations (QTLs)
- Non-quantitative Treatment Limitations (NQTLs)
 - Limitations to scope or duration of treatment
- As-written vs. as-applied violations



CONSOLIDATED APPROPRIATIONS ACT OF 2021 Processes, strategies, and evidentiary standards

Additional focus for NQTL analysis: creation of the NQTL

Same thought process across medical/surgical benefits and mental/behavioral health treatment

Document disclosure requirement – see <u>April 2, 2021 DOL guidance</u> for more information

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Network Adequacy

Long waitlists

Providers far from home

Not enough staff to administer treatment

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REASONABLE PROMPTNESS 42 C.F.R. § 435.930 (2005)

Promptly furnish Medicaid without any delay caused by administrative procedures

What is reasonably prompt?

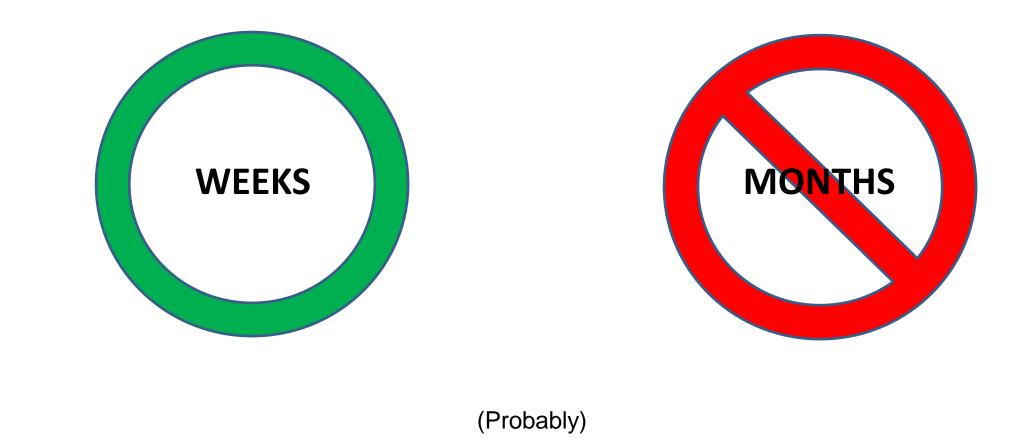
- No bright line rule
- See Doe v. Chiles, 136 F.3d 709, 717 (11th Cir. 1998) only controlling in FL, GA, AL \bullet

Does it affect prognosis?





REASONABLE PROMPTNESS The Bottom Line on Waiting Lists





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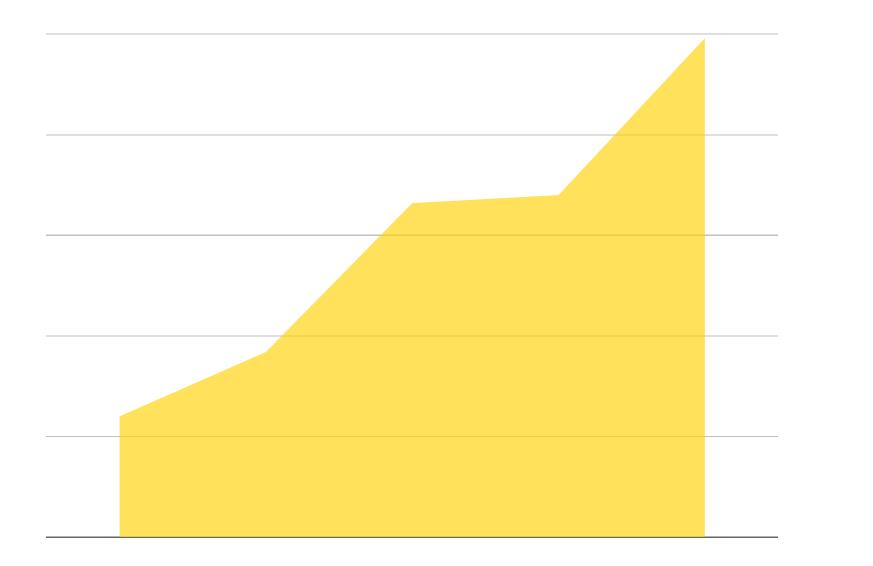
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3 Years of Medicaid-Funded ABA

Early Challenges Timing of Benefit Launch Network Adequacy

Quick Response ANJ Guides for Parents and Providers RBT Rate Increase



More Access to Medically Necessary ABA

More children in NJ eligible for Medicaid than ever, thanks to Cover All Kids initiative

Last three months of 2022, greatest number of approved ABA claims and lowest number of denied claims since benefit's inception Approved: 88,771

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Denied: 5,784

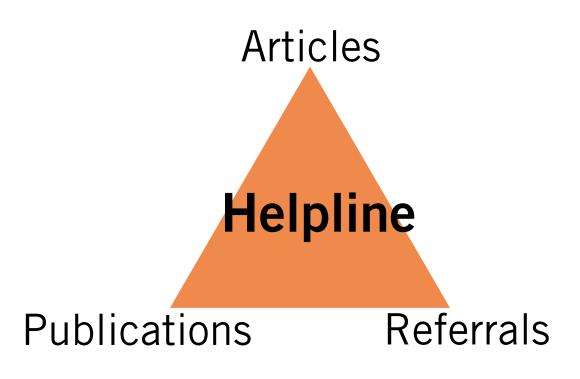


Have questions? https://autismnj.org/information-services/helpline/



It's where you'll find caring and compassionate people with a wealth of resources, referrals and important information.

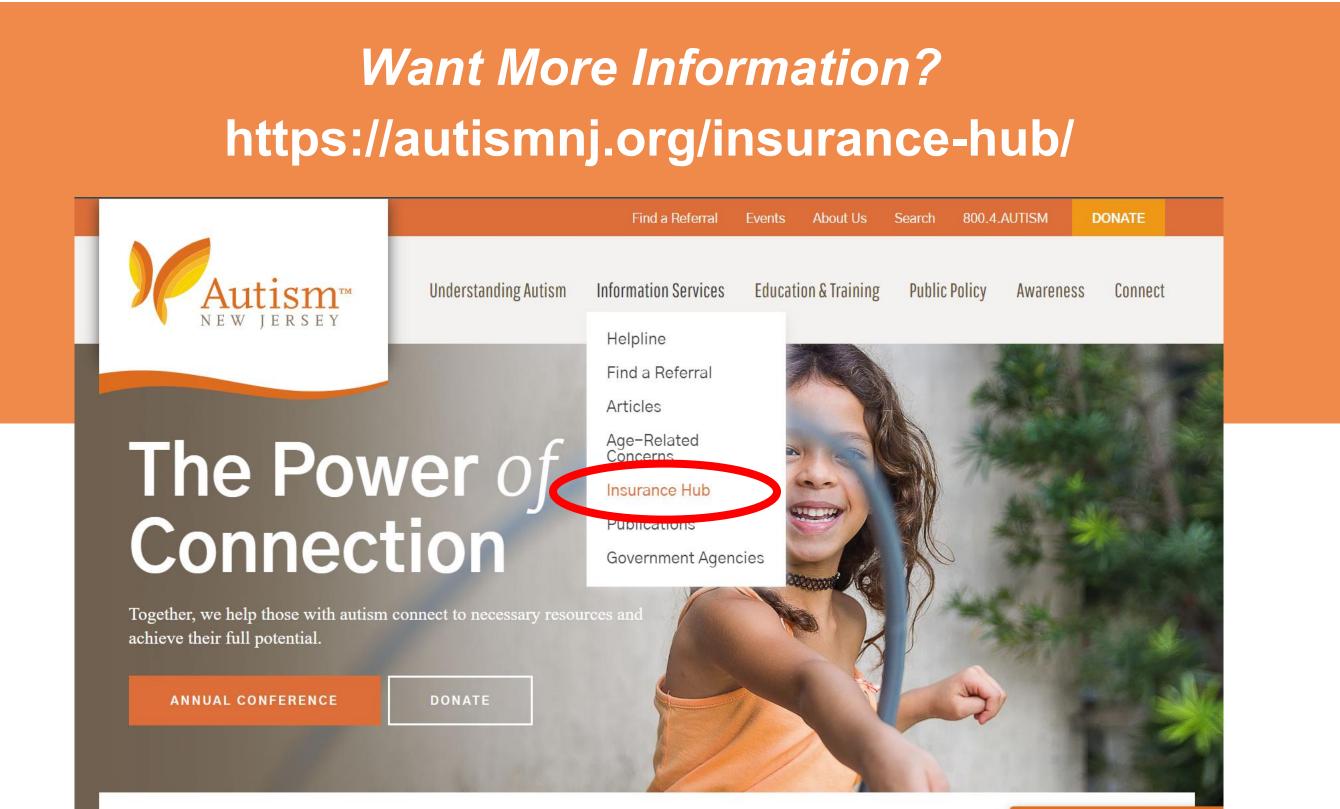
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