



AUTISM SPEAKS™
It's time to listen.

Self-Funded Employer Tool Kit

A tool kit to help families approach their self-funded “ERISA” employers about adding autism benefits to the company health plan



February 2014

Dear Families:

Thank you for requesting this information packet from Autism Speaks. It is our hope that these materials will help you convince your self-funded employer to offer meaningful autism benefits.

The American population receives its health care coverage from a variety of sources. Some people have private health insurance arranged and paid for (perhaps partially) by their employers. Others purchase health insurance on their own in the individual market. As of January 2014, some Americans purchase insurance through “marketplaces” under the Affordable Care Act. Still others are insured through public insurance programs such as Medicaid or Medicare.

Of the Americans whose insurance is provided through their employers, more than half are covered by health benefit plans that are not subject to state regulation. The largest body of non-state-regulated plans are self-insured or self-funded plans, which are plans provided by large employers who choose to pay claims from their own money rather than purchase a typical insurance policy for their employees.

Many consumers do not know whether their employer-provided plan is a traditional insurance plan or a self-funded plan, largely because most insurance cards carried by consumers look essentially the same regardless of whether the coverage is traditional insurance or a self-funded plan. The cards look the same because most self-funded plans are administered by a company called a “third-party administrator,” and the third-party administrator is usually a health insurance company, such as Cigna or Aetna. As such, a consumer in a self-funded plan may carry an insurance card that says Aetna, just like a consumer insured directly through Aetna would.

Self-funded plans are governed by federal law rather than state law. The federal law that governs self-funded plans is the Employee Retirement Income Security Act of 1974, commonly known as ERISA. ERISA establishes minimum standards for health, retirement and other welfare benefit plans that are voluntarily established by an employer.

Because it is federal law, ERISA is administered by a federal agency -- the Employee Benefits Security Administration (EBSA), which is part of the U.S. Department of Labor. As such, consumers who have concerns or complaints about benefits offered by a self-funded plan



must pursue relief through the Department of Labor, not through their state department of insurance.

States and other local governmental entities also typically self-insure. ERISA does not cover group health plans established by governmental entities, nor does it cover health plans established by churches for their employees, or plans that are maintained solely to comply with applicable workers compensation, unemployment, or disability laws.

One byproduct of self-funding a health plan is that state-mandated benefits are not automatically included in the health plan. Individuals who obtain health coverage through their employer's self-funded plans do not receive the benefit of state laws that require autism benefits. As such, health insurance coverage for individuals with autism will likely never be universal unless Congress passes an autism insurance mandate. In the meantime, individuals in self-funded plans can ask their employers to voluntarily include benefits for autism treatment within their health coverage.

Autism Speaks has helped hundreds of families approach their companies about adding an autism benefit, and we will help you, too. Review the materials in the packet and feel free to draw from the sample letters to customize a letter to your employer. Set up a meeting with your human resources manager, and share the enclosed presentation. And don't hesitate to call the Autism Speaks Government Relations team for assistance. We will gladly participate in a phone conference with you, and sometimes we even physically accompany families to H.R. meetings.

At Autism Speaks, we are committed to helping all families access meaningful health insurance coverage for their children with autism. Please do not hesitate to let us know how we can help you.

With kind regards,

Lorri Shealy Unumb, Esq.
Vice President, State Government Affairs

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A Sample List of Self-funded Companies that Provide an Autism Benefit



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A Sample of Self-Funded Companies with Autism Benefits

Company	HQ	Insured	Company	HQ	Insured
Abbott Labs	IL	90,000	JP Morgan	NY	260,965
Adobe Systems Inc.	CA	4,065	Lahey Clinic	MA	4,000
American Express	NY	63,600	Lexington Medical Center	SC	2,652
Ameritas Holding Co.	NE		Lexis Nexis	OH	15,000
Analog Devices	MA	8,500	Liberty Mutual	MA	50,000
Apple	CA	34,000	McDermott, Will and Emery	IL	2,300
Arnold & Porter	DC	1,295	McGuire Woods	VA	856
Blackbaud	SC	2,065	Merck	NJ	86,000
Bose Corporation	MA	8,000	Michelin	SC	23,500
Boston University	MA	9,974	Microsoft	WA	54,923
Capital One	VA	27,826	MIT	MA	11,000
Cerner	MO	8,200	Nationwide Children's Health	OH	6,800
Children's Mercy	MO		NBCU/Comcast	PA	102,000
Chrysler	MI	65,535	Nexsen Pruet	SC	400
Cisco	CA	37,276	Ocean Spray	MA	450
City of Atlanta	GA	7,800	Ohio State University	OH	42,370
City of Cambridge	MA	2,925	Oracle	CA	108,000
Cleveland Clinic	OH	36,000	Partners Healthcare	MA	16,981
Comverse	NY	4,000	Pinnacle Entertainment, Inc.	NV	7,463
Cornell	NY	9,645	Price Waterhouse Coopers	NY	184,235
Credit Suisse	NY	47,400	Princeton University	NJ	5,500
Deloitte	NY	39,065	Progressive Group	OH	24,638
Digital Healthcare Solutions	O		Qualcomm	CA	24,368
DTE Energy	MI	10,527	R.R. Donnelly	IL	58,000
E. Michigan University	MI		Salesforce.com	CA	4,750
Ebay	CA	17,000	Sisters of Mercy Health Sys.	MO	26,278
Education Testing Services	NJ	2,700	Squire, Sanders & Dempsey	OH	838
Educational Services of America	TN	1,200	St. Charles Health System	OR	2,000
Eli Lilly	IN	38,350	Stanford	CA	12,000
EMC	MA	48,500	State Street Corporation	MA	28,760
FINRA	DC	3,400	Symantec	CA	18,600
GA Power	GA	26,112	Teamsters Local 25	MA	9,000
Genentech	CA	11,146	The Washington Post	DC	740
General Motors	MI	213,000	Time Warner	NY	31,000
Goldman Sachs	NY	33,300	Tufts Health Plan	MA	2,350
Greenville Hospital System	SC	3,440	Tufts University	MA	3,500
Harvard Pilgrim Healthcare	MA	1,300	United Technologies	CT	218,300
HealthCentral	VA	105	University of Michigan	MI	29,960
Home Depot	GA	321,000	University of Minnesota	MN	25,976
Huron Consulting Group	IL	1,992	University of Pennsylvania	PA	20,433
IBM	NY	426,751	Verisign	VA	1,048
Indiana University	IN	8,733	Wells Fargo	CA	272,200
Indiana University Health	IN	23,000	White Castle	OH	11,500
Intel	CA	43,905	Yahoo, Inc.	CA	13,600
Iron Mountain	MA	9,800			

Presentation for Self-funded Companies



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Self-Funded Health Benefit Plans



*Establishing an
Autism Benefit*

Autism Speaks State
Government Affairs Team

What is Autism?

- Autism is a medical condition, brought on through no fault of the family.
- Autism affects a person's **communication** abilities and **social skills**, and often causes **repetitive patterns of behavior** and a narrow range of interests.
- Its symptoms range from mild to severe.



“Autism”

- The term “autism” is often used imprecisely:
 - some people use it interchangeably with “**autism spectrum disorder**” (ASD)
 - others use it to mean one of the autism spectrum disorders.
- In fact, there are 3 distinct diagnoses within the family of autism spectrum disorders.
- Across the spectrum, people vary greatly in terms of type and severity of deficits.



Pervasive Developmental Disorders

(the umbrella category in the DSM-IV)

There are 5 Pervasive Developmental Disorders (PDDs).

Within the 5 PDDs, there are 3 **Autism Spectrum Disorders** (ASDs), shown in purple below.

Childhood Disintegrative Disorder

Rett's Syndrome

Autistic Disorder

(classic autism)
a/k/a "autism"

1/3 of all ASDs

Asperger's Syndrome

Less than 1/6
of all ASDs

Pervasive Developmental Disorder – Not Otherwise Specified

(PDD-NOS)

Approx. 1/2 of all ASDs

Diagnosing Autism

- The American Academy of Pediatrics recommends **screening** every child for autism at their 18 and 24 month checkups.
- Autism is **diagnosed** by a medical doctor; usually by a developmental pediatrician, pediatric neurologist or team of developmental specialists.



Autism is Treatable

- Although there is no known cure for autism, it can be treated so that the symptoms are not disabling
 - A non-verbal child can gain the ability to communicate
 - A non-social child can gain interaction skills.
- With treatment, children with autism are not cured but can overcome the disabling aspects of the condition.





June 20, 2012

Testimony of
Vera F. Tait MD, FAAP

On behalf of the
American Academy of Pediatrics

Before the
Subcommittee on Personnel,
Senate Armed Services Committee

American Academy of Pediatrics
601 13th Street NW, Suite 400 N
Tel: 800.336.5475 • E-

- “Optimizing medical care and therapy can have a positive impact on the habilitative progress and quality of life for the child. **Medically necessary treatments ameliorate or manage symptoms, improve functioning, and/or prevent deterioration.** Thus, in addition to routine preventive care and treatment of acute illnesses, children with ASDs also require management of sleep problems, obsessive behaviors, hygiene and self-care skills, eating a healthy diet, and limiting self-injurious behaviors.
-
- Effective medical care and treatment may also allow a child with ASD to benefit more optimally from therapeutic interventions. Therapeutic interventions, including behavioral strategies and habilitative therapies, are the cornerstones of care for ASDs. These interventions address communication, social skills, daily-living skills, play and leisure skills, academic achievement, and behavior.”



Treatment

- Early diagnosis and treatment are critical to a positive outcome for individuals with an autism spectrum disorder (ASD)
- Treatment is prescribed by a licensed physician or licensed psychologist:
 - **Applied Behavior Analysis (ABA) Therapy**
 - Speech, Occupational and Physical Therapy
 - Psychological, Psychiatric, and Pharmaceutical Care



Applied Behavior Analysis (ABA)

- ABA is the most commonly prescribed **evidence-based** treatment for ASD
- Decades of research demonstrate the effectiveness of ABA therapy for autism
- Many insurers still deny coverage for ABA based on the assertion that ABA therapy is “experimental.” *This assertion is simply not supported by science*





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● **“An example of a demonstrated, effective treatment for ASD is Applied Behavior Analysis, or ABA.** ABA uses behavioral health principles to increase and maintain positive adaptive behavior and reduce negative behaviors or narrow the conditions under which they occur. ABA can teach new skills, and generalize them to new environments or situations. ABA focuses on the measurement and objective evaluation of observed behavior in the home, school, and community. “





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●“ASD is a medical/neurodevelopmental condition with behavioral symptoms that are directly addressed by applied behavior analysis methods. ABA has proved **effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning** in numerous areas that affect the health and well-being of people with ASD.”





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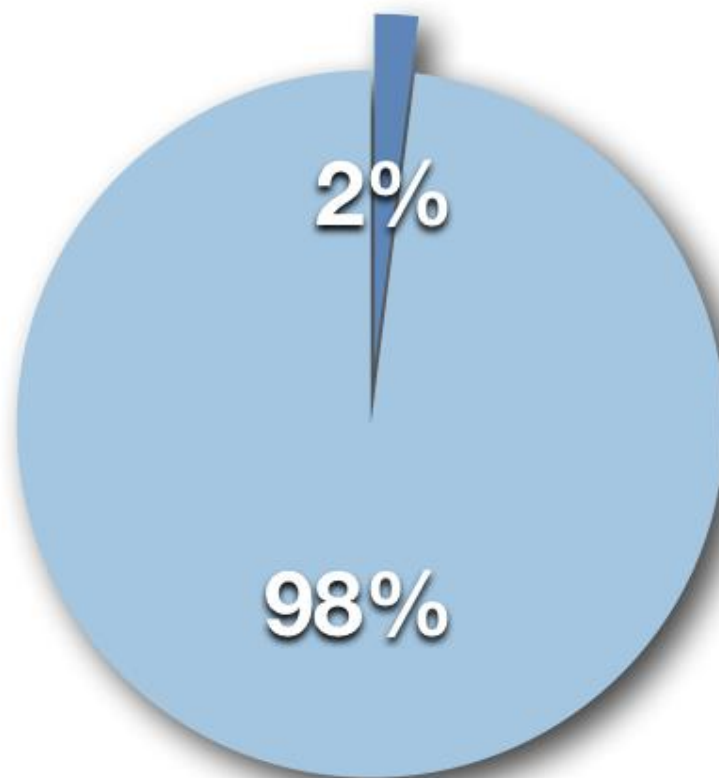
●“The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make **substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior**, and their outcomes have been significantly better than those of children in control groups.”



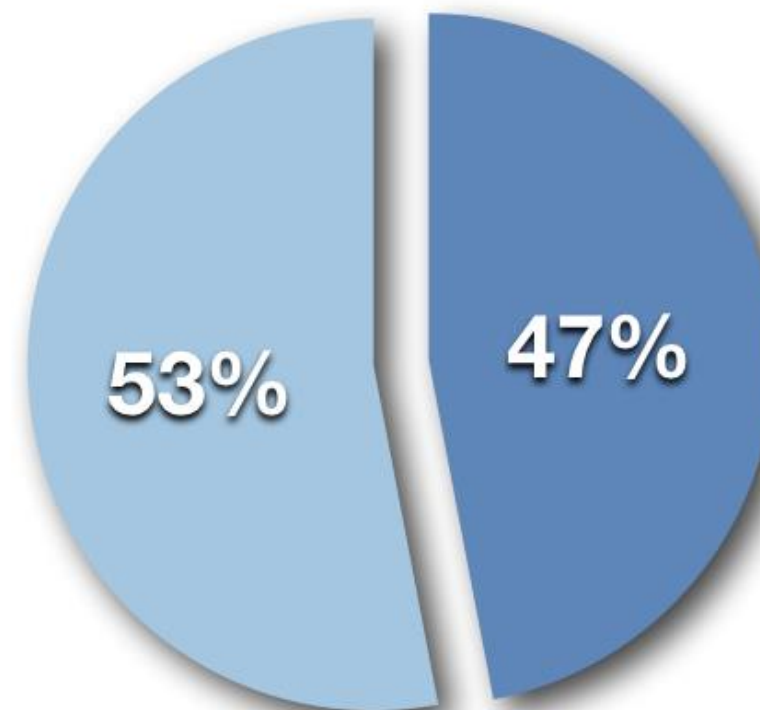
Outcome of Lovaas 1987 UCLA Study

Efficacy of ABA Therapy

Control Group



ABA Group

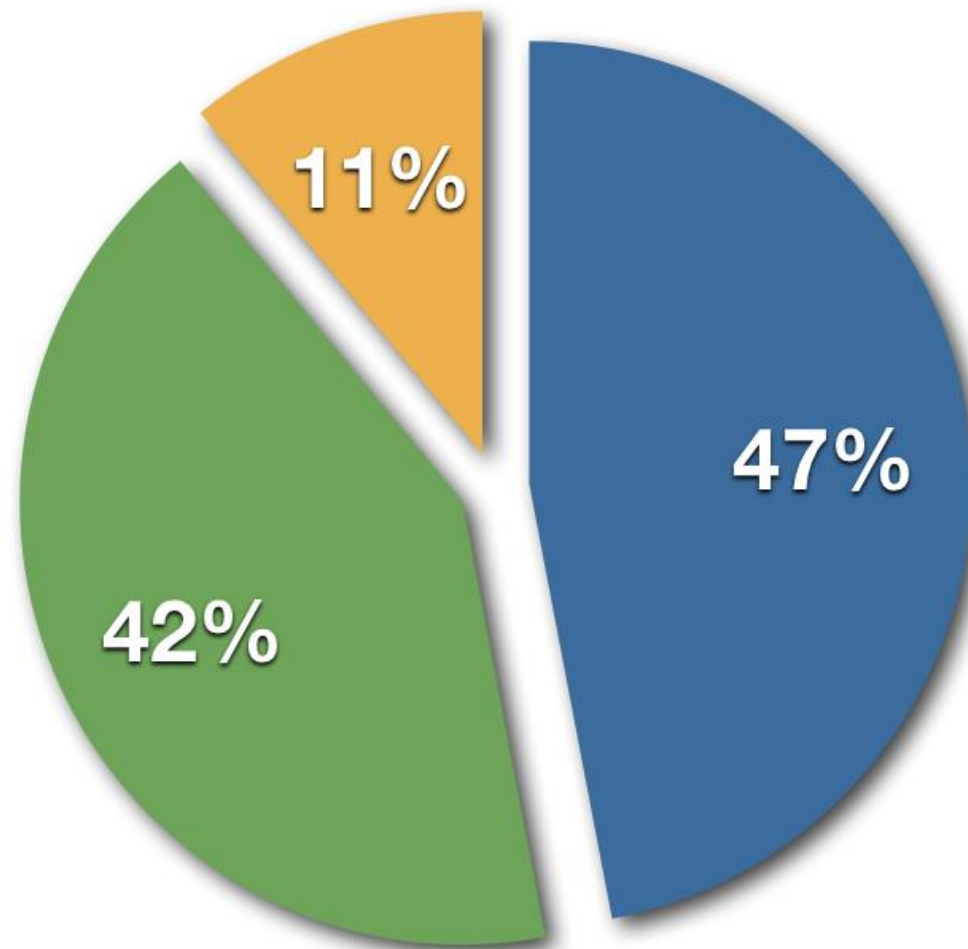


● Achieved Normal IQ

● Did Not Achieve Normal IQ

Outcome of Lovaas 1987 UCLA Study

Educational Placement for Group that Received ABA



- Mainstreamed with No Support
- Low-Intensity Special Education Placement (for language delay)
- High-Intensity Special Education Placement (for autism or intellectual disability)

ABA endorsements

United States Surgeon General (1999)

“Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior.”

The U.S. Office of Personnel Management (2012)

“The OPM Benefit Review Panel recently evaluated the status of Applied Behavior Analysis (ABA) for children with autism. Previously, ABA was considered to be an educational intervention and not covered under the FEHB Program. **The Panel concluded that there is now sufficient evidence to categorize ABA as medical therapy.** Accordingly, plans may propose benefit packages which include ABA.”



United States Department of Defense



Military insurance (TRICARE) covers autism and specifically includes a benefit for Applied Behavior Analysis therapy.



Without an autism benefit

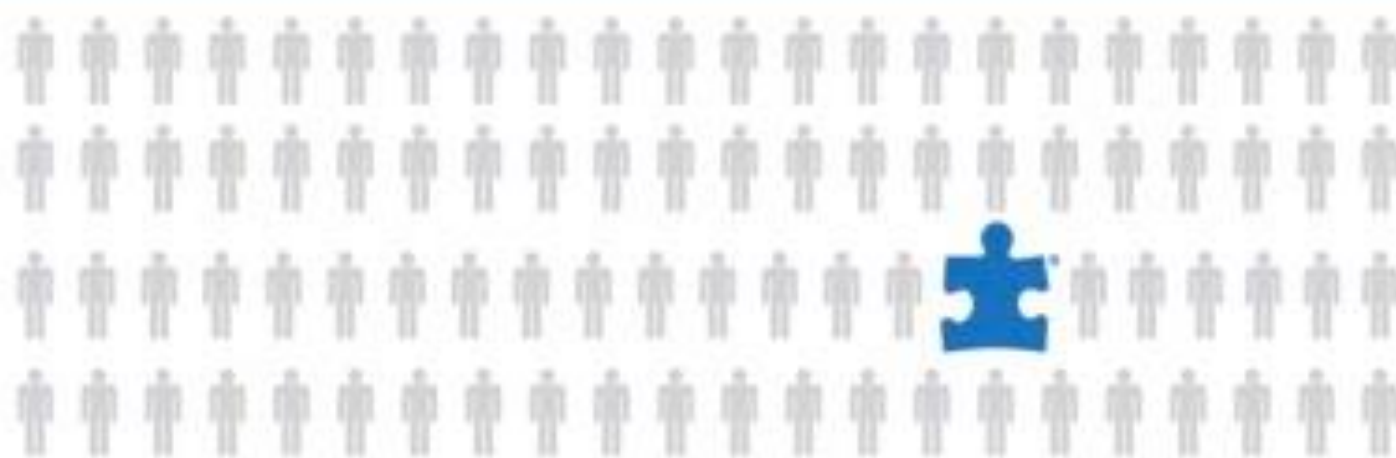
- Because ABA therapy must be administered intensively (sometimes 40 hours per week) it is quite expensive.
- Parents are forced to pay out-of-pocket to provide their children ABA therapy, which typically lasts 3-4 years.
- Often financially devastating to families - most affected children go without or receive only a fraction of prescribed treatment
- These children end up in costly special education programs, and eventually become wards of the state.



Cost Savings - *long term*

- **Without appropriate treatment**, the lifetime cost to the state has been estimated to be **\$3.2 million** per child with ASD (Ganz, 2007)
 - special education
 - adult services
 - decreased productivity
- Estimated lifetime cost **savings** of providing appropriate treatment are \$1 million per child (Jacobsen et al, 1998)

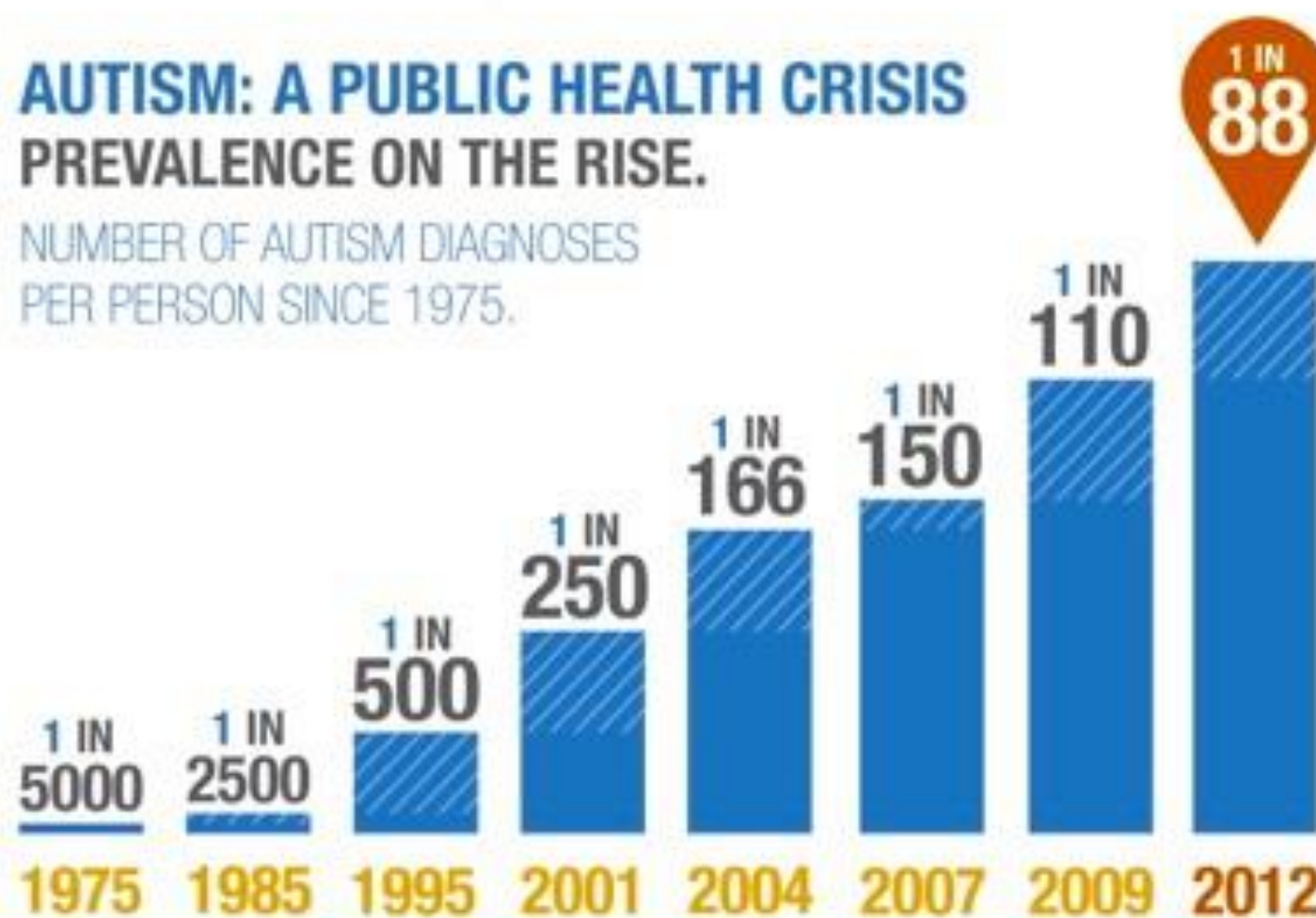




AUTISM: A PUBLIC HEALTH CRISIS

PREVALENCE ON THE RISE.

NUMBER OF AUTISM DIAGNOSES
PER PERSON SINCE 1975.



1000% INCREASE IN PREVALENCE OVER THE LAST 40 YEARS

 % INCREASE FROM PREVIOUS YEAR

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State Response

- Faced with these realities, states are moving to reform insurance coverage for autism treatment.
- Indiana passed the first meaningful bill in 2001, the same year the Attorney General in Minnesota settled litigation with that state's major insurer (BCBS) to require coverage for autism, including coverage of Applied Behavior Analysis therapy.



State Response



34 states provide coverage
for ABA for autism

August 2013

Terms of State Autism Reform Laws

State	Year Enacted	Annual Dollar Cap	Age cap
ALASKA	2012	None	21
ARIZONA	2008	\$50K: 0-8; \$25K: 9-16	16/17
ARKANSAS	2011	\$50K	18
CALIFORNIA	2011	No dollar cap	None
COLORADO	2009	\$34K: 0-8; \$12K: 9-19	"child"
CONNECTICUT	2009	\$50K: 0-8 \$35K: 9-12 \$25K: 13-14	15
DELAWARE	2012	\$36K	21
FLORIDA	2008	\$36K	18
ILLINOIS	2008	\$36K	21
INDIANA	2001	None	None
IOWA	2010	\$36K	21
KANSAS	2010	\$36K: 0-7; \$27K 7-19	13
KENTUCKY	2010	\$50K: 0-7; \$1,000/mo: 7-21	1-21
LOUISIANA	2008	\$36K	17
MAINE	2010	\$36K	6
MASSACHUSETTS	2010	None	None
MICHIGAN	2012	\$50K: 0-6, \$40K: 7-12, \$30K: 13-18	19



Terms of State Autism Reform Laws

State	Year Enacted	Annual Dollar Cap	Age cap
MINNESOTA	2013	None	None
MISSOURI	2010	\$40K	19
MONTANA	2009	\$50K: 0-8; \$20K: 9-18	18
NEVADA	2009	\$36K	18 (22 if school)
NEW HAMPSHIRE	2010	\$36 from 0-12/\$27 from 13-21	21
NEW JERSEY	2009	\$36K	21
NEW MEXICO	2009	\$36K	19 (22 if school)
NEW YORK	2011	\$45K	None
OREGON	2013	25 hours of ABA per week	9
PENNSYLVANIA	2008	\$36K	21
RHODE ISLAND	2011	\$32K	15
SOUTH CAROLINA	2007	\$50K	16
TEXAS	2007	None: 0-10, \$36K: >10	None
VERMONT	2010	None	18 mos. - 6
VIRGINIA	2011	\$35K	2 - 6
WEST VIRGINIA	2011	\$30K for 3 yrs; \$24K thru 18	3-18
WISCONSIN	2009	\$50K for 4 yrs; \$25K after	None

In States with Autism Insurance Reform...

- Children who have never before been able to receive treatment are making remarkable progress.
- Providers have joined adequate networks of participating providers and negotiated satisfactory reimbursement rates.
- The impact on premiums has been negligible.



- What is the cost of autism insurance reform?



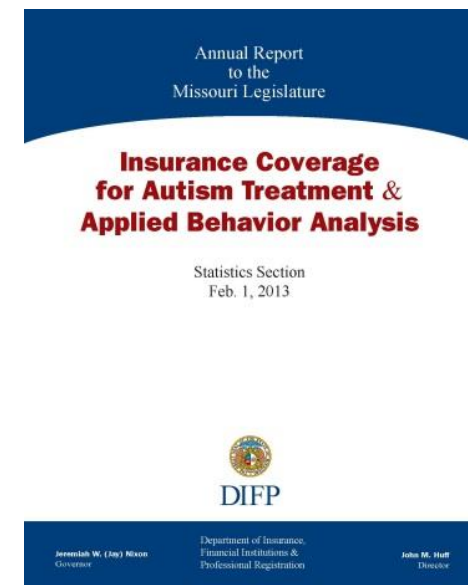
Actual ABA Related Claims Data Missouri



- Implemented Jan 2011
- Terms
 - \$40,000/yr (cap only applies to ABA)*
 - until age 18*

• Total claims paid =	\$2,972,712
• Total covered lives =	1,375,476
• Unique claimants =	2,508
• PMPM cost =	17 ¢

* Caps can be exceeded if deemed medically necessary

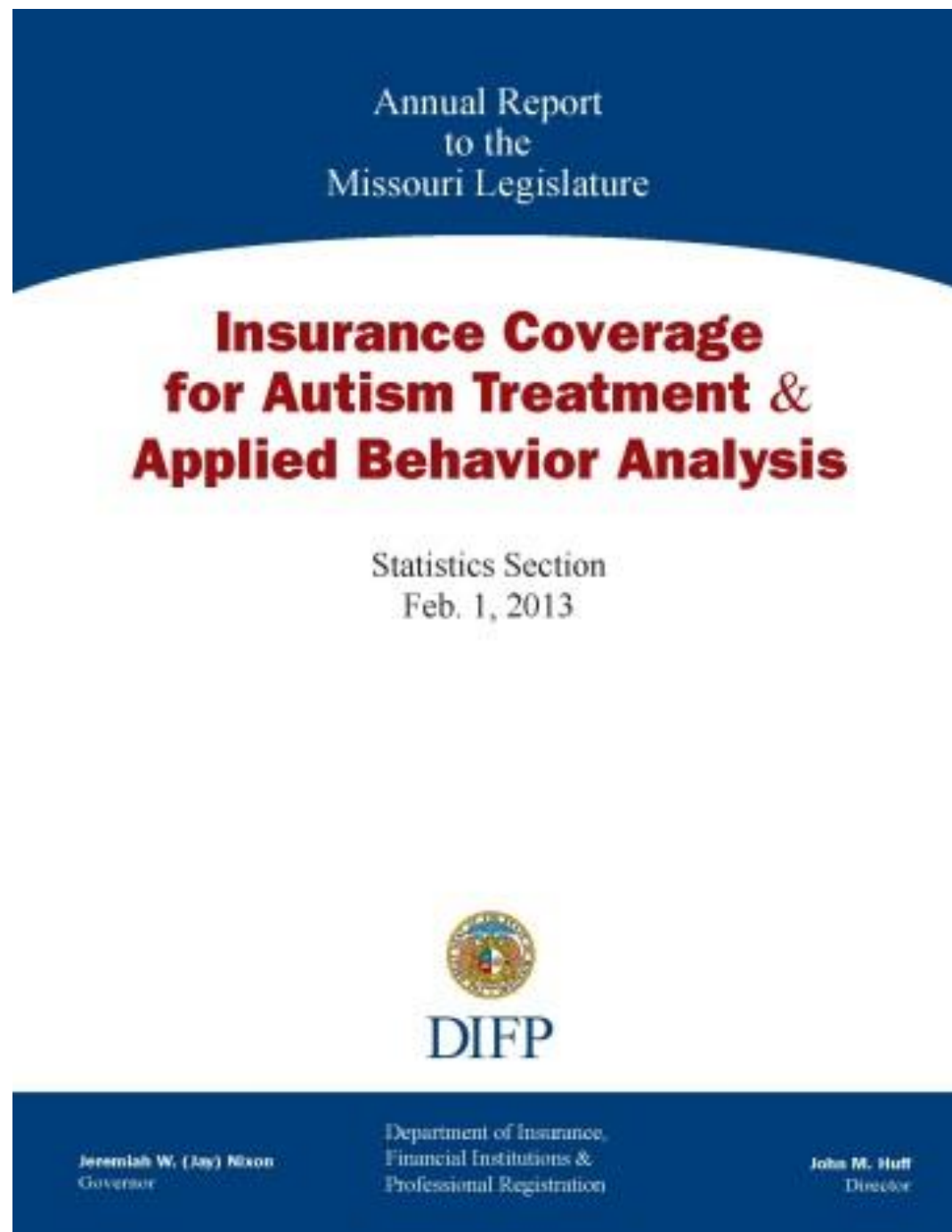


Average Second Year Cost of Autism Insurance Reform

	Year of coverage	Number of covered lives	Total Claims Paid	PMPM cost
South Carolina	2	397,757	\$2,042,394	\$0.43
Illinois	2	170,790	\$197,290	\$0.10
Louisiana	2	149,477	\$722,828	\$0.40
Florida	2	386,203	\$1,748,849	\$0.38
Arizona	2	130,000	\$388,662	\$0.25
Missouri	2	1,429,153	\$6,555,602	\$0.38
Kansas	2	99,465	\$309,216	\$0.26
	Average second year cost			\$0.31

Source: Data collected from State agencies responsible for administering State Employee Health Benefits Programs

Effect on Premiums

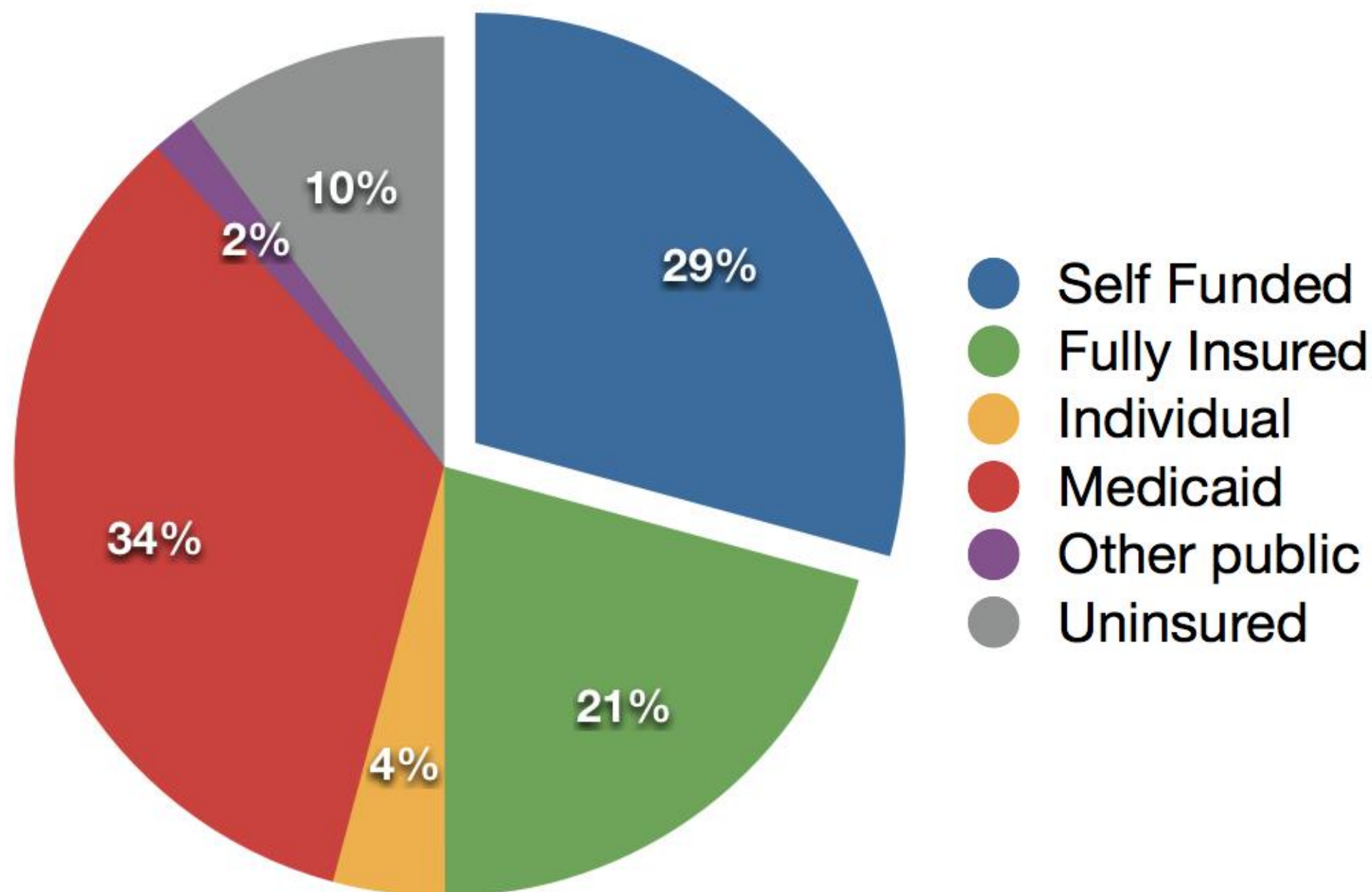


- Claims incurred for ABA treatment of ASD represent **0.07% of total claims**
- “While claims costs are expected to grow somewhat in the future, it seems very unlikely that costs for autism treatment will have an appreciable impact on insurance premiums.”



Self-Funded Health Benefit Plans are Not Subject to State Regulation

Health Insurance Coverage of Children 0-18 U.S. (2010)



What is a Self-Funded Plan?

- Many companies (mostly large companies and some government positions) offer self funded health benefit plans.
- These benefit plans are called “self-funded” because the employer pays employee benefits from the employer’s own pocket and assumes the risks.
- Employers that self fund health benefit plans often hire third-party administrators (**TPAs**) to keep track of premiums, claims, and related paperwork.
- If the employee is in a self-funded plan, federal **ERISA** law preempts most state insurance regulation, including benefit reform.



Examples of Self-Funded Plans that Provide Coverage for Autism Treatment

- **Microsoft***
- Home Depot
- Arnold & Porter
- Symantec
- **Cisco***
- Eli Lilly
- Ohio State University
- Time Warner
- Blackbaud
- Lahey Clinic
- Partners Healthcare
- **Deloitte***
- White Castle
- Wells Fargo
- Lexington Medical Center
- University of Minnesota
- Progressive Group
- **Intel***
- DTE Energy
- Cerner
- State Street Corporation
- Children's Mercy
- **Capital One***
- Yahoo
- Sisters of Mercy Health Systems
- Princeton University
- ***and many more . . .***

* 2012 Fortune 100 Best Companies to Work For



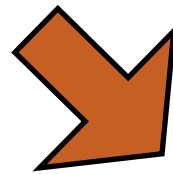
Why Employers Should Implement an Autism Benefit

- Cost savings
- Improved employee productivity
- Employee retention
- Improved company public image
- Competitive benefits package
- “It’s the right thing to do.”



Cost Savings - *short term*

- Children who achieve a **higher level of functioning**:
 - have lower overall health care costs
 - do better in school
 - need less assistance from their families



Improved employee productivity due to:

- improved mental health
- decreased absenteeism
- decreased work limitations



- “There are powerful economic and social arguments for providing this benefit. We know that **if families have coverage for their children they will be better employees.**”



- - Ron Ashworth, Board Chair, **Sisters of Mercy Health Systems**



- “[N]o disability claims more parental time and energy than autism.”
 - - **New York Times**, 12/20/04



Employee Retention

- “It meant so much to them that Microsoft cared about their employees, cared about their children, cared about their welfare, that Microsoft, as a company, was willing to do this. It made them feel really proud of their company. **That’s not the kind of company you leave.**” - Eric Brechner, **Microsoft** employee



(In an interview summarizing results of an employee survey relating to Microsoft’s health benefits plan)

What Should an Autism Benefit Look Like?

- Coverage should include
 - Applied Behavior Analysis (ABA) Therapy
 - Speech Therapy, Occupational Therapy, and Physical Therapy
 - Psychological, Psychiatric, and Pharmaceutical Care
 - Diagnosis and Assessments
- No visit limits (other than restrictions prescribed by treating physician)



What Should an Autism Benefit Look Like?

- No denials on the basis that treatment is
 - Habilitative in nature
 - Educational in nature
 - Experimental in nature
- For Applied Behavior Analysis coverage, treatment must be provided or supervised by
 - a behavior analyst who is certified by the Behavior Analyst Certification Board®, or
 - a licensed psychologist so long as the services performed are commensurate with the psychologist's formal university training and supervised experience



Cisco



- #90 on the 2012 **Fortune 100 Best Companies to Work For**
- 2007 **National Business Group on Health** Behavioral Health Award Winner for their autism benefit
 - In 2007, added autism benefit that included coverage for Applied Behavior Analysis (\$30,000/year; \$90,000/lifetime)
- In 2010, removed financial caps on coverage
- designates a key contact within each plan that would specifically focus on autism claims from Cisco employees.



Contact Information

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About Autism Speaks

Autism Speaks is the world's largest autism science and advocacy organization, dedicated to funding research into the causes, prevention, treatments and a cure for autism; increasing awareness of autism spectrum disorders; and advocating for the needs of individuals with autism and their families.

Autism Votes is an Autism Speaks initiative; a comprehensive grassroots advocacy program, coordinating activist efforts in support of federal and state legislative initiatives.

For more information, please visit www.autismvotes.org and www.autismspeaks.org



Sample Letters



AUTISM SPEAKS
It's time to listen.

[REDACTED]
[REDACTED]
Director of Benefits
Princeton University
Princeton, NJ 08544

Dear Ms. [REDACTED]

I write to request that Princeton University amend its self-funded health plan. Specifically, I request that Princeton implement autism benefits, including coverage for Applied Behavior Analysis (ABA), commensurate with the New Jersey autism insurance reform law passed on August 13, 2009.

Because autism is a severe, chronic developmental disorder, which results in significant lifelong disability, the goal of treatment is to promote the child's social and language development and minimize behaviors that interfere with the child's functioning and learning. Applied Behavior Analysis, or ABA, is a method of teaching children with autism. It is based on the premise that appropriate behavior – including speech, academics and life skills – can be taught using scientific principles. ABA assumes that children are more likely to repeat behaviors or responses that are rewarded (or "reinforced"), and they are less likely to continue behaviors that are not rewarded. Eventually, the reinforcement is reduced so that the child can learn without constant rewards.

ABA is considered by many researchers and clinicians to be the most effective evidence-based therapeutic approach demonstrated thus far for children with autism.¹ Several landmark studies have shown that about 50% of children with autism who were treated with the ABA approach before the age of four had significant increases in IQ, verbal ability, and/or social functioning. Even those who did not show these dramatic improvements had significantly better improvement than matched children in the control groups. In addition, some children who received ABA therapy were eventually able to attend classes with their peers.²

The efficacy of ABA has been widely endorsed by medical and governmental authorities. The U.S. Surgeon General states: "Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior."³ The National Institute of Mental Health echoes this conclusion: "Among the many methods available for treatment and education of people with autism, applied behavior analysis (ABA)

¹ Simpson, R. L. 1999. "Early Intervention with Children with Autism: The Search for Best Practices." *Journal of the Association for Persons with Severe Handicaps* 24(3): 218-221.

² Lovaas, O. 1987. "Behavioral Treatment and Normal Education and Intellectual Functioning in Young Autistic Children." *Journal of Consulting and Clinical Psychology* 55 (1): 3-9; Howard, J.S., et al. 2005. "A Comparison of Intensive Behavior Analytic and Eclectic Treatments for Young Children with Autism." *Research in Developmental Disabilities*. 26(4):359-383; Cohen, H. et al. 2006. "Early Intensive Behavioral Treatment: Replication of the UCLA Model in a Community Setting." *Journal of Developmental Behavioral Pediatrics* 27 (2 (Suppl)): S145-S155.

³ U.S. Department of Health and Human Services. 1999. "Mental Health: A Report of the Surgeon General – Executive Summary." U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Rockville, MD.

has become widely accepted as an effective treatment.”⁴ In 2007 the American Academy of Pediatrics reported, “The effectiveness of ABA-based intervention in ASDs has been well documented through 5 decades of research by using single-subject methodology and in controlled studies of comprehensive early intensive behavioral intervention programs in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups.”⁵

In the past, insurers have denied coverage for ABA on the basis that it is “experimental.” But this claim is simply not supported by science, as evidenced by the research cited above. Recognition of the efficacy of ABA for improving the quality of life for children with autism has led states across the country to mandate state-based health insurers to cover evidence-based medically necessary autism therapies, such as ABA. Twenty-one states have now passed autism mandates. Twelve more states are currently considering them. On August 13, 2009 New Jersey became the fifteenth state to implement this reform, as Governor Jon Corzine signed the autism insurance reform bill, S. 1651/A. 2238, into law. The New Jersey bill requires insurers to cover up to \$36,000 annually for a child with autism that is 21 years of age or younger. Coverage includes ABA therapy.

Although this law is not enforceable on self-funded health plans, such as Princeton’s, many companies and institutions are choosing to voluntarily comply with the provisions of state-based autism insurance reform. Companies such as Microsoft, Home Depot, Deloitte, Time Warner, Haliburton, and institutions of higher education such as Ohio State University and the University of Minnesota, have opted to provide coverage for autism therapies within their own self-funded health plans.

In fact, it may be only a matter of time before self-funded health plans are mandated to cover ABA and related treatments. The “Autism Treatment Acceleration Act of 2009” (ATAA), currently being considered by Congress, provides for federal reform of autism insurance coverage. If passed, the ATAA will require all insurance companies across the country to provide coverage for evidence-based, medically-necessary autism treatments and therapies. If passed, this federal bill will supersede all state laws and become the “floor” requirement for all insurance companies, including fully-funded and self-funded individual and group health plans.

Princeton should cover ABA for employee dependents with autism as part of its mission to be a family-friendly employer. According to the Princeton University Human Resources website: “Princeton University cares deeply about providing a campus environment and a range of programs that assist faculty and staff in achieving an appropriate balance among work, personal and family commitments.”⁶ From stopping the tenure-clock, to subsidizing backup childcare to generous leave policies for new parents, Princeton strives to be a family-friendly place and advertises itself as such.

Beyond its place in Princeton’s mission, implementing autism benefits makes good financial sense for the University and for society. It behooves the University to help employees provide treatment for their autistic children. Employees whose autistic children can benefit from ABA will be more productive. Employee retention is maximized as faculty and staff will not feel the need to leave Princeton in search of

⁴ U.S. Department of Health and Human Services. 2004, Reprinted 2008. “Autism Spectrum Disorders: Pervasive Developmental Disorders.” U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health; NIH Publication No. 08-5511.

⁵ Scott M. Myers, MD, Chris Plauche’ Johnson, MD, MEd, the Council on Children With Disabilities. 2007. “Clinical Report: Management of Children with Autism Spectrum Disorders.” *American Academy of Pediatrics*, 1164.

⁶ <http://www.princeton.edu/hr/benefits/worklife/>

a job with state-regulated insurance. Autistic children who are helped by ABA to achieve higher levels of functioning have lower overall health costs and need less assistance from their families. Successful early intervention for children with autism significantly reduces the future burden on taxpayers. A Pennsylvania study of private insurance coverage for autism therapies projected an actual cost savings to that state of over a million dollars per child.⁷

Princeton University itself has a history of supporting the autism community generally and ABA programs specifically. This summer, the Woodrow Wilson School is holding a Junior Summer Institute on autism and domestic public policy. One of the speakers at this workshop is Lorri Unumb, Senior Policy Advisor and Legal Counsel to Autism Speaks, who will be promoting autism treatment coverage through health insurance. One of Princeton's Community Based Learning Initiatives places Princeton students at Eden Institute, Inc., one of the premier ABA service providers in New Jersey. Indeed, Andy Armstrong, Director of Grants and Stewardship at Eden Autism Services Foundation, praises the long history of mutually beneficial collaboration between Eden and the University. University faculty and students maintain important connections with Eden: faculty members take classes there, students volunteer there, and student groups hold an annual fashion show fundraiser on Eden's behalf.

For all of these reasons, I urge Princeton University to voluntarily implement autism benefits in its self-funded health plan. ABA is supported by science. It is well regarded in the medical community. Funding autism therapies, including ABA, is in accordance with Princeton's family-friendly mission and its history of supporting the autism community. It is the right thing to do for the university, its employees, and the greater community.

Lorri Unumb of Autism Speaks has helped other institutions implement autism benefits in their self-funded health plans. She stands ready to help Princeton University take this step and can be contacted at lorri.unumb@autismspeaks.org.

On behalf of my son [REDACTED] and all the other children of Princeton employees who are fighting against the limitations of autism every day, I thank you for considering this most urgent request.

Sincerely,

[REDACTED]

⁷ John W. Jacobson, James A. Mulick, Gina Green, *Cost-Benefit Estimates for Early Intensive Behavioral Intervention for Young Children with Autism – General Model and Single State Case*. 13 *Behavioral Interventions*, 201-26 (1998).

Greenville Hospital System
701 Grove Road
Greenville, SC 29605
Attn: HR President

RE: Ryan's Law
Benefits for children with Autism

July 1, 2008

To (HR President),

My name is [REDACTED]. I am a Physician Practice Specialist at the [REDACTED] Medical Campus. I enjoy serving the community in my position and helping patients and their families experience the Planetree vision that the Greenville Hospital System supports. As their first contact, I strive to make every patient's emotional, physical, and financial concerns my top priority. Every evening I come in to work, I remember that this is my primary goal.

My day job is raising my two children. [REDACTED] is 5 ½ years old and [REDACTED] is 3 ½. I love that job too! There are many similarities in nurturing their development to the ideals brought forth in the Planetree vision. I strive to make my children's emotional, physical, and financial concerns a priority. This has become increasingly difficult as we try to pay for my son's treatments for Autism.

A recent report by the federal Centers for Disease Control and Prevention shows that as many as one child in 120 is now diagnosed with an autism-type disorder. While doctors have been unable to explain the reasons behind this startling increase, research on how best to treat and teach autistic children has confirmed the value of an early intervention program that relies on intensive behavioral therapy. More than 500 medical studies published in the last two decades and the Surgeon General support the behavioral techniques, focused on teaching everything from language and academics, to basic life skills, help substantial numbers of preschool-age children with autism achieve intellectual, academic, communication, and social skills that approach normal range. (*SmartMoney magazine*, "Families Changed Microsoft's View of Autism," May 8, 2007)

The cost of Intensive Behavioral Therapy can be up to \$50,000 per year. In comparison to other childhood diseases and their prevalence, the following chart shows the lack of funding for treatment of autism:

Childhood Disease	Prevalence	Private Funding
Leukemia	1 in 25,000	\$310 million
Muscular Dystrophy	1 in 20,000	\$175 million
Pediatric AIDS	1 in 8,000	\$394 million
Juvenile Diabetes	1 in 500	\$130 million
Autism	1 in 150	\$15 million

www.autismspeaks.org

To help the lack of funding, the State of South Carolina unanimously passed a law (Ryan's Law) requiring insurance companies to recognize autism therapies, including those using behavioral training techniques, and to pay for such autism therapies consistent with the insurance coverages otherwise being offered for other physical illnesses under a health insurance plan. That law goes into effect on July 1, 2008.

The recently passed Ryan's Law does not apply to self-funded insurance entities, which is the purpose in writing this letter to you. I have talked to representatives at CIGNA Healthcare and they informed me that it is up to my employer to decide whether they would like to follow Ryan's Law and give coverage to their employees with autistic children.

As one of your employees, I am hoping you will consider this proposal as a means of supporting your employees and providing partial relief to the financial burdens associated with raising an autistic child. My hope for my son is to help him develop and grow into an independent adult so that we will never have to put him in an institution. We love him so much and our hearts ache as we watch him struggle to speak and learn how to engage with others. We have seen the benefits of ABA Therapy and would love to be able to give our son the therapy he needs to progress towards being a typical child, the best he can.

A copy of Ryan's Law is attached to this letter for your review.

I look forward to talking to you,

A large, solid gray rectangular block redacting the signature and name of the sender.

Ryan's Law

AN ACT TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION [38-71-280](#) SO AS TO REQUIRE HEALTH INSURANCE COVERAGE, INCLUDING COVERAGE UNDER THE STATE HEALTH PLAN, FOR AUTISM SPECTRUM DISORDER AND TO DEFINE "AUTISM SPECTRUM DISORDER" AS AUTISTIC DISORDER, ASPERGER'S SYNDROME, AND NOT OTHERWISE SPECIFIED PERVASIVE DEVELOPMENTAL DISORDER.

Be it enacted by the General Assembly of the State of South Carolina:

Coverage required for autism spectrum disorder

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:
"Section [38-71-280](#).

(A) As used in this section:

(1) 'Autism spectrum disorder' means one of the three following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- (a) Autistic Disorder;
- (b) Asperger's Syndrome;
- (c) Pervasive Developmental Disorder - Not Otherwise Specified.

(2) 'Insurer' means an insurance company, a health maintenance organization, and any other entity providing health insurance coverage, as defined in Section [38-71-670](#)(6), which is licensed to engage in the business of insurance in this State and which is subject to state insurance regulation.

(3) 'Health maintenance organization' means an organization as defined in Section [38-33-20](#)(8).

(4) 'Health insurance plan' means a group health insurance policy or group health benefit plan offered by an insurer. It includes the State Health Plan, but does not otherwise include any health insurance plan offered in the individual market as defined in Section [38-71-670](#)(11), any health insurance plan that is individually underwritten, or any health insurance plan provided to a small employer, as defined by Section [38-71-1330](#)(17) of the 1976 Code.

(5) 'State Health Plan' means the employee and retiree insurance program provided for in Article 5, Chapter 11, Title 1.

(B) A health insurance plan as defined in this section must provide coverage for the treatment of autism spectrum disorder. Coverage provided under this section is limited to

treatment that is prescribed by the insured's treating medical doctor in accordance with a treatment plan. With regards to a health insurance plan as defined in this section an insurer may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage on an individual solely because the individual is diagnosed with autism spectrum disorder.

(C) The coverage required pursuant to subsection (B) must not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the health insurance plan, except as otherwise provided for in subsection (E). However, the coverage required pursuant to subsection (B) may be subject to other general exclusions and limitations of the health insurance plan, including, but not limited to, coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, utilization review of health care services including review of medical necessity, case management, and other managed care provisions.

(D) The treatment plan required pursuant to subsection (B) must include all elements necessary for the health insurance plan to appropriately pay claims. These elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency, and duration of treatment, the anticipated outcomes stated as goals, the frequency by which the treatment plan will be updated, and the treating medical doctor's signature. The health insurance plan may only request an updated treatment plan once every six months from the treating medical doctor to review medical necessity, unless the health insurance plan and the treating medical doctor agree that a more frequent review is necessary due to emerging clinical circumstances.

(E) To be eligible for benefits and coverage under this section, an individual must be diagnosed with autistic spectrum disorder at age eight or younger. The benefits and coverage provided pursuant to this section must be provided to any eligible person under sixteen years of age. Coverage for behavioral therapy is subject to a fifty thousand dollar maximum benefit per year. Beginning one year after the effective date of this act, this maximum benefit shall be adjusted annually on January 1 of each calendar year to reflect any change from the previous year in the current Consumer Price Index, All Urban Consumers, as published by the United States Department of Labor's Bureau of Labor Statistics."

SECTION 2. This act takes effect July 1, 2008, and applies to health insurance plans issued, renewed, delivered, or entered into on or after this act's effective date.



June 10, 2011

Tom Georgens
Chief Executive Officer
NetApp, Inc.
495 East Java Drive
Sunnyvale, CA 94089

Dear Mr. Georgens:

We are writing on behalf of several of your employees in response to a recent letter from Cigna Healthcare about pending changes to NetApp's coverage of autism treatments. By way of background, Autism Speaks, which is North America's largest autism science and advocacy organization, has successfully advocated across the country for insurance reform to cover behavioral treatments for autism. Several months ago, Autism Speaks assembled a workgroup to examine issues relating to insurance coverage for autism treatments among self-insured plans. The members of our workgroup have varied backgrounds, but most of us have family members with autism, and we have begun working together to help families obtain critically-needed treatments for their loved ones affected by this disease.

We applaud the leadership that NetApp demonstrated when it established an autism benefit for its employees in 2006. NetApp was on the leading edge of an emerging trend where today a majority of states across the country have laws requiring state-regulated health insurers to cover evidence-based autism therapies, such as Applied Behavior Analysis, or ABA.

Because autism is a severe, chronic neurological disorder, which can result in significant lifelong disability, the goal of treatment is to promote the child's social and language development and minimize behaviors that interfere with the child's functioning and learning. ABA is a method of treating children with autism. It is considered by many researchers and clinicians to be the most effective evidence-based therapeutic approach demonstrated thus far for children with autism.¹

- **The efficacy of ABA has been widely endorsed by medical and governmental authorities including the U.S. Surgeon General, the National Institute of Mental Health, and the American Academy of Pediatrics (AAP).**
- **The AAP noted that "The effectiveness of ABA-based intervention in ASDs has been well documented through 5 decades of research Children who receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language,**

¹ Simpson, R. L. 1999. "Early Intervention with Children with Autism: The Search for Best Practices." *Journal of the Association for Persons with Severe Handicaps* 24(3): 218-221.

academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups.”²

- Reflecting this consensus in the medical community, **Independent Medical Review (IMR) panels** in California, which review Experimental/Investigational and Medical Necessity appeals, have **overturned health plan and insurer denials of ABA 90% (53/59) of the time** since 2008.³
- This trend in decisions has prompted the **California Department of Insurance (CDI)** to issue a notice of enforcement of IMR statutes which flags that “**insurers’ denials of behavioral therapy such as Applied Behavioral Analysis have been overturned in IMR.**” The CDI further notes that some of “the insurers’ denials - based on a contention that the therapy was experimental or investigational - were overturned **because such treatment is now recognized as the standard of care for autism.**” CIGNA’s denials of ABA on this basis have been overturned by the CDI on at least two separate occasions.⁴
- **More than half of the states have passed insurance reform requiring coverage of applied behavior analysis**, and 21 more states are pursuing such legislation because ABA is widely recognized as the standard of care for autism.
- While CDI does not regulate NetApp’s policy, CDI’s statement and the CIGNA IMR overturns suggests CIGNA’s contention that ABA is experimental, which NetApp appears to be relying on, is out of date.

It was therefore surprising to learn that you would be “removing coverage for early intervention therapies, such as ABA, as they are still considered experimental.” This is not supported by the decades of research that have established substantial evidence of efficacy as noted above. For employees whose children are affected by autism, the proposed policy, which includes speech, occupational, and physical therapy, but excludes ABA, is like having coverage for treatment of cancer that excludes chemotherapy.

Beyond its place in your mission to create a healthy work environment that fosters the collaboration and creativity for which you are known, covering early intervention and ABA makes good financial sense for NetApp and for society. Employee productivity is maximized when children receive ABA and thereby achieve higher levels of functioning, have lower overall health costs, and need less assistance from their families. Recruitment and retention is helped, as people will not feel the need to leave in search of a job that provides comprehensive coverage. Considering the significant increase in autism incidence, chances are at some point you are likely to lose out on a desired candidate because you won’t provide an autism benefit for his/her family member. You may not be aware, but since NetApp showed the leadership of starting the ABA benefit, a large list, including many of your peers, have added comprehensive autism benefits, including ABA. A sample of companies with such a benefit include: **Analog Devices, Cisco Systems, Electronic Arts, EMC, Google, Intel, Juniper Networks, Microsoft, National Semiconductor, Oracle, Symantec (to be added July 2011), Wells Fargo, and Yahoo.**

Successful early intervention for children with autism also benefits society by significantly reducing the future burden on taxpayers and contributing more individuals with autism into a productive work

² Myers, Scott “Management of Children with Autism Spectrum Disorders”, *Pediatrics*, 2007
<http://pediatrics.aappublications.org/cgi/reprint/120/5/1162>

³ DMHC http://dmhc.ca.gov/dmhc_consumer/pc/pc_imrdec.aspx
CDI <http://www.insurance.ca.gov/0100-consumers/0020-health-related/imr2010stats.cfm> and
<http://www.insurance.ca.gov/0100-consumers/0020-health-related/imr2009stats.cfm>

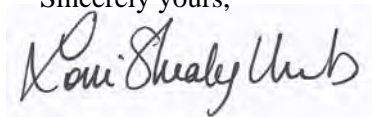
⁴ <http://www.insurance.ca.gov/0250-insurers/0300-insurers/0200-bulletins/bulletin-notices-commission/opinion/upload/Enforcement-of-Independent-Medical-Review-Statutes.pdf>

environment, further adding to the tax base of a community. A Pennsylvania study of state funding for autism therapies projected an actual cost savings to that state of over a million dollars per child.⁵

For all of these reasons, we respectfully recommend that you reconsider your decision to eliminate early intervention and ABA treatments. One of your employees recently met with Nancy Saunders, Senior VP of Human Resources, and provided her with a presentation which includes more detail on this information – a copy of that presentation is attached for your review. We would be happy to speak or meet with you directly; I can be reached at 803-582-9905. Also, two members of our workgroup are located in California and would be happy to meet with you: Kristin Jacobson, MBA, at (650) 759-5737 or kjacobson5@yahoo.com, or Karen Fessel, DrPH, at 510-325-0975 or karenfes@sbcglobal.net.

On behalf of your employees who are fighting the challenges of autism every day, we thank you for consideration.

Sincerely yours,



Lorri Shealy Unumb, J.D.
Senior Policy Advisor & Counsel
Autism Speaks

cc:

Nancy Saunders, Senior Vice President Human Resources, NetApp
Matt Fawcett, NetApp Plan Administrator, Senior Vice President General Counsel, NetApp

Attachments:

Family Presentation to Nancy Saunders, May 24, 2011

⁵ John W. Jacobson, James A. Mulick, Gina Green, *Cost-Benefit Estimates for Early Intensive Behavioral Intervention for Young Children with Autism – General Model and Single State Case*. 13 *Behavioral Interventions*, 201-26 (1998).

(This template was provided by Amy Weinstock at the Autism Insurance Resource Center, Eunice Kennedy Shriver Center/UMass Medical School.)

Parent Name

Address

Date

Name

Director of Benefits

Dear :

I write to request that _____ amend its self-funded health plan. Specifically, I request that _____ implement autism benefits, including coverage for Applied Behavior Analysis (ABA), commensurate with the Massachusetts autism insurance reform signed into law on August 3, 2010.

Because autism is a severe, chronic neurological disorder, which results in significant lifelong disability, the goal of treatment is to promote the child's social and language development and minimize behaviors that interfere with the child's functioning and learning. Applied Behavior Analysis, or ABA, is a method of treating children with autism. It is considered by many researchers and clinicians to be the most effective evidence-based therapeutic approach demonstrated thus far for children with autism.¹ The efficacy of ABA has been widely endorsed by medical and governmental authorities including the U.S. Surgeon General, the National Institute of Mental Health, and the American Academy of Pediatrics who noted that "Children who receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

In the past, insurers have denied coverage for ABA on the basis that it is "experimental" or "educational." But these claims are simply not supported by science, as evidenced by the research cited above. Recently, the U.S. Office of Personnel Management (OPM), issued guidance to insurers who participate in the Federal Employees Health Benefit program stating, "The OPM Benefit Review Panel recently evaluated the status of Applied Behavior Analysis (ABA) for children with autism. Previously, ABA was considered to be an educational intervention and not covered under the FEHB Program. The Panel concluded that there is now sufficient evidence to categorize ABA as medical therapy."

Recognition of the efficacy of ABA for improving the quality of life for children with autism has led states across the country to mandate state-based health insurers to cover evidence-based medically necessary autism therapies, such as ABA. Thirty one states, including Massachusetts have now passed autism mandates, requiring insurers to cover medically necessary treatment of autism, and specifically includes ABA therapy.

Although this law is not enforceable on self-funded health plans, such as _____'s, many companies and institutions are choosing to voluntarily comply with the provisions of state-based autism insurance reform. Companies such as Microsoft, Intel, Home Depot, Deloitte, Time Warner, Comcast and

¹ Simpson, R. L. 1999. "Early Intervention with Children with Autism: The Search for Best Practices." *Journal of the Association for Persons with Severe Handicaps* 24(3): 218-221.

institutions of higher education such as Princeton, Ohio State University and the University of Minnesota, have opted to provide coverage for autism therapies within their own self-funded health plans.

Within Massachusetts, many self-funded corporations, including State Street Corporation and Partners Healthcare are covering services under the mandate. We believe a decision to cover treatment should be focused on need, but note that, according to the State's independent analysis of the mandate, this coverage is not particularly expensive, and has a negligible impact on premiums. This is also supported by other financial analyses, and the experience in other states that already have similar laws. If this is of further interest we would be happy to put you in touch with people who could provide more specific details.

_____ should cover ABA for employee dependents with autism as part of its mission to be a family-friendly employer. According to the _____'s website: "_____ cares deeply about providing an environment and a range of programs that assist our employees in achieving an appropriate balance among work, personal and family commitments." From subsidizing backup childcare to generous leave policies for new parents, _____ strives to be a family-friendly place and advertises itself as such. *(look for similar statements/language on your company's website/HR info).*

Beyond its place in _____'s mission, implementing autism benefits makes good financial sense for the Company and for society. It behooves _____ to help employees provide treatment for their autistic children. Employees whose autistic children can benefit from ABA will be more productive. Employee recruitment and retention is maximized as people will not feel the need to leave _____ in search of a job with state-regulated insurance. Autistic children who are helped by ABA to achieve higher levels of functioning have lower overall health costs and need less assistance from their families. Successful early intervention for children with autism significantly reduces the future burden on taxpayers. A Pennsylvania study of private insurance coverage for autism therapies projected an actual cost savings to that state of over a million dollars per child.²

_____ itself has a history of supporting the autism community. *(Note any past support for events, contributions, employee assistance with flexibility, leave-taking, etc. If there isn't a lot of autism-specific things, you could cite support of families with other serious illnesses, disabilities, causes, etc.)*

For all of these reasons, I urge _____ to voluntarily implement autism benefits in its self-funded health plan. ABA is supported by science. It is well regarded in the medical community. Funding autism therapies, including ABA, is in accordance with _____'s mission and its history of supporting the autism community. It is the right thing to do for _____, its employees, and the greater community.

The Autism Insurance Resource Center at UMass Medical School and Autism Speaks have helped other institutions implement autism benefits in their self-funded health plans. They stand ready to help _____ take this step and I would be happy to put you in touch with them directly.

On behalf of my son/daughter ____ and all the other children of _____ employees who are fighting the challenges of autism every day, I thank you for considering this most urgent request.

Sincerely,

² John W. Jacobson, James A. Mulick, Gina Green, *Cost-Benefit Estimates for Early Intensive Behavioral Intervention for Young Children with Autism – General Model and Single State Case*. 13 *Behavioral Interventions*, 201-26 (1998).

Employers' Experience



AUTISM SPEAKS
It's time to listen.



Nicholas W. Zuk
Senior Vice President
Secretary & General Counsel

Writer's Direct Dial No.
(614) 559-2512
E-mail: zukn@whitecastle.com

April 23, 2012

Autism Speaks
Michael L. Wasmer, DVM
Associate Director State Government Affairs
1990 K Street, NW
Washington, DC 20006

Dear Mr. Wasmer:

Re: Autism Spectrum Disorder ("Autism")

We are writing to share background on White Castle's experience offering health insurance coverage for families impacted by autism spectrum disorder. Autism affects millions of individuals and their families. Consequently, a number of States have enacted legislation that requires health insurance to cover the treatment of autism, including behavioral health treatments such as Applied Behavior Analysis (ABA). Although self-funded health benefit plans such as those offered by White Castle are not subject to state law, we have designed our plan to provide the autism coverage that many state-regulated plans have adopted. We thought it might be worthwhile to share our experience as a private sector employer.

Relevant Background

- White Castle is a privately held, family owned business with our Home Office in Columbus, Ohio. We have 410 White Castle restaurants in 12 states, as well as operating 3 meat plants, 2 bakeries, 2 frozen food plants and 3 manufacturing facilities.
- White Castle employs close to 10,000 team members, with over 5,000 full time employees in various roles throughout the organization. We are known for the tremendous loyalty of our employees with close to 1/3 having been employed with us for 10 years or more.
- White Castle has a long record of providing health insurance coverage. In fact, we first created a health insurance program in 1924. Today, we are self-insured and have approximately 4,200 of our full time team members who participate in the program, with coverage to team members and their dependents providing peace of mind to over 9,000 individuals.
- Philosophically, White Castle has long maintained that for team members to have the most positive impact with customers and in their own work place, it is essential, to the extent we are able, to provide "freedom from anxiety".



Why White Castle provides health insurance coverage for families impacted by autism

In recent years, as the diagnosis rate for Autism has rapidly increased to levels as high as 1 in 88 children, and 1 in 54 boys. Our Health Plan covers various expenses related to the diagnosis, evaluation and treatment of Autism. Examples of some common covered expenses in accordance with the provisions of our plan are speech therapy, occupational therapy, intensive behavioral intervention programs (such as Lovaas therapy), and ABA (including discrete trial training, workshop expenses, professional psychologist/behaviorist, and tutors).

When we first included Autism coverage as part of the White Castle plan, we knew it was the right thing to do – but candidly, we did have serious concerns and questions about what the cost implications would be. We did march ahead, and the actual costs in a typical year have been significantly lower than expected. It is difficult to determine because of HIPAA rules if some diagnoses that are related to Autism are not coded correctly in the information that is provided to our Third Party Administrator, but I can say with a reasonable degree of confidence, that the cost of providing this benefit is no more than other coverage that White Castle provides.

As a privately held, family-owned company that maintains an ERISA qualified self-insured plan, we are somewhat constrained with what specifics we're able to share, but we can tell you that in our 2011 fiscal year, the cost for autism spectrum disorder related claims was less than \$1.00 per employee per month and the total spend was less than 0.2% of our investment in health care coverage.

While our actual costs have been less than expected, our employees are deeply appreciative of White Castle's efforts to be a leader in an area that today is impacting more families than ever.

Please feel free to contact me if I can provide additional information.

Best regards,

A handwritten signature in black ink that reads "Nicholas W. Zuk".

Nicholas Zuk

Time Warner

Autism Support Program
April 21, 2009

The Process of Developing a Comprehensive Solution

- Three years ago, Time Warner announced that it would “cover” autism
 - At the time this amounted to no practical change in benefits coverage because the diagnosis was already covered for ‘traditional services’
 - Applied Behavior Analysis et al, well known therapies in the autism world, were/are still deemed experimental and in most cases not rendered by licensed providers
- On 1/09 we began providing coverage up to age 9 and up to an annual limit of \$30,000 and lifetime limit \$90,000 for autism spectrum disorders (ASD), including intensive behavioral therapies
 - Kristie Thompson, Ph.D., LPA, BCBA-D, Psychologist and Certified Behavior Analyst with over 14 years experience working with children with ASD was hired as Time Warner’s autism advocate
- To support this benefit and expand upon our extensive care management solutions, we enhanced our partnership with OptumHealth (UHC & UBH), who also manages the Cisco autism benefit, and engaged an autism advocate to:
 - Provide education, case management and support to families
 - Ensure caregivers understand treatment options and are effectively linked to quality and appropriate treatment resources
 - Help employees navigate their local early intervention and special education systems and coach them to optimize those resources
 - Foster ties to our highest density school districts

The Time Warner Autism Program

- Key Components:
 - Centers of Excellence for treatment
 - Case management
 - Advocacy and support by a dedicated autism advocate
 - Comprehensive integrated medical and behavioral model
- We implemented a benefit plan to be aligned with the services identified by the American Academy of Pediatrics, understanding that these guidelines are considered “promising” therapies
 - A comprehensive individualistic approach based on deficits identified from an assessment
 - Behavioral therapies up to 25 hours/week for 12 months
 - Therapies recommended are monitored quantitatively
 - Centers of excellence where they exist or specialized programs
- Applied Behavior Analysis (ABA) is the cornerstone of management of ASD
 - ABA addresses communication, social skills, daily living skills, therapeutic play, leisure skills and maladaptive behavior

Expected Cost Impact for Time Warner

- In developing this solution, an analysis was completed based on existing claims data and national normative prevalence data from the Centers for Disease Control to determine the expected cost impact to Time Warner for offering a comprehensive Autism benefit that included an annual and lifetime allotment of reimbursement for ABA services
- For the plan design of \$30,000 a year with a \$90,000 lifetime maximum for children up to the age of 9, the expected cost impact to Time Warner for 2009 is \$915,000 (~0.4% of claims)
 - Based on 1:150 Time Warner members younger than age 9 impacted and diagnosed with ASD and 100% of families enrolling in the program
- Based on our current understanding of the federal mental health parity guidelines that will effect Time Warner Inc. on 1/1/2010, we believe that we will be required to offer all of the Autism benefits including the ABA services at a level equal to our other medical plan offerings, which is unlimited
- Based on the federal mental health parity guidelines, it is expected that the program costs will increase in 2010 to \$1,225,000 (~0.6% of claims)

Member Engagement Summary

- We promoted the new benefit in the fall during open enrollment and have continued to promote the benefit with on site staff representation at all of our larger employee work places
 - *Offering general sessions as well as individual planning sessions*
- Conducted telephonic and mail based outreach to identified families based on claims data to provide them with direct information about the program availability
 - To date, we have engaged 41 families in the program
- We expect to begin to receive specific program satisfaction survey data by June of 2009
 - Only one family declined to participate in the program

Very positive feedback to date on the program

Sample Policy Language



AUTISM SPEAKS
It's time to listen.



Administered by Anthem Health Plans of Kentucky, Inc.

Your Health Benefit Booklet

Treatment of a sickness or injury by medical professionals from an Ambulance Service when you are not transported will be covered if Medically Necessary.

Other vehicles which do not meet this definition, including but not limited to ambulettes, are not Covered Services.

Ambulance services are a Covered Service only when Medically Necessary, except:

- When ordered by an employer, school, fire or public safety official and the Member is not in a position to refuse; or
- When a Member is required by the Plan to move from a Non-Network Provider to a Network Provider.

Ambulance trips must be made to the closest local facility that can give Covered Services appropriate for your condition. If none of these facilities are in your local area, you are covered for trips to the closest facility outside your local area. Ambulance usage is not covered when another type of transportation can be used without endangering the Member's health. Any ambulance usage for the convenience of the Member, family or Physician is not a Covered Service.

Non Covered Services for Ambulance include but are not limited to, trips to:

- a Physician's office or clinic;
- a morgue or funeral home.

Autism Spectrum Disorders

See the Schedule of Benefits for any applicable Deductible, Coinsurance, Copayment, and Benefit Limitation information.

The diagnosis and treatment of Autism Spectrum Disorders for Members ages one (1) through twenty-one (21) is covered. Autism Spectrum Disorders means a physical, mental, or cognitive illness or disorder which includes any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders ("DSM") published by the American Psychiatric Association, including Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified.

Treatment for autism spectrum disorders includes the following care for an individual diagnosed with any of the autism spectrum disorders:

- Medical care - services provided by a licensed physician, an advanced registered nurse practitioner, or other licensed health care provider;
- Habilitative or rehabilitative care - professional counseling and guidance services, therapy, and treatment programs, including applied behavior analysis, that are necessary to develop, maintain, and restore, to the maximum extent practicable, the functioning of an individual;
- Pharmacy care, if covered by the Plan - Medically Necessary medications prescribed by a licensed physician or other health-care practitioner with prescribing authority, if covered by the plan, and any medically necessary health-related services to determine the need or effectiveness of the medications;
- Psychiatric care - direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;

- Psychological care - direct or consultative services provided by an individual licensed by the Kentucky Board of Examiners of Psychology or by the appropriate licensing agency in the state in which the individual practices;
- Therapeutic care - services provided by licensed speech therapists, occupational therapists, or physical therapists; and
- Applied behavior analysis prescribed or ordered by a licensed health or allied health professional. Applied behavior analysis means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior

No reimbursement is required under this section for services, supplies, or equipment:

- For which the Member has no legal obligation to pay in the absence of this or like coverage;
- Provided to the Member by a publicly funded program;
- Performed by a relative of a Member for which, in the absence of any health benefits coverage, no charge would be made; and
- For services provided by persons who are not licensed as required by law.

Behavioral Health Services

See the Schedule of Benefits for any applicable Deductible, Coinsurance/Copayment information. Coverage for Inpatient Services, Outpatient Services, and Physician Home Visits & Office Services for the treatment of Behavioral Health conditions is provided in compliance with federal law.

Behavioral Health Services coverage also includes Residential Treatment services. Residential Treatment means individualized and intensive treatment in a residential setting, including observation and assessment by a psychiatrist weekly or more frequently, an individualized program of rehabilitation, therapy, education, and recreational or social activities.

Congenital Defects and Birth Abnormalities

Covered Services include coverage for necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

Dental Services

See the Schedule of Benefits for any applicable Deductible, Coinsurance, Copayment, and Benefit Limitation information.

DTE Energy Autism and Related Disorders Benefit Program

Benefits Include:

- **Diagnosis and Assessment**
 - Neuropsychological Evaluation, including; neuropsychological testing as needed, for diagnostic purposes; e.g., intellectual disability or psychiatric disorder.
 - Speech and Language Evaluation
 - Developmental Pediatric evaluation
 - Genetics/Metabolic Disorder evaluation
 - May include: Chromosomal analysis, Fragile X syndrome analysis, Rett syndrome, Subtelomeric fluorescent *in situ* hybridization, Comparative genomic hybridization (CGH) microarray analysis, and/or metabolic testing.
 - Neurological evaluation
 - Possible imaging studies
 - Psychological, Psychiatric, and Pharmaceutical Evaluation

To be covered, assessments will require the use of one or more the following evidence-based diagnostic tools.

- **Evidence-Based Diagnostic Tools**
 - Childhood Autism Rating Scale (CARS)
 - The Autism Diagnostic Observation Schedule (ADOS)
 - Social Communication Inventory (SCI)
 - The Child Behavior Checklist (CBCL)
 - The Childhood Development Inventory (CDI)
 - Other
- **Interventions and Treatment**
 - Psychological, Psychiatric, and Pharmaceutical Intervention:
 - Individual therapy/counseling
 - Parent training/counseling
 - Cognitive behavioral training
 - Social skills groups
 - Neuropsychological interventions
 - Pharmacological intervention (Abilify, Risperdol) (Non-preferred medications. Will be authorized as preferred medications for the treatment of autism)
 - Nutrition
 - Speech, Occupational, Physical Therapy

- **Applied Behavioral Analysis (ABA) Benefits**
 - *Those who meet criteria for full Autism Disorder (AD) criteria: Intensive, 1-1, discrete trial therapy:*
 - Typically, Cognitive Impairment (CI)/Mental Retardation (MR).
 - Typically, function on the lower functioning end of the autism spectrum.
 - Require intensive, frequent, 1-1 therapy, in a clinic or home (self-contained) setting.
 - Typically, therapy period lasts 1-2 years.
 - Ultimate therapy goal: Minimize disruptive, non-productive behaviors, part-time placement in regular education classroom, with moderate special educational support. Functional communication and daily living skills.
 - **Requires second opinion by an independent qualified specialist (CADD team) to receive this maximum benefit.**
 - *Those who meet criteria for Pervasive Developmental Disorder (PDD): Parent training program/Pivotal Response Treatment (PRT)*
 - May or may not have CI/MR. If present, to a lesser degree than AD.
 - Typically, function in the mid-high functioning level of the autism spectrum
 - Require frequent intervention implemented by trained caregivers in both clinic and home settings
 - Typically, therapy period lasts 1-2 years
 - Ultimate therapy goal: Low to average IQ, regular education classroom with modest special education support (i.e., speech therapy)
 - *Those who meet criteria for Autism, PDD, or Asperger: Behavioral consultation which may be needed separately, without options i or ii (above) or following either option presented above:*
 - May or may not have CI/MR, depending on diagnosis
 - Functioning level from low to high
 - Require consultative intervention for caregivers and/or educators. Purpose of intervention is to modify the “systems” surrounding the child, in an indirect manner, through appropriate functional analysis of behavior, institution of supports, response strategies, and environmental modifications to effect change in the child.
 - Typically, intervention period lasts 3-6 months.
 - Ultimate therapy goal: Eliminate unwanted, nonproductive behaviors and improve skills through replacement behaviors/communication. Fully functional in all settings; home, school, and community.

- **Provider Qualifications**
 - **Diagnosis and Assessment**
 - Developmental Pediatrician (M.D./D.O)
 - Pediatric Neurologist (M.D.)
 - Child Neuropsychologist (Ph.D.)
 - Board Eligible/Board Certified Child Adolescent Psychiatrist (M.D./D.O.)
 - Board Certified, Licensed Psychologist (Ph.D.)
 - Certified Speech/Language Pathologist (Ph.D., autism specialist)
 - Board Certified, Medical Geneticist (M.D., Ph.D.)
 - **Interventions and Treatment**
 - Speech Language Pathologist: Must hold (minimally) Certificate of Clinical Competence (CCC) and Master's Level degree in S/L Pathology.
 - Occupational Therapist: OTR certification
 - Physical Therapist: PT certification
 - Psychologist: Must hold (minimally) Master's level degree in Psychology and licensure.
 - Nutritionist: CCN certification
 - ABA Therapist: BCBA certification.
- **Provider Locations**
 - Henry Ford Health System (HFHS)
 - Beaumont Hospital
 - The Early Intervention Center (Intervention only)
 - University of Michigan Hospitals
 - Children's Hospital of Michigan
 - Pine Crest Christian Health System: Diagnostic services located at Main Campus in Grand Rapids and Traverse City
 - Hope Network: Grand Rapids/Lansing area: Diagnostic and intervention services
 - In private-practice ABA Therapists who meet the provider qualifications listed above.

Capital One Plan Benefits

- ABA therapy: 100% coverage for in or out of network providers.
 - No age limits
 - No dollar cap or limits
 - Use the tutor model with certification required by a BCBA.
 - Initial and concurrent review required to maintain coverage.
- Coverage for speech, OT and PT services.
 - No annual limit on visits.
- Associate costing sharing is plan deductible and coinsurance.
 - 70, 80 or 90% depending on the plan enrolled in.

Comments: Cost to the plan has been immaterial at \$275,000 in 2010 in a medical budget of \$200M.

**Iron Mountain Information
Management, Inc.**

OPEN ACCESS PLUS MEDICAL
BENEFITS- Premier Plan

EFFECTIVE DATE: January 1, 2011

OAP1
3206164

This document effective May, 2011 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.



United States or its territories. This coverage is subject to the following conditions and limitations.

Transplant services include the recipient's medical, surgical and Hospital services; inpatient immunosuppressive medications; and costs for organ or bone marrow/stem cell procurement. Transplant services are covered only if they are required to perform any of the following human to human organ or tissue transplants: allogeneic bone marrow/stem cell, autologous bone marrow/stem cell, cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, pancreas or intestine which includes small bowel-liver or multi-visceral.

All Transplant services, other than cornea, are covered at 100% when received at CIGNA LIFESOURCE Transplant Network® facilities. Cornea transplants are not covered at CIGNA LIFESOURCE Transplant Network® facilities. Transplant services, including cornea, received at participating facilities specifically contracted with CIGNA for those Transplant services, other than CIGNA LIFESOURCE Transplant Network® facilities, are payable at the In-Network level. Transplant services received at any other facilities, including Non-Participating Providers and Participating Providers not specifically contracted with CIGNA for Transplant services, are covered at the Out-of-Network level.

Coverage for organ procurement costs are limited to costs directly related to the procurement of an organ, from a cadaver or a live donor. Organ procurement costs shall consist of surgery necessary for organ removal, organ transportation and the transportation, hospitalization and surgery of a live donor. Compatibility testing undertaken prior to procurement is covered if Medically Necessary. Costs related to the search for, and identification of a bone marrow or stem cell donor for an allogeneic transplant are also covered.

Transplant Travel Services

Charges made for reasonable travel expenses incurred by you in connection with a preapproved organ/tissue transplant are covered subject to the following conditions and limitations. Transplant travel benefits are not available for cornea transplants. Benefits for transportation, lodging and food are available to you only if you are the recipient of a preapproved organ/tissue transplant from a designated CIGNA LIFESOURCE Transplant Network® facility. The term recipient is defined to include a person receiving authorized transplant related services during any of the following: (a) evaluation, (b) candidacy, (c) transplant event, or (d) post-transplant care. Travel expenses for the person receiving the transplant will include charges for: transportation to and from the transplant site (including charges for a rental car used during a period of care at the transplant facility); lodging while at, or traveling to and from the transplant site; and food while at, or traveling to and from the transplant site.

In addition to your coverage for the charges associated with the items above, such charges will also be considered covered

travel expenses for one companion to accompany you. The term companion includes your spouse, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver. The following are specifically excluded travel expenses:

travel costs incurred due to travel within 60 miles of your home; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.

These benefits are only available when the covered person is the recipient of an organ transplant. No benefits are available when the covered person is a donor.

GM6000 05BPT7

V11

Breast Reconstruction and Breast Prostheses

- charges made for reconstructive surgery following a mastectomy; benefits include: (a) surgical services for reconstruction of the breast on which surgery was performed; (b) surgical services for reconstruction of the nondiseased breast to produce symmetrical appearance; (c) postoperative breast prostheses; and (d) mastectomy bras and external prosthetics, limited to the lowest cost alternative available that meets external prosthetic placement needs. During all stages of mastectomy, treatment of physical complications, including lymphedema therapy, are covered.

Reconstructive Surgery

- charges made for reconstructive surgery or therapy to repair or correct a severe physical deformity or disfigurement which is accompanied by functional deficit; (other than abnormalities of the jaw or conditions related to TMJ disorder) provided that: (a) the surgery or therapy restores or improves function; (b) reconstruction is required as a result of Medically Necessary, noncosmetic surgery; or (c) the surgery or therapy is performed prior to age 19 and is required as a result of the congenital absence or agenesis (lack of formation or development) of a body part. Repeat or subsequent surgeries for the same condition are covered only when there is the probability of significant additional improvement as determined by the utilization review Physician.

GM6000 05BPT2

V2

Autism Spectrum Disorder – effective 4/1/2011

- Charges for the diagnosis and treatment of autism spectrum disorder. Autism spectrum disorders are any of the pervasive developmental disorders as



defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders. These disorders include: autistic disorder; Asperger's disorder; and pervasive developmental disorders not otherwise specified.

Diagnosis includes the following: Medically Necessary assessments; evaluations, including neuropsychological evaluations; genetic testing; or other tests to diagnose whether an insured has one of the autism spectrum disorders.

Treatment includes the following care when prescribed, provided or ordered by a licensed physician or licensed psychologist who determines the care to be Medically Necessary: Habilitative or Rehabilitative; pharmacy; Psychiatric; Psychological; and therapeutic.

Habilitative or Rehabilitative care means professional counseling and guidance services and treatment programs, including, but not limited to, applied behavior analysis supervised by a board certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of an individual. Applied behavior analysis includes the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

Psychiatric care means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

Psychological care means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

Therapeutic care includes services provided by licensed or certified speech therapists, occupational therapists, physical therapists or social workers.

Pharmacy care is included to the same extent that such care is provided by the policy for other medical conditions.

The guidelines used by the insurance company to determine if coverage for the diagnosis and treatment of autism spectrum disorder is Medically Necessary will be:

- developed with input from practicing physicians in the insurer's service area;

- developed in accordance with the standards adopted by national accreditation organizations;
- updated at least biennially or more often as new treatments, applications and technologies are adopted as generally accepted professional medical practice; and
- evidence-based, if practicable.

In applying such guidelines, the insurer will consider the individual health care needs of the insured.

Benefits are payable on the same basis as for the diagnosis and treatment of other physical conditions. No annual or lifetime visit or dollar limits apply to the diagnosis and treatment of autism spectrum disorder.

No coverage is provided for services to an individual under: an individualized family service plan; an individualized education program; an individualized service plan; or for services related to autism spectrum disorder provided by school personnel under an individualized education program.

Summary Plan Description

Aetna EPO Plan

Effective January 1, 2011

Together we'll go far



- Provides services managed by a licensed Behavioral Health Provider who, while not needing to be individually contracted, needs to:
 - Meet the Aetna credentialing criteria as an individual practitioner
 - Function under the direction and supervision of a licensed psychiatrist (Medical Director)
- Has individualized active treatment plan directed toward the alleviation of the impairment that caused the admission.
- Provides a level of skilled intervention consistent with patient risk.
- Meets any and all applicable licensing standards established by the jurisdiction in which it is located.
- Is not a Wilderness Treatment Program or any such related or similar program, school, or education service.
- Has the ability to assess and recognize withdrawal complications that threaten life or bodily functions and to obtain needed services either on-site or externally.

To receive benefits, you must be admitted by a physician.

Additional substance abuse treatment facility requirements include:

- For member detoxification services, the residential treatment facility must have the availability of on-site medical treatment 24 hours a day, 7 days a week and must be actively supervised by an attending physician.
- 24 hours a day, 7 days a week supervision by a physician with evidence of close and frequent observation.
- On-site, licensed Behavioral Health Providers and medical or substance abuse professionals 24 hours a day, 7 days a week.

Psychological and neuropsychological testing

You pay \$25 copay per office visit. Aetna Behavioral Health considers neuropsychological (NPT) or psychological testing (PT) medically necessary when needed to enhance psychiatric or psychotherapeutic treatment outcomes after a detailed diagnostic evaluation if:

- Testing is needed to aid in the differential diagnosis of behavioral or psychiatric conditions when the member's history and symptomatology are not readily attributable to a particular psychiatric diagnosis and the questions to be answered by testing could not

be resolved by a psychiatric or diagnostic interview, observation in therapy, or an assessment for level of care at a mental health or substance abuse facility.

- Testing is needed to develop treatment recommendations after the member has been tried on various medications, psychotherapy, or both, has not progressed in treatment, and continues to be symptomatic.

Testing is not covered to diagnose or rule out:

- Attention Deficit Disorder (ADD)
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Learning disorder or disability

Autism coverage

You pay \$25 copay per visit. With Aetna Behavioral Health preauthorization, the autism benefit provides coverage for Intensive Behavioral Therapies (IBT) for team members and dependents with autism and autism spectrum disorders.

Each case will be reviewed, each diagnosis will be validated, and each treatment plan will be evaluated for appropriateness. Aetna Behavioral Health level of care standards shall be applied.

The Plan covers IBTs, including applied behavioral analysis (ABA) and Repetitive Behavioral Intervention (RBI) that has been preauthorized by Aetna Behavioral Health.

What is not covered

In addition to any other exclusions and limitations specified in this chapter, the following are not covered as mental health or substance abuse benefits under the Plan. Some services may be eligible for some level of coverage under the Plan. Please see Chapters 2 and 3 for more information about services and prescription drugs that may be covered by the Plan.

- The Plan will not pay benefits for any other services, treatments, items, or supplies, other than IBT, ABA, or RBI as defined by the Plan, even if recommended or prescribed by a physician, or if it is the only available treatment for autistic conditions.
- Behavioral health coverage for the autism benefit excludes tuition to publicly funded school-based programs for Pervasive Developmental Disorder (PDD) or any services provided by noneligible providers.
- Chelation therapy
- Vocational rehab

- Educational services
- Dolphin therapy
- Equine therapy
- Recreational therapy
- Academic education during residential treatment
- Aversion therapy
- Care that does not meet the Aetna Behavioral Health coverage criteria guidelines
- Court-ordered psychiatric or substance abuse evaluation, treatment, or psychological testing — unless Aetna Behavioral Health determines that such services are medically necessary for the treatment of a DSM-IV mental disorder.
- Custodial care, regardless of the setting in which such services are provided. Custodial care is defined as services that do not require special skills or training, and that either:
 - Provide assistance in activities of daily living (including but not limited to feeding, dressing, bathing, ostomy care, incontinence care, checking of routine vital signs, transferring, and ambulating)
 - Do not require continued administration by trained medical personnel in order to be delivered safely and effectively
- Services for or related to educational testing, rehabilitation, or learning disabilities (except as listed as covered elsewhere in this SPD)
- Experimental or investigational therapies as determined by Aetna Behavioral Health. Generally, health care supplies, treatments, procedures, drug therapies, or devices that are determined to be any of the following:
 - Not generally accepted by informed health care professionals in the U.S. as effective in treating the condition, illness, or diagnosis for which their use is proposed
 - Not proven by scientific evidence to be effective in treating the condition, illness, or diagnosis for which their use is proposed
 - Undergoing scientific study to determine safety and efficacy
- Non-abstinence-based or nutritionally based substance abuse treatment
- Charges for missed appointments, room or facility reservations, completion of claim forms, or record processing
- Services performed by a provider who is a family member by birth or marriage, including spouse, brother, sister, parent, or child, including any service the provider may perform on him- or herself
- Services performed by a provider with your same legal residence
- Claims filed more than 12 months from the date of service
- Services received after the date your coverage under the Plan ends, including services for conditions arising or under treatment before your coverage ends
- Interest or late fees charged due to untimely payment for services
- Out-of-network services, unless approved by Aetna
- Private duty nursing (see the “[Extended skilled nursing care](#)” section on page 18 for more information)
- Psychiatric or psychological examinations, testing, or treatment that Aetna Behavioral Health determines is not medically necessary, but which nevertheless may be required for purposes of obtaining or maintaining employment or insurance, or pursuant to judicial or administrative proceedings
- Psychological or neuropsychological testing that has not been preauthorized by Aetna Behavioral Health
- State hospital treatment, except when determined by Aetna Behavioral Health to be medically necessary
- Therapies that do not meet national standards for mental health professional practice: for example, primal therapy, bioenergetic therapy, crystal healing therapy, rolfing, megavitamin therapy, or vision perception training
- Treatment for personal or professional growth, development, or training, or professional certification
- Treatment for stammering or stuttering, including that to maintain employment or insurance
- Treatment not provided by an independently licensed psychiatrist, psychologist, or master-level mental health provider
- Treatment of chronic pain, except when rendered in connection with treatment of a DSM-IV mental disorder
- Treatment of a covered health care provider who specializes in the mental health care field and who receives treatment as a part of their training in that field

- Treatment of impulse control disorders such as pathological gambling, kleptomania, pedophilia, or caffeine
- Treatment of antisocial personality disorder
- Treatment in wilderness programs or other similar programs
- Educational services:
 - Any services or supplies related to education, training, or retraining services or testing, including special education, remedial education, job training, and job hardening programs
 - Evaluation or treatment of learning disabilities, minimal brain dysfunction, developmental, learning and communication disorders, behavioral disorders, (including pervasive developmental disorders) training or cognitive rehabilitation, regardless of the underlying cause
 - Services, treatment, and educational testing and training related to behavioral (conduct) problems, learning disabilities, and delays in developing skills
- Services that do not meet the criteria established in, or are excluded under, the Aetna Behavioral Health’s mental health and substance abuse coverage policy guidelines

Claims and appeals

All claims must be filed within 12 months from the date of service.

If you use a network provider, the provider will file the claim for you, and Aetna Behavioral Health will pay the provider directly.

To obtain a claim form, call Aetna at 1-888-802-4271 or visit wfaetnaplan.com.

If the provider files a claim on your behalf, you are still responsible for ensuring it is filed properly and within the required time frame. More information on filing claims can be found in “Appendix A: Claims and appeals” in your *Benefits Book*.

Mental health and substance abuse claim questions, denied coverage, and appeals

If you have questions or concerns about a claim already filed with Aetna, you may contact member services before filing an appeal with Aetna. For more information, see the “[Contacts](#)” section on page 1.

You may also file an appeal with Aetna without first informally contacting the Aetna member services department. An appeal must be filed within 180 days of the date of the adverse determination of your initial claim regardless of any verbal discussions that have occurred regarding your claim. Once you exhaust the internal appeals procedures, you are entitled to an external review of your claim.

Complete information on appeals is provided in the *Benefits Book*, “Appendix A: Claims and appeals.”

Summary Plan Description

UnitedHealthcare PPO Plan

Effective January 1, 2011

Together we'll go far



Mental Health and Substance Abuse Plan benefits

You can discuss your mental health or substance abuse needs in confidence or seek outpatient treatment referrals by calling either Employee Assistance Consulting (EAC) or UnitedHealthcare. When you call EAC or UHC and it's not an emergency, they will give you the name, address, and telephone number of one or more network providers in your area so you can make an initial appointment.

For treatment to be a covered health service, UBH must determine that the treatment is medically necessary, based on the UBH coverage criteria guidelines.

Pre-service authorization required

The services listed below also require pre-service authorization in order to receive benefits under the Plan. For preauthorization, contact UHC at 1-800-842-9722. Any authorization is limited to a specific number of services for a specific period of time. If additional services are needed, you will need to obtain a new authorization before receiving those services. Refer to the "Pre-service claim" section in "Appendix A: Claims and appeals" in your *Benefits Book* for more information.

- Inpatient treatment
- Residential treatment centers (RTC)
- Partial hospitalization
- Intensive outpatient treatment
- Structured outpatient treatment
- Out-of-network substance abuse
- Autism treatment
- Psychological and neuropsychological testing

Emergency care

Please refer to the "[Emergency care](#)" section on page 19 for information.

Continuing review for hospitalization

While you are in the hospital, UBH will continue to review the medical necessity of your stay and treatment. If you receive services from an out-of-network therapist or facility, you have the option to move to a network therapist and facility where you will be covered at network benefits. If you choose not to transfer, you will receive the out-of-network benefit if available, or no coverage.

Residential treatment for children and adolescents

After you satisfy the deductible, you pay coinsurance. Residential treatment services are provided in a facility or a freestanding residential treatment center that provides overnight mental health services for individuals who do not require acute inpatient care but who do need 24-hour medical supervision.

To be covered, the center must include an adequate educational program, as determined by UBH at its discretion, for school-aged children and adolescents.

Admission to a residential treatment center is not intended for use solely as a long-term solution or to maintain the stabilization acquired during treatment in a residential facility or program.

Psychological and neuropsychological testing

After you satisfy the deductible, you pay coinsurance. Psychological and neuropsychological testing is covered with UBH preauthorization, when conducted for the purpose of diagnosing a DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) mental disorder or in connection with treatment of such a mental disorder. Testing is not covered to diagnose or rule out:

- Attention Deficit Disorder (ADD)
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Learning disorder or disability

Autism coverage

After you satisfy the deductible, you pay coinsurance. With United Behavioral Health preauthorization, the autism benefit provides coverage for Intensive Behavioral Therapies (IBT) for covered participants and dependents with autism and autism spectrum disorders.

Each case will be reviewed, diagnosis validated, and treatment plan evaluated for appropriateness. UBH level of care standards shall be applied.

The Plan covers IBTs, including applied behavioral analysis (ABA) and Repetitive Behavioral Intervention (RBI), with preauthorization.

What is not covered

In addition to any other exclusions and limitations specified in this chapter, the following are not covered as mental health or substance abuse benefits under the Plan. Some services may be eligible for some level of coverage under the Plan. Please see “[Chapter 2: UnitedHealthcare PPO Plan](#)” starting on page 5 and “[Chapter 3: Prescription drug benefit](#)” starting on page 37 for more information about services and prescription drugs that may be covered by the Plan.

- The Plan will not pay benefits for any other services, treatments, items, or supplies, other than IBT as defined by the Plan, even if recommended or prescribed by a physician, or if it is the only available treatment for autistic conditions.
- Behavioral health coverage for the autism benefit excludes tuition to publicly funded school-based programs for Pervasive Developmental Disorder (PDD) or any services provided by noneligible providers.
- Chelation therapy.
- Respite care.
- Vocational rehab.
- Educational services.
- Dolphin therapy.
- Recreational therapy.
- Academic education during residential treatment.
- Aversion therapy.
- Care that does not meet the UBH coverage criteria guidelines.
- Care that has not been preauthorized by UBH when required.
- Court-ordered psychiatric or substance abuse evaluation, treatment, or psychological testing — unless UBH determines that such services are medically necessary for the treatment of a DSM-IV mental disorder.
- Custodial care, regardless of the setting in which such services are provided. Custodial care is defined as services that do not require special skills or training, and that either:
 - Provide assistance in activities of daily living (including but not limited to feeding, dressing, bathing, ostomy care, incontinence care, checking of routine vital signs, transferring, and ambulating)
 - Do not require continued administration by trained medical personnel in order to be delivered safely and effectively
- Services for or related to educational testing or learning disabilities.
- Experimental or investigational therapies as determined by UBH. Generally, health care supplies, treatments, procedures, drug therapies, or devices that are determined to be any of the following:
 - Not generally accepted by informed health care professionals in the U.S. as effective in treating the condition, illness, or diagnosis for which their use is proposed
 - Not proven by scientific evidence to be effective in treating the condition, illness, or diagnosis for which their use is proposed
 - Undergoing scientific study to determine safety and efficacy
- Non-abstinence-based or nutritionally based substance abuse treatment.
- Charges for missed appointments, room or facility reservations, completion of claim forms, or record processing.
- Services performed by a provider who is a family member by birth or marriage, including spouse, brother, sister, parent, or child, including any service the provider may perform on himself or herself.
- Services performed by a provider with your same legal residence.
- Claims filed more than 12 months from the date of service.
- Services received after the date your coverage under the Plan ends, including services for conditions arising or under treatment before your coverage ends.
- Interest or late fees charged due to untimely payment for services.
- Private duty nursing (see the “[Extended skilled nursing care](#)” section on page 20 for more information).
- Psychiatric or psychological examinations, testing, or treatment that UBH determines is not medically necessary, but which nevertheless may be required for purposes of obtaining or maintaining employment or insurance, or pursuant to judicial or administrative proceedings.
- State hospital treatment, except when determined by UBH to be medically necessary.
- Therapies that do not meet national standards for mental health professional practice: for example, primal therapy, bioenergetic therapy, crystal healing therapy, rolfing, megavitamin therapy, or vision perception training.

- Treatment for personal or professional growth, development, or training, or professional certification.
- Treatment for stammering or stuttering, including that to maintain employment or insurance.
- Treatment not provided by an independently licensed psychiatrist, psychologist, or master-level mental health provider.
- Treatment of chronic pain, except when rendered in connection with treatment of a DSM-IV mental disorder.
- Charges above reasonable and customary amounts as calculated by UHC/UBH using data tables from the Health Insurance Association of America.
- Services that do not meet the criteria established in, or are excluded under, the claims administrator's medical coverage policy guidelines.

Claims and appeals

All claims must be filed within 12 months from the date of service.

If you use a network provider, the provider will file the claim for you, and UBH will pay the provider directly.

If you use an out-of-network provider, to file your claim, complete an UHC or UBH claim form, attach itemized bills, and send to:

UnitedHealthcare
PO Box 30884
Salt Lake City, UT 84130

You can request or print a claim form by:

- Calling UHC at 1-800-842-9722 to request a form
- Going to liveandworkwell.com (access code: wells Fargo) or by going to myuhc.com

If the provider files a claim on your behalf, you are still responsible for ensuring it is filed properly and within the required time frame. More information on filing claims can be found in the *Benefits Book*, "Appendix A: Claims and appeals."

Mental health and substance abuse claim questions, denied coverage, and appeals

If you have questions or concerns about a claim already filed with UBH, you may contact Member Services before filing an appeal with UBH. For more information, see the "[Contacts](#)" section on page 1.

You may also file a written appeal with UBH without first informally contacting UBH Member Services. An appeal must be filed within 180 days of the date of the adverse determination of your initial claim regardless of any verbal discussions that have occurred regarding your claim. Once you exhaust the internal appeals procedures, you are entitled to an external review of your claim.

Complete information about claims and appeals is provided in the *Benefits Book*, "Appendix A: Claims and appeals."



Health Plans

Date: 9/22/2011

Dear _____

This letter is to notify you of a change to your IU Health Employee Health Plan coverage for Autism Spectrum Disorders. IU Health Employee Health Plan will begin using the findings of the National Standards Project to cover services for members with Autism Spectrum Disorders beginning January 1, 2012. We would like to inform you that _____ services received in 2011, including her regular Health and Behavior Assessments, will continue to be covered in 2012.

The National Autism Center (NAC) through the National Standards Project chose to build consensus among experts on the treatment of Autism Spectrum Disorders with the goal of providing evidence-based practice guidelines. Through this project, four treatment categories have been created. These include Established Treatments, Emerging Treatments, Un-established Treatments and Ineffective/Harmful Treatments. The guidelines can be found on the National Autism Center (NAC) website <http://www.nationalautismcenter.org/affiliates/>.

The Established Treatments will be covered benefits. Established Treatments are defined by the National Standards Project as treatments for which scientific evidence (several well-controlled studies) has shown the intervention produces beneficial effects although universal improvements cannot be expected to occur for all individuals. The Established Treatments include:

Antecedent Package

- Applied Behavioral Analysis (ABA)
- Behavioral Psychology
- Positive Behavioral Supports

Behavioral Package

- Applied Behavioral Analysis (ABA)
- Behavioral Psychology
- Positive Behavioral Supports

Comprehensive Behavioral Treatment for Young Children (under the age of 8)

- Applied Behavioral Analysis Programs
- Behavioral Inclusive Programs
- Early Intensive Behavioral Intervention

Joint Attention Intervention

- Individual is taught to respond to the nonverbal social bids of others and/or initiate joint attention interactions

Modeling

- Targeted behavior is modeled (live or video)

IU Health Plans
1776 N. Meridian St., Suite 300
Indianapolis, IN 46202



Health Plans

Naturalistic Teaching Strategies

- Focused Stimulation
- Incidental Teaching
- Milieu Teaching
- Embedded Teaching
- Responsive Education
- Prelinguistic Milieu Teaching

Peer Training Package

- Peer Networks
- Circle of Friends
- Buddy Skills Package
- Integrated Play Groups
- Peer Initiation Training
- Peer-mediated Social Interactions

Pivotal Response Treatment (PRT)

- Pivotal Response Training or Teaching
- Natural Language Paradigm

Schedules

- Presentation of a task list that communicates a series of steps required to complete a specific activity often with reinforcement

Self-management

- Individuals are taught to independently regulate their behavior through checklists, visual prompts, and tokens

Story-based Intervention Package

- Written descriptions of situations (Social Stories) are provided under which specific behaviors are expected to occur

If you have additional questions regarding this information please contact me at IU Health Plan Medical Management at 317.963.9853.

Sincerely,

Jennifer L. McElwain, RN
Medical Management

IU Health Plans
1776 N. Meridian St., Suite 300
Indianapolis, IN 46202

From: "Zanzinger, Catherine V."
Date: Mon, 1 Jun 2009 13:55:38 -0500

Subject: Benefit Description for Autism Spectrum Disorders

Below is a description of the Autism benefit for Yahoo families. Please visit our website at Magellanhealth.com, and see the Autism Speaks link for information on ABA treatment. I can be reached at 800/424.1565, ext 77144, if you have any questions. If you are interested, we can assist you in finding the appropriate provider.

Benefit Consideration for Autism Related Diagnoses

Any enrolled member who meets the covered diagnoses of Autism Spectrum Disorder Diagnoses (Autistic Disorder, Asperger's Syndrome and Pervasive Development Disorder NOS) as well as Childhood Disintegrative Disorder, who belong to the Aetna plans, is eligible for treatment, provided the treatment is preauthorized by Magellan at 800-424-1787.

Note: The Aetna medical plans will cover Speech Therapy, Occupational Therapy and Physical Therapy as it relates to one of the above diagnoses for up to 60-visits per year, combined, up to age 7 (i.e., through age 6).

Behavioral health autism benefit expenses will be covered at 80% of Usual, Customary and Reasonable (UCR) charges or contracted rates where available, up to \$25,000 per year, with a lifetime maximum of \$75,000. These expenses will not count toward satisfying your annual out-of-pocket maximum.

Note: Authorized traditional outpatient and inpatient Behavioral Health services (including medication management) provided by licensed behavioral health professionals for conditions associated with autism will continue to be paid at the existing Managed Behavioral Health rates per the Yahoo! benefit plan, will not count against the \$25,000 annual or \$75,000 lifetime maximum, but will count towards your annual deductibles and out of pocket maximums.

BH Treatment of Autism may be provided by:

- Providers who meet established qualifications, such as "certified" ABA providers.
- Providers who perform services in consultation with or under the supervision of a "certified" provider.
- Clinically licensed professionals such as clinical social workers, clinical psychologists, other masters level therapists, physical, occupational or speech therapists.

The benefit does not include tuition for school-based programs, equipment or services provided by non-eligible providers.

Catherine V. Zanzinger, MFT

Magellan Health Services*
El Segundo, CA

ph: 1-800-424-1565 x77144
fax: 310-726-7055

**Magellan Subsidiaries in California are Human Affairs International of California and Magellan Health Services of California, Inc. - Employer Services*

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- Not provided solely for comfort or convenience;
- For the condition it is ordered;
- Utilized in the proper quantity, frequency and duration for the treatment of the conditions for which they are ordered; and
- Not redundant when combined with other treatment being rendered to the covered person.

Eligible Expenses from A Through Z

All of the medical plans cover a range of medical services and supplies, subject to the plan's deductibles, coinsurance, exclusions and limits, as listed under the "Your Medical Plan Benefits Chart." Covered services and supplies include the following:

Acupuncture — covered based on medical necessity and clinical guidelines

Allergy injections/serum

Ambulance services — charges for a licensed ambulance provider to take you to the nearest hospital where needed medical care and treatment can be provided

Anesthetics and their administration

Autism-related disorder therapy and treatment — applied behavioral analysis, psychiatric care and psychological care related to the treatment of autism spectrum disorders (including autism, Asperger's disorder, pervasive developmental disorder not otherwise specified, Rett's disorder and childhood disintegrative disorder) for dependent children up to age 19

Blood transfusions and blood not donated or replaced

Breast reconstruction and breast prostheses — federal law requires health plans that provide mastectomy benefits to also provide coverage for certain kinds of reconstructive surgery following a mastectomy. If you or a covered dependent is receiving benefits under the medical plan in connection with a mastectomy and you elect breast reconstruction in consultation with the attending physician, coverage will be provided for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Breast reduction (reduction mammoplasty)

- Charges made for reduction mammoplasty for symptomatic macromastia as medically necessary; and
- Charges made for surgical treatment of gynecomastia as medically necessary.

A top 10 technology company –

Autism Resources for Technology Company

Autism Condition Specific Team

Cigna has established an autism care management team. The Cigna autism team is comprised of full- time licensed mental health professionals who have all received training in autism spectrum disorders (ASD). When an individual, family member, or provider contacts Cigna for assistance related to ASD, they are assigned to an autism care manager who will assist the family by providing ongoing case management, and by addressing all questions and concerns related to autism benefits, treatments and community supports.

The autism team at Cigna provides the following services to customers who have a family member with an autism spectrum disorder:

- ⌚ Find resources and offer referrals in the member's area
- ⌚ Search for health professionals within our autism health professional network
- ⌚ Provide helpful information about treatment options
- ⌚ Help the member learn about and make the most of their behavioral benefit plan
- ⌚ Help coordinate and integrate care between behavioral and medical benefits

How to obtain an Autism Care Manager

- Call 1-800-274-7603
- At the prompt press “2” (member)
- When you speak to a Personal Health Team Member, provide them with your ID information and request to speak to an “Autism Care Manager”
- At this time a message will be sent to the Autism Team. They will research your benefits/request and return your call in 24-48 hours during routine business hours (Monday-Friday, 8:00-5:00 CST)

Autism Awareness Series and Resources

Cigna offers a free education awareness series designed to provide parents, family members and caregivers with information on the physical, mental, and emotional issues common in children who are experiencing an autism spectrum disorder. The information in this series is designed to educate parents on strategies for dealing with the day to day challenges they may experience. For more information on the autism awareness series schedule, visit www.cignabehavioral.com.

Autism Awareness Page

Find additional autism information and resources by visiting www.cignabehavioral.com and clicking the “more autism information and resources” link at the bottom of the page under the autism awareness- a Cigna Education Series page.

Symantec Benefits for Autism

Applied Behavioral Analysis Therapy (ABA)- effective 1/1/2012 Mental Health outpatient benefits include coverage of Applied Behavioral Analysis related to the treatment of autism spectrum disorders (including Autistic Disorder, Asperger's disorder, Pervasive Developmental Disorder not otherwise specified, Rett's Disorder and Childhood Disintegrative Disorder). Unlimited visits per plan year.

- CIGNA Choicefund HRA Plan/Utah Choicefund PPO Plan- Plan pays 90% in network; Plan pays 70% out of network; unlimited visits per plan year
- CIGNA Open Access Plus/Utah PPO- Plan pays 85%; Plan pays 60%; unlimited visits per plan year

CIGNA Autism Care Management Team will be the gate keepers to the ABA treatment. Prior authorization would be required to obtain benefit.

Short Term Rehabilitation benefits

Speech, physical, and occupational therapy are covered for autism spectrum disorders. Benefits are limited to 60 days per plan year and are covered under your medical benefits for the diagnosis of autism.

Note: speech therapy for both developmental delay and autism are covered regardless of medical necessity. (Developmental delay is not covered for physical or occupational therapy)

(The definition of autism as a medical condition is as follows: autism spectrum disorders are neurological disorders, usually appearing in the first three years of life that affect normal brain functions and are typically manifested by impairments in communication and social interaction, as well as restrictive, repetitive and stereotyped behaviors.)

Please refer to the SPD for specific benefit information.

MENTAL HEALTH

Situation	CHOICE PLUS NETWORK	CHOICE PLUS NON-NETWORK
Vendor	<ul style="list-style-type: none"> United Behavioral Health - Employer Division Call: 1-866-672-2511 	<ul style="list-style-type: none"> United Behavioral Health - Employer Division Call: 1-866-672-2511
Employee Assistance Program (EAP)	6 EAP visits covered under UBH (1-866-728-8413) In Network providers only	
<p>Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders</p> <p>The Plan pays Benefits for psychiatric services for Autism Spectrum Disorders that are both of the following:</p> <ul style="list-style-type: none"> Provided by or under the direction of an experienced psychiatrist and/or an experienced licensed psychiatric provider; and Focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others and property and impairment in daily functioning. <p>These Benefits describe only the psychiatric component of treatment for Autism Spectrum Disorders. Medical treatment of Autism Spectrum Disorders is a Covered Health Service for which Benefits are available as described under the Enhanced Autism Spectrum Disorders benefit below.</p> <p>Benefits include:</p> <ul style="list-style-type: none"> diagnostic evaluations and assessment; treatment planning; referral services; medical management; inpatient/24-hour supervisory care; Partial Hospitalization/Day Treatment; Intensive Outpatient Treatment; services at a Residential Treatment Facility; individual, family, therapeutic group and provider-based case management services; psychotherapy, consultation and training session for 	<p>Services received on an inpatient or Intermediate Care basis in a Hospital or Alternate Facility: \$250 inpatient copay then 100% of eligible expenses</p> <p>Services received on an outpatient basis in a provider's office or at an Alternate Facility: \$15 per visit then 100% of eligible expenses.</p> <p>Psych Testing does not require authorization.</p> <p>Authorization Required All inpatient and intermediate levels of care must be managed and monitored through United Behavioral Health for both IN and OUT of network to receive coverage.</p> <p>You will have the opportunity to personally select a facility within the UnitedHealthcare network or outside of the UnitedHealthcare Network.</p> <p>Remember, the coverage levels vary depending on if the facility is in or out of the network, and you are required to obtain a pre-authorization before using the Covered Health Services or being admitted.</p> <p>Failure to obtain an authorization will result in the application of a penalty before benefits are paid, and only care that is deemed medically appropriate will be covered. The penalty is listed in the Medical Plan Comparison Chart at https://www.oraclebenefits.com/mez_read.wya</p> <p>If you fail to obtain an authorization for an out-of-network facility, services will be subject to retro-review, where they will be reviewed for medical necessity. Only services deemed medically appropriate will be covered and \$200 penalty will be applied.</p> <p>If you fail to obtain an authorization for a facility in the network, services will be denied.</p> <p>Additional information regarding Autism Benefit and Early Intensive Behavior Intervention Programs (EIBI): The autism benefit provides coverage for Early Intensive Behavior Intervention programs and related interventions for employees and dependents with Autism and Autism Spectrum Disorders effective. This includes but is not limited to Applied Behavior Analysis (ABA) therapy programs.</p>	<p>Services received on an inpatient or Intermediate Care basis in a Hospital or Alternate Facility: 80% of eligible expenses after satisfying \$200 deductible.</p> <p>Services received on an outpatient basis in a provider's office or at an Alternate Facility: 80% of eligible expenses after satisfying \$200 deductible.</p> <p>Psych Testing does not require authorization.</p> <p>Authorization Required All inpatient and intermediate levels of care must be managed and monitored through United Behavioral Health for both IN and OUT of network to receive coverage.</p> <p>You will have the opportunity to personally select a facility within the UnitedHealthcare network or outside of the UnitedHealthcare Network.</p> <p>Remember, the coverage levels vary depending on if the facility is in or out of the network, and you are required to obtain a pre-authorization before using the Covered Health Services or being admitted.</p> <p>Failure to obtain an authorization will result in the application of a penalty before benefits are paid, and only care that is deemed medically appropriate will be covered. The penalty is listed in the Medical Plan Comparison Chart at https://www.oraclebenefits.com/mez_read.wya</p> <p>If you fail to obtain an authorization for an out-of-network facility, services will be subject to retro-review, where they will be reviewed for medical necessity. Only services deemed medically appropriate will be covered and \$200 penalty will be applied.</p> <p>If you fail to obtain an authorization for a facility in the network, services will be denied.</p> <p>Additional information regarding Autism Benefit and Early Intensive Behavior Intervention Programs (EIBI): The autism benefit provides coverage for Early Intensive Behavior Intervention programs and related interventions for employees and dependents with Autism and Autism Spectrum Disorders effective. This includes but is not limited to Applied Behavior Analysis (ABA) therapy programs.</p> <p>Under UnitedHealthcare, the autism benefit</p>

<p>parents and paraprofessional and resource support to family;</p> <ul style="list-style-type: none"> • crisis intervention; and • transitional care. <p>Health Services include Autism Spectrum Disorder services that are focused on educational/behavioral intervention that are rehabilitative in nature and that are backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome. Benefits are provided for intensive behavioral therapies (educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning such as Applied Behavioral Analysis (ABA)).</p> <p>Autism Spectrum Disorder services must be authorized and overseen by the Mental Health/Substance Use Disorder Administrator. Contact the Mental Health/Substance Use Disorder Administrator regarding Benefits for Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders.</p>	<p>Under UnitedHealthcare, the autism benefit program is provided to all employees or dependents with the following primary diagnoses:</p> <ul style="list-style-type: none"> • Autistic Disorder • Childhood Disintegrative Disorder • Asperger's Disorder • Rett's Disorder and • Pervasive Development Disorder not Otherwise Specified/Atypical Autism • Pervasive Developmental Disorder <p>Benefits will be provided as a part of the Behavioral Health Benefit Plan at: 80% of eligible expenses and are limited to a \$20,000 calendar year maximum and a \$40,000 lifetime maximum, combined Network and Non-Network. This does not apply to the plan's out-of-pocket maximum.</p> <p>Eligible participants are through the age of 18 years old.</p> <p>A typical treatment plan may include the following services with an eligible provider of service:</p> <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Speech therapy • Music therapy • Skills training (e.g., activities of daily living, social, coping) • Behavioral therapy (e.g., family, group, individual) • Consultative services (e.g., schools, agencies, community services) <p>(Physical, speech and occupational therapy fall under medical plan.)</p> <p>Each case will be reviewed, diagnosis validated and treatment plan evaluated for appropriateness. Level of care standards shall be applied.</p> <p>Exclusions: Coverage for the autism benefit excludes</p> <ul style="list-style-type: none"> • Tuition for school based programs for autism and autism spectrum disorders, • Any related supplies or equipment associated with the treatment of autism, and any services provided by non-eligible providers. • Dolphin therapy • Nutritional supplements • ECT • Cleansing Therapies <p>Eligible providers include:</p> <ul style="list-style-type: none"> • Providers who have met established qualifications such as a "certified" ABA provider, • Providers who perform services in consultation with "certified" providers (e.g., therapy assistants), • Clinically licensed professionals, such as select Doctorate and Master's prepared providers, trained to treat autism and autism spectrum disorders. <p>In the event a "certified" provider is not available, services may be rendered by a non-certified provider under the supervision of a "certified" provider.</p>	<p>program is provided to all employees or dependents with the following primary diagnoses:</p> <ul style="list-style-type: none"> • Autistic Disorder • Childhood Disintegrative Disorder • Asperger's Disorder • Rett's Disorder and • Pervasive Development Disorder not Otherwise Specified/Atypical Autism • Pervasive Developmental Disorder <p>Benefits will be provided as a part of the Behavioral Health Benefit Plan at: 80% of eligible expenses after satisfying deductible and are limited to a \$20,000 calendar year maximum and a \$40,000 lifetime maximum, combined Network and Non-Network. This does not apply to the plan's out-of-pocket maximum.</p> <p>Eligible participants are through the age of 18 years old.</p> <p>A typical treatment plan may include the following services with an eligible provider of service:</p> <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Speech therapy • Music therapy • Skills training (e.g., activities of daily living, social, coping) • Behavioral therapy (e.g., family, group, individual) • Consultative services (e.g., schools, agencies, community services) <p>(Physical, speech and occupational therapy fall under medical plan.)</p> <p>Each case will be reviewed, diagnosis validated and treatment plan evaluated for appropriateness. 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Additional Information



AUTISM SPEAKS
It's time to listen.

Outfront

November 2010

Issues & trends in workforce management

Employers are finding "they have a hell of a lot of parents with kids with autism."

—Jeff Sell, Autism Society

► BENEFITS

AUTISM ENTERS INTO THE EQUATION

One in 110 babies is born with autism, according to the CDC, and now more employees are seeking coverage.

When Michael Kulstad's son Cameron was diagnosed with autism at age 4, Kulstad knew he faced years of expensive medical treatment. At the time, he worked for the federal government, which covered unlimited occupational therapy visits for Cameron.

Unfortunately, his next employer, an international law firm, didn't provide such comprehensive coverage. Kulstad struggled to coordinate care for his son and manage the red tape involved in getting just part of Cameron's therapy covered. "There's so much paperwork that they throw at you that it's frustrating. You don't know what's covered and what's not," says Kulstad, whose son, now 9 years old, is mainstreamed in school but is pulled out of class for therapy.

Kulstad eventually left that firm to become senior manager for media relations at McGuireWoods, a law firm in Washington, D.C., that annually solicits employee proposals on ways to improve benefits.

In his pitch to add autism benefits, Kulstad compiled the latest research data on the disorder and described care for Cameron. The statistics helped make Kulstad's case, says Christina Smith, chief human resources officer for McGuireWoods. The Autism Society of America says autism is the fastest-growing developmental disorder in the United States, and the latest figures from the U.S. Centers for Disease Control and Prevention show one in 110 babies born in the U.S. have the disorder. It is even more common for boys, at a rate of one in 70 births.

"We were pleased to be educated by Mike in terms of the need for this enhancement," Smith says. Last January, McGuireWoods expanded its autism benefits package, including coverage for the speech, occupational and counseling therapies that Cameron needs.

Unlike other chronic medical conditions diagnosed in childhood, autism is sometimes mislabeled as a learning disability and doesn't qualify for coverage under some insurance plans. The National Institutes of Health defines autism as "a developmental disorder that appears in the first

roots organization, drafted proposed legislation urging states to make autism benefits mandatory for insurance plans governed under the Employee Retirement Income Security Act of 1974, commonly known as ERISA. Autism Speaks, another advocacy group, proposed similar legislation, and the two organizations are working together at the state level.

Since then, 23 states have mandated autism coverage with such initiatives currently making their way through 22 other state legislatures and the District of Columbia. Five states are not currently consider-

MICHAEL KULSTAD
SUCCESSFULLY
PERSUADED HIS
EMPLOYER TO
OFFER AUTISM
BENEFITS.

Michael Kulstad and his son Cameron

three years of life and affects the brain's normal development of social and communication skills."

Depending on the severity of the disorder, treatments could include medication and various forms of therapy, including occupational, physical, speech-language, vision and sensory integration, a term that refers to the way the nervous system receives messages from the senses and turns them into appropriate motor and behavioral responses. Because autism is a highly individualized disorder, medical care is tailored to each case.

In 2009, the Autism Society, a grass-

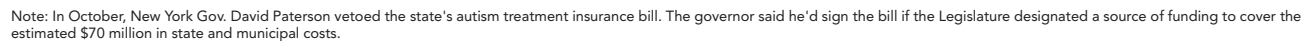
ing introducing such bills.

But state mandates aren't a panacea for parents of autistic children. The laws can't require companies with self-funded insurance plans, such as McGuireWoods, to offer autism coverage. ERISA exempts such plans—in which employers directly assume most of or the entire cost of health insurance for their employees—from compliance with state insurance laws. Fifty-nine percent of all covered workers are now in self-funded insurance plans, according to the Kaiser Family Foundation *Employer Health Benefits* survey for 2010.

Few large companies with self-funded

Twenty-three states now have autism coverage laws on the books, and 22 more plus the District of Columbia have introduced autism insurance reform bills. Only five states are not currently pursuing autism insurance reform.

Source: Autism Speaks



Douglas Nemecek, the national medical director of behavioral health for Cigna Corp., the Philadelphia-based insurance company, also receives more inquiries from companies about autism benefits. Some employers “recognize the significant impact the autism spectrum disorder is having on the employees and their family,” he says. “On the other side, they are balancing that with concerns for

Like the law firm McGuireWoods, Cisco Systems began offering autism

—*Rita Colorito*

Autism: Facts for Employers



**National
Business
Group on
Health**

Over the last several decades, the number of autism diagnoses has increased sharply. This fact sheet provides an overview of autism and its treatment, as well as strategies employers can use to assist employees who are caring for a family member with autism.

How common is autism?

According to the Centers for Disease Control and Prevention, approximately 1 in every 110 children in the United States has autism (almost 1%)¹ and tens of millions worldwide are affected. This estimate makes autism more common than childhood cancer, juvenile diabetes and pediatric AIDS combined. Research shows that boys are more likely than girls to develop autism, and are diagnosed three to four times as often. An estimated one of every 70 boys in the United States is diagnosed with autism.²

While the rate of autism diagnosis has increased dramatically in recent years (diagnoses increased 556% between 1991 and 1997;^{3,4} research showed a more modest increase of 57% between 2002 and 2006¹), it may be that not all of the increase in diagnoses reflects an actual rise in the number of children with autism. Other possible explanations may be greater public awareness of the disorder⁵ and the recent introduction of the term “autism spectrum disorders” to include a broad range of clinical characteristics.⁶

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What is autism?

Autism is one of the three “autism spectrum disorders” (ASDs), a group of disorders that also includes Asperger syndrome and pervasive developmental disorder not otherwise specified (PDD-NOS). These developmental disorders are characterized by problems with socialization, communication, and behavior.⁷ Of the three, autism is typically the most severe disorder.⁸

The symptoms of autism vary widely, but the disorder’s trademark feature is impaired social interaction.⁹ People with the most serious cases have a complete inability to communicate or interact with others.¹⁰ Some signs of autism may include:¹⁰

- Poor eye contact
- Failure to respond to one’s name
- Speech with an abnormal tone or rhythm (e.g. singsong or robot-like)
- Repetitive movements, such as rocking, spinning, or hand-flapping
- An insistence on specific routines or rituals
- Sensitivity to light, sound, touch and other stimuli.

How is autism diagnosed?

Autism usually begins before age three and lasts throughout a person’s life, although the symptoms may become milder over time. The disorder is sometimes diagnosed in children as young as 18 months, but other children are not diagnosed until they are much older. It is difficult to diagnose autism because there is no medical test available—it is diagnosed based only on an individual’s behaviors, and these can differ greatly between any two people with autism.⁷

What causes autism?

Scientists do not yet know for sure what causes autism. There are likely many causes. Current possibilities include:¹⁰

- Genetic errors
- Environmental factors (e.g., viruses, certain chemicals like PCBs¹¹)
- Problems during labor and delivery

- Damage to the amygdala (the portion of the brain that detects danger)
- Increased paternal age
- Other medical conditions (children with fragile X syndrome, tuberous sclerosis, Tourette syndrome, and epilepsy are at higher risk of having autism)

Is autism caused by vaccines?

With the increased prevalence of autism in the 1990s, some people believed that vaccinations were responsible. This belief likely stems from the fact that children show autism symptoms around the same age that they receive the measles, mumps, and rubella (MMR) vaccine, which used to contain a form of mercury called thimerosal.¹² However, autism diagnosis rates have actually risen since thimerosal was removed from childhood vaccines in 2001, and recently, several research studies have disproved the idea that autism is linked to vaccinations.¹³ Unfortunately, despite scientific evidence to the contrary, approximately one out of every four parents continues to believe that vaccines cause autism in otherwise healthy children.¹⁴

How is autism treated?

There is no cure for autism, but early intervention services (prior to age 3) may help.⁷ Even after this age, possible therapies include:

- **Educational/behavioral:** Therapists use highly structured sessions to help children develop social and language skills.⁹ Specific examples include Applied Behavior Analysis (ABA) and Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH).
- **Medications:** Doctors may prescribe medications for autism-related symptoms (e.g., anxiety, depression, attention-deficit hyperactivity disorder, epilepsy or obsessive-compulsive disorders). Antipsychotic medications may also be prescribed for children who have severe behavior problems.⁹
- **Other therapies:** Speech, occupational and physical therapy may be helpful for children with autism. Speech therapy can help a child develop language and social skills, while occupational and physical therapy can help improve coordination and motor skills.¹⁵ Family interventions, including parent training, are also recommended.¹⁶

Experts recommend that children with autism begin intervention services as soon as autism is strongly suspected. Children should receive at least 25 hours per week of intensive interventions that include systematically planned, developmentally appropriate educational activities.¹⁶

How might autism affect my employees?

Families of children with autism experience a number of challenges in trying to meet the needs of their children. Some of these include:¹⁷

- **Difficulty getting a diagnosis:** Parents often suspect that their child's behavior is atypical long before they actually get a medical diagnosis. A recent study showed that the mean age of the first evaluation of children with autism spectrum disorders was 48 months, but the mean age of diagnosis was 61 months.¹⁸ Early diagnosis is important because early intervention services have shown to be beneficial, particularly when started before age three.¹⁹
- **Getting appropriate intervention services:** For best results, it is recommended that children with autism receive intensive educational programming for at least 25 hours a week. Therefore, parents must sort through a multitude of information about available treatment and services. Adding to this difficulty is a lack of providers with autism expertise in many parts of the country.
- **Coordinating care:** The system of care for individuals with autism spectrum disorders is fragmented. Services are delivered in many different settings, including schools, residential treatment programs and traditional health care settings.²⁰ Research shows that parents of children with autism use an average of six separate services over a six-month period, have an average of eight different providers involved in their child's care and spend approximately 27 hours in interventions each week. With these extreme time demands, it is not easy for parents to ensure that collaboration and communication is taking place among service providers.²¹

Studies show that parents of children with special needs have higher rates of anxiety and depression than parents whose children are without special needs. Rates of anxiety and depression are actually highest in parents of children with autism.²² Also, mothers of children with autism are much more likely than other mothers to report being highly stressed and having poor or fair mental health.²³ This is especially important because research shows that high levels of parental stress can counteract the effectiveness of a child's autism interventions.²⁴

How does autism affect my business and health care costs?

The societal costs of autism are staggering: Caring for and treating a person with the disorder costs more than \$3 million over a lifetime.²⁵ In terms of employer costs, research shows that children with autism spectrum disorders have higher rates of usage of health care services and higher health care costs than other children. In one recent study, children with autism spectrum disorders had twice the mean number of clinic visits as other children (5.6 versus 2.8 visits per year). Other costs

were also higher, including the mean cost of hospitalization (\$550 versus \$208 per year), clinic visits (\$1373 versus \$540 per year), and prescription medications (\$724 versus \$96 per year).²⁶ Other research shows that people with autism have average medical expenditures that exceed those without autism by anywhere from \$4,110 to \$6,200 per year.²⁷

Lost productivity for parents who care for children with autism is another issue. In fact, providing care for any ill dependent is associated not only with increased absenteeism and work limitations for an employee, but an increase in his/her number of health risks as well.²⁸ Work disruptions caused by caregiving responsibilities result in productivity losses of \$1,142 per employee per year. The demands of caring for a child with autism may even force a parent to leave the work force.²⁹

What about insurance coverage?

Caring for a child with autism entails a very heavy financial responsibility. Many autism treatments are excluded from health insurance coverage; the extent of insurance coverage for autism treatments is a highly debated issue. Opponents of including autism treatment in health benefits argue that autism is an educational issue more than a medical one, that children with autism are best served in the school system, and that insurance coverage of autism treatments will result in higher premiums for everyone.³⁰ However, based on current prevalence rates and expenditures, premiums would likely only increase by about 1% if autism treatments were covered under insurance plans.³¹

Despite the concerns, many states have legislated mandatory insurance coverage for children with autism. During the 2007-2008 legislative session, Arizona, Florida, Illinois, Louisiana, Pennsylvania, South Carolina and Texas enacted such legislation. In 2009, Colorado, Connecticut, Montana, Nevada, New Jersey, New Mexico, and Wisconsin followed suit. Other states require limited coverage for autism under mental health insurance laws.³²

Children with disabilities, including autism, do receive certain educational services at no cost through the Individuals with Disabilities Education Act (IDEA). Depending on the child's needs, services may include transportation, counseling, recreation and enrichment programs, school nurse services, and physical, occupational and speech therapy.³³ However, educational services alone are not adequate to meet the needs of a child with autism.

What can I do for my employees?

- Make employees aware of resources that are available through the state, school system and community (for local resources, see: www.autismspeaks.org/community/resources/index.php). Many services are available at no cost through the IDEA legislation. The number of autism diagnoses is growing faster than the number of available treatment providers, so it may be difficult for your employees to locate the services they need.
- Educate parents about the importance of early intervention for autism. For example, let parents know that they should seek medical advice if their child:¹⁰
 - Doesn't babble or coo by 12 months.
 - Doesn't gesture by 12 months.
 - Doesn't say single words by 16 months.
 - Doesn't say two-word phrases by 24 months.
 - Loses previously acquired social or language skills at any age.
- Use your employee assistance program (EAP) to assist employees who are caring for those with autism. The EAP can help caregivers locate the resources they need in the community as well as provide support for caregivers themselves.
- Promote and/or support the medical home. Medical homes, while useful for all children, can be especially beneficial for children with special health care needs and their parents. Parents of children with special health care needs report significantly less delayed or foregone health care when their children have a medical home.³⁴ For more information, see: <http://www.businessgrouphealth.org/pdfs/Medical%20home%20proof%20FINAL.pdf>.
- Encourage pediatric well-child visits. Pediatricians play an important role in recognizing autism spectrum disorders because they are typically the first medical point of contact for parents. Also work with your health plan to ensure that providers are screening for developmental disorders during these well-child visits.
- Facilitate parent support or affinity groups and community involvement. Other parents and local not-for-profit organizations can be major sources of support for caregivers.
- Talk to your health plans about potential solutions for insurance issues, including making sure that evidence-based treatment options are covered and that there is an adequate number of providers. See below for an example of how a large employer, Cisco Systems, Inc., partnered with its health plans to develop a benefit specifically for autism treatment.

Autism coverage at Cisco Systems, Inc.

In 2007, based on recommendations from employees, Cisco Systems, Inc. developed a health plan benefit specifically for autism treatment. In close partnership with its health plans and consultants, the company adopted coverage for two evidence-based treatments, Applied Behavioral Analysis (ABA) and Relationship Development Intervention (RDI). These specific treatments were chosen for their strong track records of improving the lives of children and also easing some of the challenges for families. The first version of the benefit included a \$30,000/year and \$90,000/lifetime maximum, but these limits have been removed for 2010 due to mental health parity laws.

Hearing parent concerns about needing help not only in paying for care but also in navigating the entire claims process, Cisco also worked with its health plans to designate a key contact within each plan that would specifically focus on autism claims from Cisco employees. The key contact ensures that appropriate care is being given and that claims are being processed appropriately and in a timely fashion, which eliminates much of the administrative burden on parents and family members. They also facilitate communication between the behavioral and medical parts of the health plan.

Cisco's autism benefit went into effect on January 1, 2007, and since then the company has had many follow-up conversations with the original group of parent employees who were involved in developing the benefit. The conversations bring together representatives from Cisco, health plan medical directors, and benefit consultants, with a goal of fine-tuning the benefit and related processes based on feedback from parents. According to representatives from Cisco, parents have been extremely appreciative of the benefit and have used the services quite responsibly.

Recommendations based on Cisco's experience include:

- 1) **Talk to your employees.** Hear their stories and let them know the company cares—and not just about employee productivity or costs. While those concerns are part of the equation, it is most important to create an environment where employees can contribute their skills without being distracted and worried about their families. Be open to designing new plan provisions to cover unmet needs based both on claims data and employee input.
- 2) **Keep the dialogue open.** Cisco's management was willing to hear parent complaints and take responsibility for the problem. When a problem wasn't solved effectively, they worked with the parents to solve it together.
- 3) **Work with your health plans.** Sit down with your health plan administrators and get to know the medical directors on both the medical and behavioral health sides. Challenge them to remain current on medical literature and research, and if possible, make them available and accessible for parent questions during periodic scheduled meetings.
- 4) **Hold the health plans accountable.** Health plans need to be proactive in building a network of preferred providers. Cisco's health plans are responsible for identifying Centers of Excellence and actively recruiting them to participate in provider panels. It is also important that the health plans help providers organize appropriate certification, licensure, and supervision where appropriate. Many times, providers are certified in an autism treatment but not licensed, so it is important that they be supervised by a licensed mental health practitioner.

For more information, please see the Business Group's October 2007 issue brief Behavioral Health Awards: Employer Implementation and Best-Practices at

http://www.businessgrouphealth.org/pdfs/issuebrief_awardsoct2007.pdf.

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FACTSheet

April 2010

Autism: Facts for Employers



**National
Business
Group on
Health**

**Center for
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and Health
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Written by:

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Acknowledgements:

Autism: Facts for Employers was generously funded by Grant #G96MC04447 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. All materials are in the public domain.

About the Center for Prevention and Health Services

Mission:

- Educate large employers about diseases and health issues in order to protect and promote health and well-being among their employees and beneficiaries as well as control costs.

The Center:

- Identifies strategies and develops tools to address health and benefits issues.
- Translates health research into practical solutions for large employers.
- Provides the national voice for large employers and links them with national expertise and resources.

For more information, e-mail healthservices@businessgrouphealth.org.

Fact Sheet

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Helen Darling, President, National Business Group on Health

About the National Business Group on Health

The Business Group is the only non-profit organization devoted exclusively to representing large employers' perspectives on national health issues and providing solutions to its members' most important health care and health benefits challenges. The Business Group fosters the development of a safe health care delivery system and treatments based on scientific evidence. Members share strategies for controlling costs, improving patient safety and quality of care, increasing productivity and supporting healthy lifestyles.

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October 10, 2003

Ms. Donna Zimmerman
Vice President, Government & Community Relations
Health Partners
Mail Stop: 21110G
P.O. Box 1309
Minneapolis, Minnesota 55440-1309

By fax: (952) 883-5380, original to follow by mail.

Dear Ms. Zimmerman:

Attached is a copy of recent correspondence I have received from my constituent, Ms. [REDACTED] regarding HealthPartners decision to stop providing benefits for Intensive Early Intervention Behavior Therapy Services (IEIBTS) effective January 1, 2004.

Autism is the most pervasive developmental disorder, with a prevalence of 10 to 12 children per 10,000, according to the Report of the Surgeon General (copy enclosed). Furthermore, according to the enclosed clinic studies of IEIBTS, intensive, sustained special education programs and behavior therapy early in life is the only proven therapy for the treatment of autism.

I would also like to draw your attention to HealthPartner's *Promising Therapies Approach* and quote from your website:

"When a new medical procedure or treatment comes on the scene, it can take years before formal research findings are published and the therapy is accepted as proven care instead of experimental care...But at HealthPartners, we think you should receive coverage for treatments that have shown the most promise, even before all the studies are final."

Your website then proceeds to list the standards for determining when a new, experimental treatment should be considered a promising therapy. These standards include:

1. Reliable evidence preliminarily suggests a high likelihood that the patient will have improved outcomes compared to standard treatment.
2. Reliable evidence suggests conclusively that beneficial effects outweigh any harmful effects.

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Ms. Donna Zimmerman
October 10, 2003
Page 2

It seems to me that HealthPartners' mission "to improve the health of our members, our patients and the community" and the *Promising Therapies* program would lead you to believe that IEIBTS is a positive programs for your members with autism and, thus, deserves to maintain the present level of coverage.

██████████ and his family are currently benefitting from IEIBTS. HealthPartners' psychologist Karen Hampton has recommended the therapy for ██████████. This type of intensive, sustained therapy early in life is the only extensively researched validated form of treatment of autism. I would ask you to thoroughly review the enclosed letters from ██████████ and the research in support of IEIBTS. ██████████ has benefitted greatly thus far from IEIBTS and HealthPartners' coverage of the needed continued therapy would allow him to obtain his full rehabilitative potential.

I am forwarding this material for your consideration and response. Marye Knudson, a member of my Fort Snelling staff, may be contacting you as well to discuss this concern. If you have any questions, or need additional information in order to properly investigate this matter, you may contact Marye at (612) 727-5220.

Please direct your final response to Marye Knudson at my Fort Snelling office.

Your assistance is greatly appreciated.

My best regards.

Sincerely,



Mark Dayton
United States Senator

Attachments

Cc: ██████████
Ed Mowery (By fax: 952-883-5666)

MD: mdk

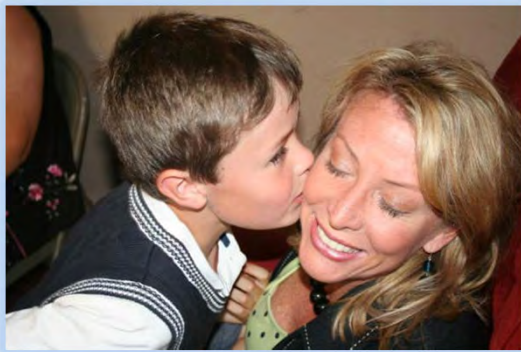
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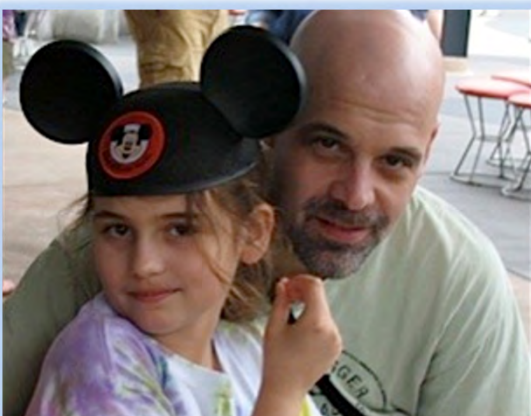
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