



autism speaks®

Guidance for Self-Funded Health Insurance Plan Autism Services Coverage Language

The following information is intended to be used as guidance and recommendations to self-funded health insurance plan managers in the drafting of coverage language for autism services. Please contact us at advocacy@autismspeaks.org for questions or more information.

Coverage should be provided for evaluation and diagnosis of autism, as well as for the medically necessary treatment of mental/behavioral and physical health symptoms. Medically necessary means based upon evidence and reasonably expected to do any of the following: prevent the onset of an illness, condition, injury, or disability; reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability; or assist to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and the functional capacities that are appropriate for individuals of the same age.

This medically necessary treatment for autism might include one to multiple of the following: speech therapy, occupational therapy, physical therapy, behavioral therapy such as applied behavior analysis (ABA), psychiatric and psychological services, and pharmaceuticals.

Treatment programs should be individualized, and there should be no artificial caps placed upon service hours, patient age or autism diagnosis age.

CONTACT:

advocacy@autismspeaks.org



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;

Supporting you and your family during the moments that matter

2015 benefits enrollment guide



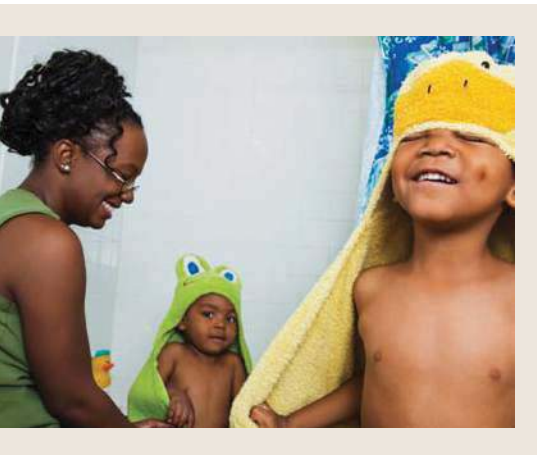
We're expanding some of our benefits and programs in 2015

Enhanced autism coverage

Our Aetna plans provide resources and support for family members with autism, and, in 2015, we're adding coverage for applied behavior analysis (ABA). See [page 21](#) for more information.

Limited Purpose FSA

On [page 22](#), you'll see that we're introducing this new account that can work alongside your Health Savings Account (HSA). You can use the Limited Purpose Health Flexible Spending Account (FSA) to pay for eligible dental and vision expenses and preserve your HSA as an investment account for other health care expenses, even into retirement.



Health FSA and Limited Purpose FSA rollover

If you have unused funds at the end of the year in a Health Flexible Spending Account (Health FSA or the Limited Purpose FSA), up to \$500 will automatically roll over to be used for eligible expenses the following year. See [page 9](#) for more information.

Expanded preventive care services

In keeping with U.S. health care reform, in-network preventive care continues to be available at no cost to you, even if you haven't met your annual deductible ([see page 29](#)). Some new preventive care services will be available in 2015, including:

- Medications for the prevention of breast cancer if you're determined to be at high risk
- Lung cancer screenings if you're determined to be at high risk
- Gestational diabetes screening
- Screening for tobacco use and programs to help you stop



Prepaid legal

For less than \$200 a year, you can enroll in prepaid legal, offered through Hyatt Legal Plans. The program, outlined on [page 16](#), provides access to experienced attorneys for common legal issues, such as real estate matters, family services, civil lawsuits, wills, estate planning and more.

Child care reimbursement

We're expanding eligibility of our Child Care Plus® program so that there no longer is a base salary maximum. If your total family income is \$100,000 or less, you may be eligible for a monthly reimbursement of up to \$240 per child for certain child care expenses in 2015. To learn more, see the [Child Care Reimbursement](#) page on Flagscape®.





A few additional notes about health plans

Prescription drug coverage

As before, non-formulary drugs won't be covered by the Aetna health plans. A formulary is a list of brand name and generic drugs that are both cost-effective and safe. To see the formulary list, log on to caremark.com and select **View drug list and formulary** from the right-hand column.

Prescription drug copayments and coinsurance currently count toward the out-of-pocket maximum under the Consumer Directed High Deductible Plan, and, beginning in 2015, will also apply to the following plans:

Aetna Consumer Directed Plans

Members who choose a brand name drug when a generic is available will pay the applicable brand copayment or coinsurance, as well as the difference in cost between the brand and generic drug. The difference paid between the brand and generic costs will not count toward the out-of-pocket maximum. Note: Out-of-network pharmacy claims also count toward the out-of-pocket maximum.

All Kaiser Permanente Consumer Directed Plans

All of your out-of-pocket costs for all covered medical and prescription drug expenses count toward your out-of-pocket maximum.

HMSA Hawaii plan

Prescription drug copayments will count toward a separate prescription drug out-of-pocket maximum of \$3,600 for individual and \$4,200 for family.

Kaiser Permanente plans

Coverage for certain Kaiser Permanente plans in certain markets may be different.

ABA: Enhanced autism coverage

For 2015, Aetna health plans will cover ABA and speech, physical and occupational therapy for children diagnosed with an autism spectrum disorder.

For ABA:

- Precertification is required prior to services being rendered.
- Ongoing reviews for medical necessity take place at specific intervals throughout the child's treatment (intervals vary based on the child's needs and the target behaviors that are being addressed through therapy).
- ABA providers must be independently licensed professionals such as clinical social workers, clinical psychologists, or masters level therapists; or they must be behavior analysts certified by the Behavior Analyst Certification Board.
- ABA may be provided in an office setting, in the home or in another community setting outside of the classroom. Services provided in the classroom setting are not covered.
- If your current ABA provider is not part of the Aetna network, contact an Aetna Health Concierge to review your options, including: inviting your provider to join the network, making plans for a gradual transition to an in-network provider through the transition of care process, or using your out-of-network benefits.

For physical, occupational and speech therapy:

- There is a 90-visit annual limit. This annual therapy limit is combined with other conditions which may also require physical, occupational and/or speech therapy.
- For physical and occupational therapy, a review for continued medical necessity is required after 25 visits.

For additional information, contact an Aetna Health Concierge at 1.877.444.1012 Monday through Friday between 8 a.m. and 6 p.m. your local time.

Kaiser Permanente plans will continue to cover therapies for autism, including ABA, in all regions except Georgia (due to state mandates).

Health care accounts

Depending on your enrollment choices, you may receive a new Visa® debit card for your health care account.

Bank contributions

Your performance year cash compensation, the plan and the coverage level you elect are used to determine how much the bank will contribute to your health care account.

Eligible dependents

For health care accounts, eligible dependents under the Health Reimbursement Arrangement (HRA), the Health Flexible Spending Account (Health FSA) and the Limited Purpose Health Flexible Spending Account (Limited Purpose FSA) include the participant's birth, adopted or placed-for-adoption, step and foster children under age 26, among other eligible dependents.

However, per IRS requirements, the definition of an eligible dependent child under a Health Savings Account (HSA) only includes family members whom you can claim as dependents on your federal income tax return. If you are uncertain if a child or other individual qualifies as your eligible dependent, call the Global HR Service Center.

Maintaining access to your HRA balance

If you have an existing HRA, you can maintain access to any balance in that account by enrolling in an HRA-eligible plan and remaining employed by the bank. If you're still employed by the bank and choose a plan that's not HRA-eligible or choose not to enroll in a health plan, your HRA balance will continue to roll over. The balance won't be accessible until you reenroll in an HRA-eligible plan or leave the bank after meeting the Rule of 60. HRA-eligible plans include the Comprehensive Traditional Plan and the Consumer Directed Plan. For more information, refer to the 2013 SPD on the [Health & Insurance](#) page on Flagscape.

- 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.

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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.

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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. McAdams, 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.

Account Name: **ORACLE, INC.**

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. 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>
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autism speaks®

Additional Information



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.

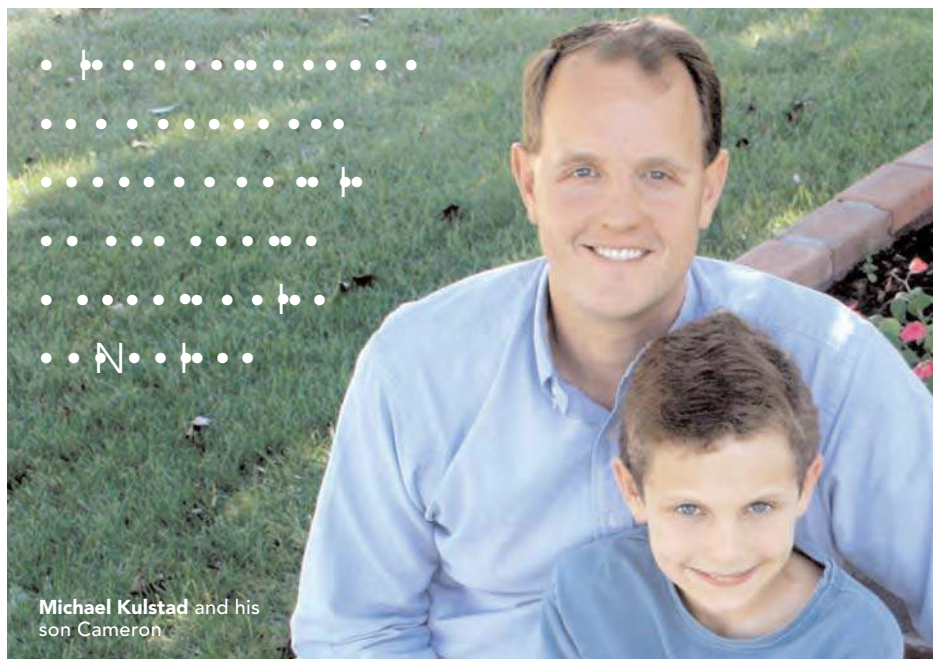
In his pitch to add autism benefits, Kulstad compiled the latest research data on the disorder and described care for Cameron. The statistics helped make Kulstad's case, says Christina Smith, chief human resources officer for McGuireWoods. The Autism Society of America says autism is the fastest-growing 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 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

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

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Autism: Facts for Employers



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Written by:

Amy E. Reagin

Program Analyst, Center for Prevention and Health Services

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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

National Business Group on Health

Center for Prevention and Health Services

50 F Street N.W., Suite 600 • Washington, D.C. 20001

Phone (202) 628-9320 • Fax (202) 628-9244 • www.businessgrouphealth.org

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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