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September 15, 2009

Janice M. Kane
Bureau Chief, Early Steps
Children's Medical Services Network
4052 Bald Cypress Way, Bin A06
Tallahassee, Florida 32399-1707

Re: Health Plan Coverage for Autism/Autism Spectrum Disorder

Dear Ms. Kane,

In response to questions conveyed to the Office of Insurance Regulation (Office) through FICCIT Member Cynthia Fuller, the Office would like to make available the following update on health plan carrier adoption of the required coverage for autism spectrum disorder.

Background

Effective April 1, 2009, the Florida Legislature enacted required coverage for autism spectrum disorder. The following summarizes the mandate:

- Effective date: April 1, 2009 (plans issued or renewed after this date. Mandate applies as plans renew coverage).
- Applies to: large group health plans provided by an insurer or health maintenance organization. Large group is defined as more than 50 employees. (Note: self-funded health plans are exempt from state mandates under the federal law called ERISA. See below for more detail).
- Eligible individual: under 18 years of age, or 18 or older and in high school, who was diagnosed as having a developmental disability at 8 years of age or younger.

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MARY BETH SENKEWICZ • DEPUTY COMMISSIONER
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Affirmative Action / Equal Opportunity Employer

- Mandated:
 - Coverage: for autism spectrum disorder (autistic disorder, Asperberger's syndrome, and pervasive developmental disorder not otherwise specified)
 - Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder
 - Services: speech therapy, occupational therapy, physical therapy, and applied behavior analysis

- Limitations:
 - The general exclusions and limitations of the plan, such as participating provider requirements, case management, coordination of benefits, etc.
 - Treatment must be prescribed by insured's treating physician in accordance with a treatment plan
 - \$36,000 annually and \$200,000 lifetime (to be adjusted annually by medical component of the Consumer Price Index)

- Providers authorized to provide the services:
 - A health care provider certified pursuant to s. 393.17 (for behavior analysts);
 - A health care provider licensed under chapter 490 (for psychological services); or
 - A health care provider licensed under chapter 491 (for clinical, counseling or psychotherapy services).

- Enforcement: subject to enforcement by the Office, except for any plan that signed the Developmental Disabilities Compact. (One company, Total Health Choice, Inc. signed the compact).

Insurance Carrier/Health Plan Compliance

The law requires that carriers/health plans offer this coverage for all new large group health insurance policies or health plan coverage contracts issued or renewed after April 1, 2009.

All carriers in the large group market which are required to have filed contract changes to implement the mandated coverage have done so. All insurance carriers and HMOs providing comprehensive or major medical type plans must provide coverage for Autism Spectrum Disorder as described above regardless of whether or not the insured has received an amendment to his or her coverage certificate.

Carriers that have filed are:

1. Aetna Health, Inc.
2. Aetna Life Insurance Co.
3. American Heritage Life Insurance Company
4. AvaHealth, Inc.
5. Avmed, Inc.
6. Blue Cross/Blue Shield
7. Capital Health Plan, Inc.
8. CIGNA Healthcare of Florida, Inc.
9. Connecticut General Life Ins. Co.
10. Coventry Health and Life Insurance Co.
11. Health First Health Plans, Inc.
12. Health Options
13. Humana Health Insurance Company of Florida
14. Humana Medical Plan, Inc.
15. Mega Life & Health Insurance Company
16. Neighborhood Health Partnership, Inc.
17. Preferred Medical Plan, Inc.
18. The Public Health Trust of Dade County
19. Total Health Choice, Inc.
20. United Healthcare Insurance Company
21. United Healthcare of Florida, Inc.
22. Vista Healthplan of South Florida, Inc.
23. VISTA Health Plan, Inc.

Implementation Notes

- As policies or HMO contracts are renewed, employees/group members covered by a large group policy or HMO contract will receive an “amendment notice” that will inform them that the autism spectrum disorder benefit is now available.
 - If a parent remembers receiving this notice, local Early Steps should be able to assist parents in filing a claim for covered services.
- It is important to note that many large employers do not purchase an insurance policy or HMO contract directly. Most very large employers are actually “self-funded” but will contract with an insurance company or HMO to administer the employer’s health plan for employees. Self-funded plan members might well have an “insurance card” that looks similar to a card issued to a policyholder or HMO subscriber, but the carrier is acting only as an Administrator and not an insurer for that group.

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- An employer self-funded plan is not required to offer the autism spectrum disorder benefit – coverage under a self-funded health plan is regulated under federal law, not Florida law.
- The legislation does require the State Employee Health Plan to provide this benefit.
- Parents with questions about the coverage or about filing a claim can contact the Consumer Assistance Division of the Department of Financial Services:

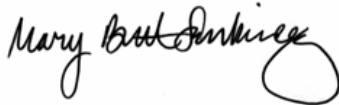
In Florida Toll-free Consumer Helpline: 1-877-MY-FL-CFO (1-877-693-5236)

OR

Interactive consumer services website at: <http://www.myfloridacfo.com/Consumers/>

If I can be of any further assistance to you, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Mary Beth Senkewicz". The signature is written in a cursive style with a large, looping flourish at the end.

Mary Beth Senkewicz

MBS/ayh