

Date: 04/27/2012

  
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 EMPLOYEES  
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Dear Valued Group:

We know you have choices and we thank you for choosing us. We also take great pride in offering you the best service we can. And that's why we're writing - to let you know there's been an enhancement to behavioral health coverage within your plan.

Beginning July 1, 2012, your plan or policy is being updated to comply with a recently passed California bill(SB946). This bill requires that all health plans and policies provide coverage for behavioral health treatment for pervasive developmental disorder or autism.

We've enclosed a copy of the amendment for your employees, and ask that you distribute these to your employees. If you need additional copies, please let us know.

If you have any questions, please contact your Anthem Blue Cross service team.

Thank you for your continued business.

Sincerely,

Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company

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*Your Anthem Blue Cross HMO Plan Amendment*

Anthem Blue Cross ("Anthem") agrees to modify your Combined Evidence of Coverage and Disclosure (Evidence of Coverage) Form by this amendment. All other provisions of the Evidence of Coverage Form which are not inconsistent with this amendment remain in effect. Officers of Anthem have approved this amendment.

**IMPORTANT! This amendment is subject to review and approval by the California Department of Managed Health Care (DMHC). The terms and conditions specified in this document may change as a result of regulatory review and the DMHC's requirements.**

The plan is amended to include coverage for behavioral health treatment for pervasive developmental disorder or autism, as specified below:

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**Benefits for Pervasive Developmental Disorder or Autism**

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This *plan* provides coverage for behavioral health treatment for Pervasive Developmental Disorder or autism. This coverage is provided according to the terms and conditions of this *plan* that apply to all other medical conditions, except as specifically stated in this section.

You must obtain our approval in advance for all behavioral health treatment services for the treatment of Pervasive Developmental Disorder or autism in order for these services to be covered by this *plan* (see "Medical Management Programs" for details). No benefits are payable for these services if our approval is not obtained. You must receive services from an *Anthem Blue Cross HMO provider* in order for these services to be covered, unless you obtain an *authorized referral* to a non-*Anthem Blue Cross HMO provider* (see "Medical Management Programs" for details).

The meanings of key terms used in this section are shown below. Whenever any of the key terms shown below appear in this section, the first letter of each word will be capitalized. When you see these capitalized words, you should refer to this "Definitions" provision.

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**Definitions**

**Pervasive Developmental Disorder** is characterized by severe and pervasive impairment in several areas of development: reciprocal social interactions skills, communication skills, or the presence of stereotyped behavior, interests, and activities. The qualitative impairments that define these conditions are distinctly deviant relative to the individual's developmental level or mental age. These disorders include Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified.

**Applied Behavior Analysis (ABA)** means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or improve behaviors which interfere with learning and social interaction.

**Intensive Behavioral Intervention** means any form of Applied Behavioral Analysis that is comprehensive, designed to address all domains of functioning, and provided in multiple settings for no more than 40 hours per week, across all settings, depending on the individual's needs and progress. Interventions can be delivered in a one-to-one ratio or small group format, as appropriate.

**Qualified Autism Service Provider** is either of the following:

- ◆ A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for Pervasive Developmental Disorder or autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified; or
- ◆ A person licensed as a physician and surgeon (M.D. or D.O.), physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to state law, who designs, supervises, or provides treatment for Pervasive Developmental Disorder or autism, provided the services are within the experience and competence of the licensee.

Our network of *Anthem Blue Cross HMO providers* is limited to licensed Qualified Autism Service Providers who contract with us and who may supervise and employ Qualified Autism Service Professionals or Qualified Autism Service Paraprofessionals who provide and administer Behavioral Health Treatment.

**Qualified Autism Service Professional** is a provider who meets all of the following requirements:

- ◆ Provides behavioral health treatment,
- ◆ Is employed and supervised by a Qualified Autism Service Provider,
- ◆ Provides treatment according to a treatment plan developed and approved by the Qualified Autism Service Provider,
- ◆ Is a behavioral service provider approved as a vendor by a California regional center to provide services as an associate behavior analyst, behavior analyst, behavior management assistant, behavior management consultant, or behavior management program as defined in state regulation, and
- ◆ Has training and experience in providing services for Pervasive Developmental Disorder or autism pursuant to applicable state law.

**Qualified Autism Service Paraprofessional** is an unlicensed and uncertified individual who meets all of the following requirements:

- ◆ Is employed and supervised by a Qualified Autism Service Provider,
- ◆ Provides treatment and implements services pursuant to a treatment plan developed and approved by the Qualified Autism Service Provider,
- ◆ Meets the criteria set forth in any applicable state regulations adopted pursuant to state law concerning the use of paraprofessionals in group practice provider behavioral intervention services, and
- ◆ Has adequate education, training, and experience, as certified by a Qualified Autism Service Provider.

#### **Behavioral Health Treatment Services Covered**

The behavioral health treatment services covered by this *plan* for the treatment of Pervasive Developmental Disorder or autism are limited to those professional services and treatment programs, including Applied Behavior Analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with Pervasive Developmental Disorder or autism and that meet all of the following requirements:

- ◆ The treatment must be prescribed by a licensed physician and surgeon (an M.D. or D.O.) or developed by a licensed clinical psychologist,
- ◆ The treatment must be provided under a treatment plan prescribed by a Qualified Autism Service Provider and administered by one of the following: (a) Qualified Autism Service Provider, (b) Qualified Autism Service Professional supervised and employed by the Qualified Autism Service Provider, or (c) Qualified Autism Service Paraprofessional supervised and employed by a Qualified Autism Service provider, and
- ◆ The treatment plan must have measurable goals over a specific timeline and be developed and approved by the Qualified Autism Service Provider for the specific patient being treated. The treatment plan must be reviewed no less than once every six months by the Qualified Autism Service Provider and modified whenever appropriate, and must be consistent with applicable state law that imposes requirements on the provision of Applied Behavioral Analysis services and Intensive Behavioral Intervention services to certain persons pursuant to which the Qualified Autism Service Provider does all of the following:

- Describes the patient's behavioral health impairments to be treated,
- Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the intervention plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported,
- Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating Pervasive Developmental Disorder or autism,
- Discontinues Intensive Behavioral Intervention services when the treatment goals and objectives are achieved or no longer appropriate, and
- The treatment plan is not used for purposes of providing or for the reimbursement of respite care, day care, or educational services, and is not used to reimburse a parent for participating in the treatment program. No coverage will be provided for any of these services or costs. The treatment plan must be made available to us upon request.

In addition, the provision that pre-service review is required for outpatient *physician* visits for the treatment of *mental or nervous disorders* or substance abuse after the first 12 visits is **deleted and is of no further effect.**

The provision that pre-service review is required for all *facility-based care* for the treatment of *mental or nervous disorders* or substance abuse **remains in effect.**

**Please note that all behavioral health treatment for pervasive developmental disorder or autism is subject to pre-service review in order for benefits to be provided, as specified above.**

The "Authorization Program" provision in the section "Medical Management Programs" is amended to include behavioral health treatment for pervasive developmental disorder or autism, as follows:

**Authorization Program**

The authorization program provides prior approval for medical care or service by a non-*Anthem Blue Cross HMO provider*. The service you receive must be a covered benefit of this *plan*.

**You must get approval before you get any non-emergency or non-urgent service from a non-*Anthem Blue Cross HMO provider* for the following services:**

- ◆ Treatment of *mental or nervous disorders* or substance abuse, and
- ◆ Behavioral health treatment for pervasive developmental disorder or autism.

The toll-free number to call for prior approval is on your Member ID card.

If you get any such service, and do not follow the procedures set forth in this section, no benefits will be provided for that service.

**Authorized Referrals.** In order for the benefits of this *plan* to be provided, you must get approval **before** you get services from non-Anthem Blue Cross HMO providers. When you get proper approvals, these services are called *authorized referral services*.

**Effect on Benefits.** If you receive *authorized referral services* from a non-Anthem Blue Cross HMO provider, the Anthem Blue Cross HMO provider copay will apply. When you do not get a referral, **no benefits are provided** for services received from a non-Anthem Blue Cross HMO provider.

**How to Get an Authorized Referral.** You or your *doctor* must call the toll-free telephone number on your Member ID card **before** scheduling an admission to, or before you get the services of, a non-Anthem Blue Cross HMO provider.

**When an Authorized Referral Will be Provided.** Referrals to non-Anthem Blue Cross HMO providers will be approved only when all of the following conditions are met:

- ◆ There is no Anthem Blue Cross HMO provider who practices the specialty you need, provides the required services or has the necessary facilities within 50-miles of your home; AND
- ◆ You are referred to the non-Anthem Blue Cross HMO provider by a doctor who is an Anthem Blue Cross HMO provider; AND
- ◆ The services are authorized as *medically necessary* before you get the services.

The following changes are made to the section called "Your Benefits at Anthem Blue Cross HMO – What We Do Not Cover":

The exclusions for **Non-Licensed Providers** and **Educational or Academic Services** will not apply to the *medically necessary* treatment of pervasive developmental disorder or autism, to the extent stated in the provision "Benefits for Pervasive Developmental Disorder or Autism" above.

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