

Navigating Insurance Appeals

Presented by ABA Therapy Billing and Insurance Services



Introduction

- ABA Therapy Billing and Insurance Services
 - Provides back office services, primarily for ABA: Credentialing, Case Management (Eligibility/Authorizations), and Billing and Collections Services
- Emily Roche, Director of Services
 - Experience working at providers verifying benefits, obtaining authorizations, negotiating contracts



Topics to Cover

- Two Types of Appeals
- ABA Recommendations and MHPAEA
- Denials for Authorizations/Hours
- Billing Denials
- Appeals Process
- Incorrectly Paid Claims
- Division of Insurance
- Using an Attorney



Two Types of Appeals

- Clinical/Medical Necessity
 - Usually occurs at time of request for authorization
 - Insurance may try to deny or reduce the number of hours requested
 - Could also try to dictate services: location, goals, parent training, etc
- Billing/Claims Processing
 - Denials or incorrect processing after claims are submitted
 - Review EOBs (Explanation of Benefits) carefully to determine results
 - ABA claims have a large number of incorrect claims processing “reasons”
 - Best first step is understanding the denial - reprocess, corrected claims, appeals, etc.

Authorizations and Medical Necessity

Recommendations and MHPAEA

- What can I request? Where can it occur? How many hours?
 - Hint: You can request anything that is medically necessary for the child.
- Mental Health Parity and Addiction Equity Act: Federal Law
- MHPAEA applies to all benefits for mental health conditions
- Mental health conditions are defined in accordance with applicable state and federal law
 - Consistent with generally recognized independent standards of current medical practice such as DSM-V
 - Some states defined autism as a medical condition
 - Insurance policies must also define conditions appropriately
- Has broad application because definition focuses on the mental health condition, not the type of treatment

Requesting Hours

- Know your break down of requested hours and codes
 - Do not assume they know this for you
- ALWAYS (always!) include your RECOMMENDED number of hours
 - If you “need” less due to schedule conflicts, state the recommended hours and then state why you are requesting less and for how long
 - Err on the side of caution, do not limit the hours before you even get started
- It is not necessary to negotiate hours, stick to your recommendation
- Insurance cannot dictate:
 - Location, parent training, goals, timeline for reducing hours or “step-down”
 - Cannot deny or reduce based on age threshold or how many years child has been in ABA treatment

Be Proactive: Train Staff

- Reviewer will start with high level picture
 - Why is child in services, what are the most significant needs, how long has s/he been in services, what are the future plans for treatment (reduction)
- Cover significant maladaptive behaviors or skill acquisition needs
- Tip: Be prepared to highlight most significant need or issues
 - Example: safety issues are major indicators for coverage (eloping into street, opening car doors, PICA, SIB)
- Important to show progress everywhere possible
- Parent Involvement
- Goals “sounding too academic”



Denials or Reduction in Hours

- Initial Review or Phone Call
 - If full authorization is not approved, ask for a peer or secondary review
 - Should occur within a week
- Reduction in hours
 - Be certain the reviewer will issue a denial for the difference
 - Be clear you are not “agreeing” to the decreased hours
- Full Denial
 - Letter should be issued in writing and sent to both the provider and the family

Billing and Claims

Billing Denials

- What if claims deny?
- Understand how to decipher your EOB!
 - Incorrect processing? Incorrect billing? Correct and uncollectible?
 - Incorrect billing = did team schedule correctly?
- Accurate billing can result in 90% of claims paid
 - Now, track and collect the other 10%
- Single Case Agreements: common to have billing issues
- Claims sent to correct payor?
 - Watch out for carve outs, TPAs, etc.



First, Use Best Practices

- Work toward accurate billing and best practices before claims are submitted
 - This will help prevent the need for corrected claims or issues that grow into denials and appeals
- What process are you using to schedule session and enter codes?
 - To track authorized amounts and utilization
- What are your payroll deadlines?
- Timely Filing
 - Be sure to save all documentation if faxing or mailing claims.
 - Were claims sent to the correct place

Claims Processing Errors

- Claims may just process wrong
 - Multiple times!
- Or, payment may be delayed
- Two locations in one day
 - Process/denied as a duplicate
- Patient Responsibility
 - Co-pays or co-insurance applied incorrectly
- First, be sure you read the EOB carefully
- Call claims and have them reprocess



Appeals, Grievances, Complaints

Steps for Appeals

- Appeals Process and Deadlines
- First Appeal:
 - Be prepared to go for it! Common mistake is waiting too long.
 - Need to get family involved
 - Quickest response occurs when member (parent) submits appeal
 - Goal is to “get it out the door quickly”
 - Pay attention to appeal deadline. Can be as short as 60 days!
 - Be sure your provider rep is aware of issue - send in writing to rep
- Secondary Appeal:
 - Occurs if initial appeal is denied
 - Will again have deadline for secondary appeal
 - Need to add all supporting documentation (cannot add for external appeal)

Tips for Writing the Appeal

- Include all demographic information
- Be sure to use information that you have been documenting
 - Dates of each action, reference numbers, names of reviewers
- Include copies of documents
 - Treatment plan, session notes if needed (possibly in billing denials), diagnostic report and physician referral, authorizations, etc.
- Supporting documentation
 - Research articles, white papers from APBA, documents/guidelines from BACB, especially if the insurance review has tried quoting items like this
- Refer to any sections of your contract that are being violated
- Be concise and clear. Use child's name. Always circle back to the need for medically necessary treatment. Highlight any negative impact of delay/reduction in services.

External Appeal, DOI Complaint

- External Appeal
 - Last Appeal: Should be 3rd party reviewer
 - Watch again for deadline
- Options beyond the insurance company?
 - File complaint with Division of Insurance (fully funded insurance)
 - Go directly to employer (self funded insurance)
 - Collaborate with local groups that might have voice with insurance companies - local ABA chapter, legal resource center, etc.
 - Move forward with an attorney

No Denial? No Problem!

- Know your provider representative
- Know your contract
 - Are any terms of your contract being breached?
- Learn about state/federal laws that apply
 - Ex. Texas has a state law that timely filing is a minimum of 95 days
- File a grievance or complaint (rather than an appeal)
 - If insurance will not or has not issued an official denial
 - Provider handbook should have process for grievance listed out
 - Again, continue sending info in writing to your provider rep
- Involve families (they are the customer of the insurance company)
- Exercise your right to leave the network

Find a Healthcare Attorney

- Every ABA agency needs a trusted attorney
- Familiar with healthcare and able to practice in your state
- Becoming in-network is a legally binding contract with the insurance company
- Health insurance is very complex with federal laws, state laws, insurance contracts, and individual family insurance policies all have regulations and guidelines
- Insurance companies are big (and have a lot of \$). Don't be afraid to get some back up!
 - A few hours of time with an attorney could bring in thousands of unpaid claims and prevent future issues!



Resources

- Conferences:
 - APBA (April in St. Louis)
 - Autism Law Summit (September/October)
- Follow Facebook Groups
- Advocate and Collaborate
 - Connect with other agencies in your area
 - Know what is going on in your state
- ABA Treatment of ASD: Practice Guidelines for Funders (BACB)
 - <https://www.bacb.com/asd-practice-document/>
- APBA: <http://www.apbahome.net/page/practiceguidelines>



Questions?

- Contact Us: info@ababilling.net
- Facebook Group:
<https://www.facebook.com/groups/ababillinginshelp/?fref=nf>
- Website: www.ababilling.net
 - Check out our blogs for helpful info!

