

Health Care Resources

Access & Funding for Autism

Health Care Insurance Myths & Facts
Health Care Services Time-Line
Health Care Options



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August 2010
Robert Wood Johnson Foundation
Grant award #66899

Health Care Insurance Myths & Facts

The constantly-changing nature of current health care practices, procedures, and insurance coverage makes it difficult for parents and guardians to separate fact from fiction. Below are a few examples of "obvious" information that are not true in totality or must be examined more closely for clarification.

myth

Private insurance, state-funded health benefit plans (SHBP) and self-funded insurance plans always pay first.

fact If there is private, state-funded, etc., coverage in combination with Medicare, primary coverage is determined by the size of the group covered under that plan. If the group size is less than 100, Medicare pays first; if the group size is more than 100, Medicare pays second. If there is both Medicare and Medicaid coverage, Medicare pays first.

myth

There is little recourse for insurance policyholders when a requested healthcare service is denied, reduced, limited, or terminated.

fact All insurance plans (private, self-funded/self-insured, and state-funded) provide three (3) levels of appeal. The first two levels are internal: informal, and next, formal. The third is external before a neutral party such as a medical review board, State Benefits Commission, or administrative law judge. Medicaid "Fair Hearings" for disputes are conducted by the New Jersey Office of Administrative Law (OAL). Medicaid Managed Care appeals can be conducted at the three levels described above or the policyholder can choose to have a "Fair Hearings" resolution.

myth

Individuals cannot receive both Medicare and Medicaid at the same time.

fact A "dual eligible" Medicare beneficiary may also receive the full range of Medicaid benefits offered in his or her state. For example, Medicare usually pays the charges for inpatient care while Medicaid will pay the co-payment for that inpatient care.

myth

Medicare is a program for poor people.

fact Medicare is a federal program for the elderly and disabled, regardless of financial status. Medicaid is a joint federal and state program for some people with limited incomes and resources.

myth

The New Jersey Healthcare Reform Act of 2009 (allowing coverage for certain behavioral treatments for individuals with autism) affected all New Jersey insurance plans.

fact Only plans that are regulated and governed by the New Jersey Department of Banking and Insurance (DOBI) were affected. Plans that are self-funded/self-insured, based out of State, or are State Health Benefits Programs were not affected.

The facts are based upon information listed in the official websites below:

Centers for Medicare and Medicaid Services (CMS)
www.cms.gov/

Department of Health and Human Services (DHHS)
www.hhs.gov/

NJ Division of Developmental Disabilities (DDD)
www.state.nj.us/humanservices/ddd/index.html

NJ Division of Health and Senior Services (DHSS)
www.state.nj.us/health

NJ Department of Banking and Insurance (DOBI)
www.njdoabi.org

NJ Early Intervention System (NJEIS)
www.njeis.org

See the other sections of this publication for glossary definitions, eligibility requirements, and resource contact information.

Health care is a challenging situation for parents and guardians of people with autism. Knowing as much as possible about current regulations and the appeals processes are an essential element in the ability to maximize benefits.

myth

The largest single insurance healthcare provider in the U.S. is the private insurance companies.

fact Medicare is the largest insurance healthcare provider in the nation, covering almost 40 million Americans.

myth

The NJ Medicaid Community Care Waiver (CCW) is funded entirely by the federal government.

fact The CCW is funded by the State of New Jersey. The federal government then "matches" certain services provided to the individual and reimburses the New Jersey Treasury. For example, medical services are reimbursed, but room and board for residential placements are not. The states have no federal limit on how much they are allowed to budget for the initial services and then submit for reimbursement.

myth

All Early Intervention Services are subject to a sliding scale fee schedule based on income.

fact The following four (4) services are free: 1) Evaluation and Assessment, 2) Service Coordination, 3) Development and Review of an Individualized Family Service Plan (IFSP) and 4) Conflict Resolution. The sliding scale fee schedule applies to direct services, such as medical and therapy services.

myth

Receiving a notice of acceptance into Medicare or Medicaid coverage means that the recipient can immediately cancel all other health insurance policies.

fact Coverage under Medicare or Medicaid involves several effective delayed dates of coverage, based upon numerous factors. Do not cancel any health insurance until Medicare/Medicaid coverage begins officially in writing.

Age 0-3 (Early Intervention)

Suspect Autism Spectrum Disorders (ASDs) New Jersey Early Intervention System (NJEIS)

Funding source:

- NJ Division of Family Health Services
- NJ Department of Health and Senior Services (NJ DHSS)

1. Regional Point of Entry Call

- Call 888.653.4463 to apply for EI services
- Registration (Form SCH - 0) Special Child Health Services Care Plan for children with Special Health Needs (Form CH-15) Universal Child Health Services (UCHR CH-14)

2. Special Child Health Services (SCHS) Case Management

- Single point of entry
- One in each NJ county
- Universal application for services from DHSS, Division of Developmental Disabilities (DDD), Medicaid, NJ Family Care, and Catastrophic Illness in Children Fund
- Autism Supplemental Information (Form SCH - 1)
- Individualized Family Service Plan (IFSP) - Evaluation, Assessment, Service Coordination and Conflict Resolution are free to all

NJEIS utilizes a Family Cost Obligation System for direct services from NJEIS

Funding Source: Private Insurance

- Contact group or individual insurance provider for services not covered (partially or fully) under NJEIS

NOTE: Fully insured plans (may cover co-pays and EIS cost-shares) regulated by state of NJ must comply with the newly enacted NJ Insurance Reform; PL2009 c.115, for autism and other developmental disabilities coverage. Self-insured plans are not subject to this law. NJ Family Care and NJ State Health Benefits Program participants are affected by PL2009 c.115

Age 3-5 (Preschool Disabled Program)

Diagnosis of ASD: Private or Public

Local school district identification, evaluation, and classification. Development & implementation of Individualized Education Plan (IEP)

Funding source:
NJ Department of Education (NJ DOE)

Age 5-21 (Elementary Through High School)

Diagnosis of ASD: Public or Private

Local school district identification, evaluation, and classification. Development and implementation of IEP related services could include school-based nursing services

Funding source: NJ Department of Education
Social Security Income (SSI)

- Before age 18

Funding source: Public

- Social Security Administration (SSA)
- Eligibility for SSI automatically entitles an individual to Medicaid.
- Family resources/income is a factor in eligibility before age 18

Age 21+ (Adult Services System)

Diagnosis of ASD: Public or Private Transition from school district

Division of Vocational Rehabilitation Services (DVRS) Evaluation and other services

Funding source: New Jersey Department of Labor and Workforce Development (NJ DLWD)

1) Applications to be filed with DDD for Medicaid Waiver (CCW) and case management
Funding source: Federal and State

2) Social Security for Supplemental Security Income (SSI) and Medicare
Funding source: Federal

3) NJ Medicaid for health care
Funding source: Federal and State

Health Care Options

Private Healthcare Insurance

Funding source: Private

- Group Insurance – Provided by employer or by subscriber
- Individual Health Coverage Program – "Basic & Essential" Plans
- Small Employer Health Benefits Program

All are subject to regulation and governance by the New Jersey Department of Banking and Insurance (DOBI). Coverage varies depending on policy.

Other Healthcare Insurance Coverage to Compliment Private Insurance

Funding source: Public

- Various individuals with disabilities can also be eligible for Medicare and Medicaid coverage if certain conditions apply.

Self-Funded and Self-Insured Insurance Plans

Funding source: Private

- Employer Funds Plan – Administration may be by major healthcare insurer
- Plans are not subject to same rules and regulations as private plans; e.g., PL2009 c.115 or by NJ DOBI governance
- Coverage varies depending on policy

Coverage to Compliment Self-Funded and Self-Insured Insurance

Funding source: Public

- Various individuals with disabilities can be eligible for Medicare and Medicaid coverage if certain conditions apply.

Public Assistance Supported State/Federal Health Care Programs

Funding source: Various state & federal agencies, private donations, and fee-for-service by individuals

1. Perform Care (Emotional and behavioral services) New Jersey Department of Children and Families
2. The Catastrophic Illness in Children Relief Fund (CIICRF) – State Office of Commission
3. NJ Family Care – NJ DMAHS, Department of Human Services (DHS) low-cost insurance
4. NJ Hospital Care Payment Assistance Program (Charity Care)
5. NJ Work Incentive Network Support (NJWINS) The Family Resource Network – Program name is NJ Workability
6. NJ Care – Medicaid's "medically needy" segment
7. Pharmaceutical Assistance to the Aged and Disabled (NJ PAAD) – NJ Department of Health and Senior Services (DHSS) prescription drug assistance
8. RX4NJ – Prescription drugs, direct from manufacturers at low or no cost

Continuation of private (group or individual) health insurance coverage; self-funded and self-insured health insurance coverage; SHBP; or public assistance healthcare programs (Medicare/Medicaid)

All group plans can cover a dependent up to 31 years of age under the New Jersey State Program DU 31 (Dependent under 31)
Funding source: Private or public

Public Assistance Healthcare Programs

Medicare (Title XVIII)

Funding source: Federal

- Partner program of Social Security
- For elderly and disabled
- No financial qualification
- Four components:
 - 1) Part A – Hospital (Inpatient)
 - 2) Part B – Medical (Physicians' Care)
 - 3) Part C – Medicare Advantage (Parts A & B)
 - 4) Part D – Prescription Drug

Medicaid (Title XIX)

Funding source: Federal and State

- Serves the poor, blind, aged, disabled or members of families with dependent children
- Administered by the NJ Department of Human Services, Division of Medical Assistance and Health Services (NJ DMAHS)
- Income and assets are considered for the fee schedule, until a child is age 18 sliding fee schedule fees for services
- NJ Medicaid MANDATORY services
 - ❖ Inpatient and Outpatient hospital treatment
 - ❖ Laboratory tests and x-rays
 - ❖ Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
 - ❖ Home health care
 - ❖ Physicians services
 - ❖ Nursing facilities for people over 21
 - ❖ Other services such as long-term prescription drugs, and physical, occupational, and speech therapy are optional depending on specific program approval.

New Jersey Medicaid Waivers

1. DDD Community Care Waiver (CCW)
 2. Global Options (GO) Long-Term Care Waiver
 3. Traumatic Brain Injury (TBI) Waiver
 4. Community Resources for People with Disabilities (CRPD)
- Medicaid Waivers are programs designed to meet the needs of certain groups of people who would only be able to qualify for Medicaid in an institutional setting.

State Health Benefits Program (SHBP)

Funding source: Private

- Provided to state employees only
- Is not subject to DOBI regulation
- Plans vary greatly in coverage

Other health care insurance coverage to compliment state (SHBP) insurance

Funding source: Public

- Various individuals with disabilities can be eligible for Medicare and Medicaid coverage if certain conditions apply.