

APPLIED BEHAVIORAL ANALYSIS (ABA) RISK CORRIDOR

Implementation POLICY AND PROCEDURES

OVERVIEW

Starting January 2015, the Oregon Health Authority covered applied behavioral analysis (ABA) for autism, or self-injurious behavior, on a Fee-For-Service (FFS) basis. On July 1, 2016, managed care entities (CCO & MHO) began covering this new service. Due to low utilization in FFS for the initial years and utilization differences across the state, OHA decided to engage in a reconciliation effort for this specific service with CCOs to mitigate risk (upside and downside). Below outlines the reconciliation process that will occur for ABA in 2019.

RISK CORRIDOR

OHA will develop an ABA component of the capitation rates (“ABA Revenue”) for each CCO as it relates to their expected expenses for eligible ABA services over the contract period. The reconciliation against actual ABA Expense will use the provisions specified in Section 6.b. of Exhibit C in the contract.

RECONCILIATION PARAMETERS

ABA Expense will be analyzed using the following steps:

Step 1: 12 months of encounter data will be pulled for the CCO’s entire population

Step 2: Claims with specified ABA procedure codes coupled with an ABA diagnosis will be pulled

Step 3: ABA Expense will be totaled using those claims. There will be only two ways to have medical cost counted towards the reconciliation:

1. The paid amount on each claim will be counted as medical
 - **Note:** Reimbursement will be analyzed for reasonableness
2. If there are no paid amounts, the claims will be shadow priced primarily using CCO-specific fee schedules derived from the relevant CCO data. If information is not available for specific CCOs or procedure codes, then a statewide fee schedule will be applied.

Note: Sub-capitated and other payments will not be included in this reconciliation.

Step 4: OHA will summarize the clients who received ABA treatment in the data and require CCOs to confirm the required steps were taken prior to them receiving services per administrative rule.

Required information per OAR 410-172-0650 (h)(A-C):

- ✓ An evaluation from physician or psychologist with diagnosis of autism or self-injurious behavior (OAR 410-172-0770(1))
- ✓ A recommendation for ABA treatment from a physician or psychologist (OAR 410-172-0770(1)(e))
- ✓ A functional analysis & treatment plan from licensed health care professional (Section 1 of 2015 Oregon Laws Chapter 674 & OAR 824-035-0005)

Step 5: ABA Revenue will be calculated using the ABA line item on the contract rate sheets times actual enrollment for the 12-month period.

Step 6: After confirmation of prior authorization of all eligible medical costs in step 4, OHA will finalize the settlement amount and submit it to CCOs for review. Dollars will be reconciled through capitation mechanism.

ABA CODES

The following codes will be counted for ABA services with a diagnosis of autism or self-injurious behavior on the individual claim to be counted in the reconciliation (along with CCO's confirmation of the prior authorization as outlined above).

97151	97156
97152	97157
97153	97158
97154	99366*
97155	99368*

* Note: These codes could be used for over non-ABA services and will require a diagnosis of autism, and an ABA provider ID.

In addition, the following codes were largely replaced effective in January 2019 by codes listed above. Claims under these codes will still be accepted for the 2019 ABA risk corridor settlement: 0359T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, and 0371T.