

## Notice to Providers Regarding Changes to Cost Share Collection and Classification of Behavioral Health Treatment (BHT) / Applied Behavior Analysis (ABA) Services

### What is Changing?

Previously, Kaiser Foundation Health Plan (KFHP) classified Behavioral Health Treatment (BHT) / Applied Behavior Analysis (ABA) services as outpatient "office visit" services and collected one cost share per day for individual visits and one cost share per day for group visits. To ensure continued compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) and Department of Managed Health Care directives, KFHP has reclassified BHT/ABA services as a "program" and has also changed the cost share to no charge (\$0) for these services in certain plans effective January 1, 2018.

#### Reclassification of BHT/ABA Services to a "Program"

Moving forward, BHT/ABA services will be treated as a "program," which will result in KP administering a single member cost share "per day" in the claims adjudication process. Accordingly, providers' cost sharing administration should be revised to collect one member cost share "per day" for any combination of individual or group visits for BHT/ABA services. This change will apply to all BHT/ABA services, regardless of location. Reclassification of BHT/ABA as a program does not apply to Physical Therapy, Occupational Therapy and Speech Therapy nor the associated cost share.

#### Change in Cost Share Collection for BHT/ABA Services in Certain Plans

To comply with MHPAEA, KFHP will cover BHT/ABA services at no charge (\$0) in certain 2018 Covered California plan designs. There are specific Covered California plan designs that have BHT/ABA services at \$0.

### When is this Changing?

Benefit Plans renewed on or after January 1, 2018, will be revised to reflect the reclassification of BHT/ABA services as a "program" and corresponding cost sharing and deductible applicability will be modified as appropriate.

The overall outcome of the reclassification on member cost sharing can be summarized as follows:

**2017:** Current classification of BHT/ABA services as Outpatient "Office visits." Patient is expected to pay one cost share for each type of service rendered in a day. For example, if a member has 3 group visits in the morning and 1 individual visit in the afternoon, the member will pay one cost share in total for the group visits and one cost share for the individual visit.

**2018:** Classification of BHT/ABA services as a "program." Cost sharing will be on a per day basis regardless of the number of group and/or individual BHT/ABA visits provided in a day, and the per-day cost share will not exceed the highest cost share among the types of services received (e.g., individual BHT/ABA visit cost share being the highest cost share in this category). For instance, if a member has 3 group visits in the morning and 1 individual visit in the afternoon, the member will pay one individual visit cost share for the entire day. If all are group visits, the member will pay one group visit cost share for the entire day.

**2019:** Continued classification of BHT/ABA services as a "program." Cost sharing will be on a per day basis regardless of the number of group and/or individual BHT/ABA visits provided in a day. BHT/ABA services shall be treated as a "program," which will result in administering cost share "per day". This cost share will always be equal to the individual visit cost share, regardless of the type of services received. This benefit design reflects no unique group visit cost share. For instance, if a member has 3 group visits in the morning and 1 individual visit in the afternoon, the member will pay one individual visit cost share for the entire day. If all are group visits, the member will still pay one individual visit cost share.

## What to Expect?

**You do NOT need to take any action as a result of this notice.** You and your staff may continue to use the same method for determining benefits and member cost share as you do today. The revisions summarized above and samples illustrated below are provided for your information and represent changes to ensure compliance with MHPAEA and Covered California rules. These changes will be in effect by January 1, 2018. Members' Evidence of Coverage (EOC) issued on or after January 1, 2018 will reflect these revisions.

## Sample Scenarios:

	Scenario	Current - 2017	Changes for 2018	Changes for 2019
1	Currently \$20 individual copay is the predominant cost share type for the Outpatient Other Items and Services classification per MHPAEA.  Multiple visits in one day: Three group visits and one individual visit.	Group Visit in the morning (\$10)	Group Visit in the morning (\$10)	Group Visit in the morning (\$10)
		Group Visit in the morning (\$10)	Group Visit in the morning (\$10)	Group Visit in the morning (\$10)
		Group Visit in the afternoon (\$10)	Group Visit in the afternoon (\$10)	Group Visit in the afternoon (\$10)
		Individual Visit in the afternoon (\$20)	Individual Visit in the afternoon (\$20)	Individual Visit in the afternoon (\$20)
		Total for the day \$30. Member pays one cost share per unique service type in one day (i.e., one individual visit cost share plus one group visit cost share).	Total for the day \$20. The KP claims payment system will look at all the BHT/ABA visits for the day and not charge more than the greatest cost share (i.e. one individual visit cost share)	Total for the day \$20.
2	Currently \$20 individual copay is the predominant cost share type for the Outpatient Other Items and Services classification per MHPAEA.  Multiple visits in one day: Four group visits.	Group Visit in the morning (\$10)	Group Visit in the morning (\$10)	Group Visit in the morning (\$10)
		Group Visit in the morning (\$10)	Group Visit in the morning (\$10)	Group Visit in the morning (\$10)
		Group Visit in the afternoon (\$10)	Group Visit in the afternoon (\$10)	Group Visit in the afternoon (\$10)
		Group Visit in the afternoon (\$10)	Group Visit in the afternoon (\$10)	Group Visit in the afternoon (\$10)
		Total for the day \$10. Member pays one cost share per unique service type in one day.	Total for the day \$10. The KP claims payment system will look at all the BHT/ABA visits for the day and not charge more than the highest cost share.	Total for the day \$20. Per day cost share will equal individual visit cost share

## Provider Resources

KP is responsible for payment of authorized services only. Bills for covered services rendered to our KP members will be paid in accordance with the applicable terms of your KP agreement, less the member cost share if you have been directed by KP to collect such member cost share in accordance with your agreement. Providers may verify members' eligibility, benefits and cost share structure as you do today, either through your Online Affiliate account or by contacting the KP Member Services Call Center at (888) 576-6789.

Sincerely,

Kaiser Permanente