

Indiana Autism Mandate

Indiana's Health Insurance Mandate for Autism Spectrum Disorders

Indiana's Autism Spectrum Disorders Insurance Mandate

Since July of 2001, Indiana has had a law (IC 27-8-14.2) mandating that any accident or health insurance policy that is issued on a group basis include insurance coverage for individuals with Autism Spectrum Disorders (ASD's). Additionally, insurers selling individual policies must offer the option to include coverage for Autism Spectrum Disorders (ASD's). The full text of the code can be found at www.IN.gov/legislative.

Definition

The Indiana Legislature passed a law defining ASD's as neurological disorders. For insurance purposes, this means that an insurer with a contract in Indiana cannot classify ASD's as mental health or emotional disorders for any purpose or use mental health exclusions or contract limitations to limit coverage.

Which Plans are Impacted by the Mandate?

- The Indiana Autism Spectrum Disorders Insurance Mandate covers any health or accident insurance policy that is issued on a group basis (small or large).
- Insurers selling individual policies must offer the individual the option to include coverage for ASD's. These can carry additional premium costs.

Which Plans are Exempt?

- Self-insured plans, sometimes called "ERISA" plans, where an employer or employee group sets aside funds and employee premiums each month to pay health coverage claims submitted to the plan, are exempt.
 - Many self-insured plans use an existing insurance company to "administer" the health plan. That is, the insurance company only provides the "paperwork" functions of the health plan, such as claims processing or producing and distributing materials for the employees.
- Another exception to the law involves an employer that is not based in Indiana, but has employees in Indiana.
 - For example, you work at a company's Indianapolis office, but that company is headquartered out of state. Your health insurance is governed by that state's laws and NOT Indiana's mandate.

Determining if your Insurance Plan is Covered by the Mandate

If you are insured through an employer it is easiest to determine if your plan is covered under the mandate by checking with your Human Resources Department or Benefits Manager. You will need to ask if your plan is self-funded, and if the contract for your plan was issued in Indiana or in another state.

- If the plan was issued in another state, check with that state's Department of Insurance or Healthcare Commissioner's office and ask if that state has an insurance mandate for autism.

It is possible to purchase an individual plan for yourself and your dependents in Indiana that falls under the mandate coverage for ASD's. Of note is that Indiana plans sold on the Affordable Care Act Marketplace fall under the mandate.

What Services Must Be Covered Under the Mandate?

The law requires that a **Care Plan** approved by the treating physician be submitted to the insurance company listing items on that plan that will be covered.

- Families are encouraged to contact their insurer and find out where to send the care plan and if the insurer requires a particular form for the care plan.
- It is also recommended that care plans be limited to "traditional therapies," or therapies that are generally accepted by the medical community and considered medically necessary. For example, the American Academy of Pediatrics currently recommends the following therapies as generally accepted for ASD:
 - Behavior Training and Behavior Management (Applied Behavior Analysis)
 - Speech Therapy.
 - Occupational Therapy.
 - Physical Therapy.
 - Medications to address symptoms of ASD, including risperidone, Prozac, melatonin and clonidine.

Handling Complaints:

The first step in resolving any dispute or issues will be to communicate with your insurer. It is wise to review your policy booklet to ensure that the service in question is covered and that proper pre-certification, network use, care plan and submitting guidelines are followed. Families should keep a copy of all bills, claims and other documentation to assist in the resolution of any issues. If a claim is denied, the reason for denial should be stated on your explanation of benefits. If you disagree with the basis stated for denial, check your policy or employee booklet for the company's appeal procedures. The company should be able to answer procedural questions about appeals over the phone. Your appeal should be in writing and may require information from your doctor or therapy provider.

If you've tried unsuccessfully to resolve a claim problem with your company or agent, contact the Indiana Department of Insurance:

Consumer Services Division
Indiana Department of Insurance
311 West Washington Street, Suite 300
Indianapolis, IN 46204-2787
Telephone 1-800-622-4461

Complaint forms and additional consumer information are available on the Department's web site: <http://www.in.gov/idoi>. You may wish to reference Indiana's Autism Spectrum Disorders Insurance Mandate in your complaint.

Programs and systems change often. It is important to ensure that you are using the most current information. This fact sheet was updated March 2021. Please check http://fvindiana.org/fact_sheets for the most recent edition.

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