

PSYC 532

Written Assignment: Insurance, providers, parents review

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Papatola and Lugstig's article represents a peer reviewer role in a healthcare insurance company, which evaluates the treatment plan and approve funding for services. The paper basically discuss "what, why, how" of peer review; what — the reviewing process; why — the necessity of their work, and how — some strategies for ABA providers can "optimize authorizations for payment (Papatola & Lustig, 2016, p.135)" based on their understanding of ABA services. Authors mentioned that the reviewing process is "burdensome", and they hope clarifying the process can attenuate the contentious discussion with ABA providers.

Because the huge impact of the two authors to this field, and their reviewing process "does not reflect best practices or the standard of care in ABA (Kornack, 2017, p.1)". In "A Response to Papatola and Lustig's Paper on Navigating a Managed Care Peer Review: Guidance for Clinicians Using Applied Behavior Analysis in the Treatment of Children on the Autism Spectrum", Dr. Kornack pointed out in the response that their conclusion and "recommendations are based on their experiences". She explained from a professional BCBA's perspective, gave a thorough response to every misleading statement that Papatola and Lugstig brought up.

“Letter to the Editor: An Autism Parent’s Response to Papatola and Lustig’s Paper on Navigating a Managed Care Peer Review in Behavior Analysis in Practice” expresses the opinions from the caregiver of children with autism. Papatola and Lustig’s insurance company cut off the funding of the author whose son received direct ABA services. Her child was benefited from the ABA services, and she acknowledged that she can support the ABA services, but she can not substitute well-educated BCBA who with plenty of clinical experiences. She angrily emphasized that none of the authors of the first paper were experts in behavior analysis and alerted other caregivers that “Don’t be swayed by misinformation put out by insurance company(Beier, 2018, p.2).”

The feeling of reading those three articles is the same as the feeling after two classes I took on Sep 26th, 2019. To the unqualified ABA service center, I appreciate the peer reviewers strictly investigate or terminated the services. However, for the BCBA who put extreme effort to maintain high-quality ABA services, it’s unfair and ridiculous to create more difficulties. Julie stated that “ Until compliance is achieved across all states and all funding sources, potential exists for behavior analysis to be adversely influenced by improper guidelines of MCOs, health plans, and health insurance issuers (Kornack, 2017, p.8).” Nowadays, the criteria created by the insurance companies is undermining the developing of ABA services. The relationship between health insurance and ABA providers should be cooperative and interdependent.

Under the current circumstance, I have some ideas for advocating high-quality ABA services. I will try my best to support these fields:

1. Select an experienced BCBA to be the peer reviewer. An insurance company can hire a BCBA-D who is open-minded to different data recording system, accepting changes and modification that without obeying the principle of behavior to be the insurance reviewer. The BCBA-D should has at least 10-years of practical working experience (center founders or clinical directors) in high-quality ABA centers.

2. Grade for ABA providers. The Behavior Analyst Certification Board can set up a grading group to standardize the ABA providers (such as level A, B, C). In China, every hospital has a grade, and receives varied support from the government based on the level. ABA providers should work hard to maintain their standards. The insurance company can use the grade as a point of reference to provide funding.

3. Use neuroimaging as part of diagnosis reference(such as EEG or fMRI). Many discussions in articles above are about when to end the ABA service, and how to define a child is “healthy”. Current neuroscience research did find proof of brain impairment in children with autism. Every one or two years, the children require to have the neuroimaging diagnosis.

My “solutions” might be superficial or impossible to achieve. They only represent the thought based on my current education level.

References

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