

Annual Report  
to the  
Missouri Legislature

# **Insurance Coverage for Autism Treatment & Applied Behavior Analysis**

Statistics Section  
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**DIFP**

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## Executive Summary

This is the fourth annual report to the Missouri General Assembly related to insurance coverage for autism treatment of autism spectrum disorders (ASDs), including applied behavioral analysis (ABA). The findings of the first annual report reflected the fact that 2011 was a transitional year during which much of the infrastructure necessary to deliver the mandated benefits was developed. As expected, data show that the benefits of the mandate were more fully realized over the subsequent period and continued to expand into 2014, while the costs as a percent of overall health care costs remained negligible.

1. **Coverage.** Coverage for ASD treatment, including ABA therapy, significantly expanded in the individual market in 2014. Prior to 2014, individual policies sold in Missouri were only required to offer autism benefits as an optional coverage that could be obtained with an additional premium. Due to federal law, all non-grandfathered plans were required to provide coverage for “essential health benefits,” (EHBs) as of January 1, 2014. Due to this requirement, coverage for autism treatment in the individual market was significantly expanded. During 2013, only a little more than one-third of individual policies covered mandated autism benefits. For 2014, more than 92 percent of individual policies provided the benefits as standard coverage.

2. **Number served.** The number of individuals receiving covered treatment in 2014 for autism and related conditions equaled 3,825, up from 3,070 in 2013 and 2,508 in 2012. This amounts to 1 of every 337 insureds, up from 1 in 431 insureds in 2013. While the number of individuals benefitting from covered autism treatment grew in the large and small group markets, the expansion was most dramatic in the individual market due to the expansion of coverage.

3. **Licensure.** The first licenses for applied behavior analysis were issued in Missouri in December 2010. As of mid-January 2014, 280 licenses had been issued, and an additional 53 persons obtained assistant behavior analyst licenses. Of these, 247 behavior analyst licenses were still active, as were 41 assistant behavior analyst licenses.

4. **Claim payments.** Between 2011 and 2014, claim costs incurred for autism services increased from \$4.3 million to nearly \$10 million, of which \$5 million was directed to ABA services. These amounts represent 0.21 percent and 0.11 percent of total claims incurred, consistent with initial projections produced by the DIFP.<sup>1</sup> For each member month of autism coverage, total autism-related claims amounted to 50 cents, while the cost of ABA therapy amounted to 26 cents.

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<sup>1</sup> The DIFP estimated that the mandate would produce additional treatment costs of between 0.2 percent and 0.8 percent. The analytical assumptions associated with the lower-end of the estimate range appear to be validated by the claims data presented in this report.

5. **Average Monthly Cost of Treatment.** For each individual diagnosed with an ASD who received treatment at some point during 2014, the average monthly cost of treatment across all market segments was \$278. Of that average monthly cost, ABA therapies accounted for \$142. The average, of course, includes individuals received minimal treatment as well as individuals whose treatments very likely cost significantly more.

6. **Impact on Premiums.** While costs associated with autism-related treatment have risen during the three years since the mandate was enacted, the fact that these costs represent just two-tenths of one percent of overall claim costs<sup>2</sup> makes it very unlikely that they will have any appreciable impact on insurance premiums. However, because the DIFP has no authority over health insurance rates and does not receive rate filings, a more exact assessment of the impact of the mandate on rates cannot be determined.

7. **Self-Funded Plans.** This study focuses upon the licensed insurance market (i.e. those entities over which the DIFP has regulatory jurisdiction). Many employers provide health insurance by “self-insuring,” that is, by paying claims from their own funds. Such plans are governed under the federal Employee Retirement Income Security Act (ERISA), and states have little jurisdiction over private employers that choose to self-fund. The Missouri statute does extend the autism mandate to the Missouri Consolidated Health Care Plan (MCHCP), which covers most state employees, as well as all self-funded local governments and self-insured school districts.

The advocacy group Autism Speaks maintains a list of self-funded private employers that have chosen to voluntarily provide coverage of autism and ABA therapy to their employees. Among this group are many of the most recognizable “high-tech” companies, including Microsoft, Intel, Adobe, Cisco, IBM, Apple, Yahoo and E-Bay. From the health care field are the Mayo Clinic and Abbott Laboratories. Additional companies come from a variety of sectors, from Home Depot to Wells Fargo. More recently, JP Morgan Chase & Co, GM, Chrysler, United Technologies Corp. and American Express have announced that they will begin offering the coverage. Because the DIFP lacks jurisdiction over private self-funded employers, the number of Missourians receiving autism benefits under private self-funded plans is unknown.

The DIFP encourages readers to check with their employer that may be self-insured to determine if coverage for autism treatments, including ABA therapy, is included in their health benefit plan. Autism Speaks created a “Tool Kit” for employees of self-funded plans to approach their employers about adding benefits to their company health plan. The Self-Funded Employer Tool Kit is located at

[http://www.autismspeaks.org/sites/default/files/docs/gr/erisa\\_tool\\_kit\\_9.12\\_0.pdf](http://www.autismspeaks.org/sites/default/files/docs/gr/erisa_tool_kit_9.12_0.pdf)

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<sup>2</sup> Prior to passage of HB 1311, the DIFP projected that the cost of the mandated benefits would equal between 0.2 and 0.8 percent of claim costs. Experience over the last four years indicates that actual costs are consistent with the lower bound of the projection.

A summary of trends discussed above is displayed in the following table;

	2011	2012	2013	2014
Amount of Claims for Autism Services	\$4,310,010	\$6,550,602	\$8,289,917	\$9,804,254
Percent of Total Losses	0.10%	0.16%	0.20%	0.21%
Monthly Cost per Individual for Autism Treatment	\$143	\$222	\$255	\$278
Cost Per Member Month				
All Autism Treatment	\$0.25	\$0.38	\$0.48	\$0.50
ABA Services	\$0.06	\$0.17	\$0.22	\$0.26
Number of Autistic Individuals Served	*	2,508	3,070	3,825

*\*Data are not available for 2011 for the number of autistic individuals served.*

## Introduction

House Bill 1311, signed into law by Governor Jay Nixon on June 10, 2010, mandated health insurance coverage for medically necessary treatment of autism spectrum disorders (ASDs). All group policies issued or renewed after January 1, 2011 were required to extend ASD coverage to all insureds. All policies issued in the individual market were required to offer such coverage as an optional benefit for additional premium. In addition, the law required coverage for applied behavior analysis (ABA) for children up to 18 years of age. Required coverage for ABA was initially capped at \$40,000 per year, to be annually adjusted for inflation. The annual cap for ABA therapy stands at \$43,427 for 2015.

House Bill 1311 also directs the Department of Insurance, Financial Institutions and Professional Registration (DIFP) to assess the impact of the mandate on the health insurance market. This is the third annual report to the Missouri General Assembly.

Data were obtained from all insurers in the state with comprehensive health insurance in force and subject to the autism mandate. These data indicate that the mandate has succeeded in broadly extending coverage to individuals with an ASD. While overall claim costs for ASD-related treatment increased by 128 percent between 2011 and 2014, ASD-related claims amounted to just over two-tenths of one percent (0.21 percent) of overall claim costs. Since claims are only one component of total costs that impact health insurance rates, the overall impact of the mandate on rates is likely to be significantly less than 0.21 percent.

## History of HB 1311 and the ABA Therapy Mandate

Prior to the passage of HB 1311 in 2010, Missouri law allowed exclusions in health insurance coverage for treatments that were considered primarily for familial, educational or training purposes; custodial in nature; not clinically appropriate; or that were experimental.

Autism treatments such as ABA therapy were commonly excluded because they were considered experimental in nature. Prior analysis by the DIFP indicated insurance carriers did not offer benefits of a level or kind that could have been expected to have any significant impact on individuals diagnosed with an ASD. This analysis was consistent with the academic literature, which has documented that treatment for ASDs is either generally paid out-of-pocket by parents and relatives, provided via public services such as special education programs, or in some cases the condition is left largely untreated. Further, insurer-compensated treatment was not targeted to young individuals for whom treatments are known to be most effective and most likely to achieve an enduring and dramatic improvement in symptoms.

To address the inadequate coverage for the treatment of ASDs in the private insurance market, and to ensure broader access to treatments, HB 1311 established broad coverage requirements for ASD treatments. Coverage for ABA therapy for individuals 18 and under was required up to \$40,000 per year (to be adjusted for inflation every third year thereafter). All group plans were required to provide coverage for all insureds. Individually underwritten health plans were required to extend an offer of coverage for the mandated benefits. In addition, HB 1311 established a system of licensure for behavioral analysts to ensure the delivery of high-quality care.

HB 1311 became effective for all health insurance plans issued or renewed in Missouri after January 1, 2011. Subsequently, 12 additional states enacted mandates similar to the Missouri law, including the requirement to cover ABA services. Another two states added the benefits to state employee health coverage. To date, 38 states plus the District of Columbia had some form of mandate to cover treatment for ASDs.

To monitor the impact of HB 1311 on the health insurance market, the Missouri General Assembly included a requirement for the DIFP to annually collect data pertaining to the costs associated with providing the mandated benefits. The DIFP issued its first annual report on February 1, 2012. That report noted significant hurdles for the implementation of the new law: mandated coverage was not extended until the renewal date of a health insurance policy; therapists required training and credentialing to practice ABA therapy; providers faced infrastructure development to secure compensation for services that were previously excluded by most health insurance plans; and insureds faced a learning curve with respect to the scope of the newly available benefits. Data over the period 2011-2014 show that as the medical delivery infrastructure has become more firmly established, the benefits of the ASD coverage mandate were more fully realized.

## Coverage

All insureds in the small and large group markets were covered for ASD treatment and ABA therapy by 2012. In both 2012 and 2013, a much lower proportion, less than one-third, received similar coverage in the individual market, including individually-underwritten association coverage. A few large providers of individual insurance extended coverage for ASD treatment and ABA therapy to all of their insureds. However, Missouri law requires only an offer of ASD benefits, and most insurers did not provide it as a standard coverage. Because costs were not spread across the entire health plan, but were instead borne only by those who purchased the rider, the cost of the coverage for the treatment of autism could easily exceed \$1,000 per month. As a result, only a negligible number of insureds in the individual market purchased the coverage.

Beginning in 2014, federal law required individual and small group plans to provide “essential health benefits,” which were based on a typical health plan in the small group market in each state. Because Missouri law required all group plans to provide autism and ABA therapy benefits as standard coverage, this requirement was extended to the individual market. As a result, coverage for ASD treatment expanded dramatically in the individual market in 2014. In 2013, a little less than one-third of individual policies provided the mandated coverage. During 2014, coverage expanded to 92.5 percent of individual policies.

Percent of Member Months With Coverage for Mandated ASD Benefits By Market Segment 2014			
Market Segment	Total Member Months	Member Months of Policies With Autism Coverage	% With Coverage
Individual	3,836,509	3,549,344	92.5%
Small Group	4,680,512	4,680,512	100.0%
Large Group	11,256,032	11,256,032	100.0%
<b>Total</b>	<b>19,773,054</b>	<b>19,485,888</b>	<b>98.5%</b>

## Treatment Rates

The DIFP attempted to assess the prevalence of persons diagnosed with an ASD with coverage under a licensed health insurer. Unfortunately, insurers are only able to identify such individuals via information available from submitted claims, such that an individual with an ASD diagnosis must have sought a treatment for conditions specific to the ASD during the period under examination to appear in our data.<sup>3</sup> Thus, the estimates that follow should not be considered as even a proxy for ASD prevalence among those with health insurance coverage, but rather a subset of that group that received some form of ASD-related treatment during 2014. The overall prevalence of ASD-diagnosed insureds is quite likely to be significantly higher.

During the last year, approximately 1.3 million Missourians obtained comprehensive coverage through a licensed insurer<sup>4</sup> in the individual, small group or large group markets. Of this number, over 3,800 insureds sought treatment for an ASD during the reporting period. The majority of these individuals, or 2,643, were 18 and under and therefore eligible for coverage under the ABA therapy mandate. Across all market segments, 1 insured in 337 sought treatment for an ASD-related condition. Treatment rates are considerably lower than the prevalence rate of ASDs in the general population, which the Centers for Disease Control has most recently estimated to be 1 in 88 individuals.<sup>5</sup> Autism and related conditions can present with a high degree of variability. Many individuals with an ASD diagnosis will neither seek, nor benefit from, extensive treatment.

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<sup>3</sup> That is, individuals that did not seek treatment directly associated with the ASD would not normally be identified on a typical claims form. The DIFP requested that insurers count anyone who sought an ASD-related treatment during the preceding 12 months as an insured with an ASD.

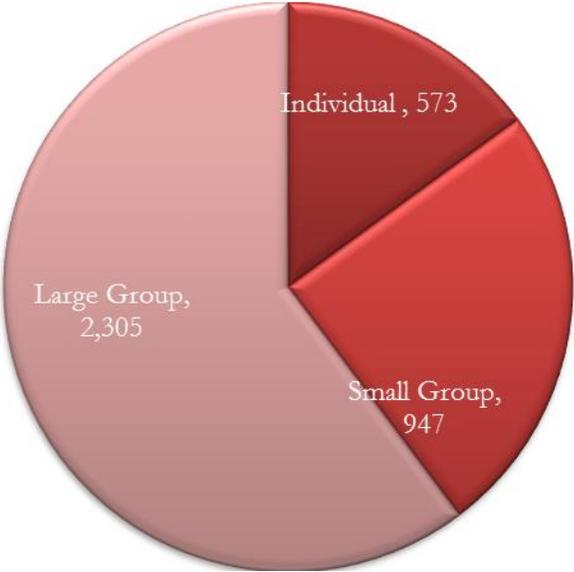
<sup>4</sup> These figures exclude plans that self-insure under federal ERISA statutes. Self-insurers comprise a significant portion of the group market. Prior estimates by the DIFP suggest that self-insureds represent as much as 2/3 of the group market. Also excluded from these figures are all forms of public coverage.

<sup>5</sup> More recently, the CDC issued an estimate of 1/50. However, the CDC cautions that because the 1/50 figure was based on a completely different methodology than the “official” estimate, it should be interpreted with caution. Namely, the 1/50 estimate was derived from a random survey of parents with school-aged children (6 to 17), while the 1 in 88 estimate is based on school and medical records of 8 year olds from the CDC’s Autism and Developmental Disabilities Monitoring (ADDM) Network.

Prevalence of ASD Covered Treatment In 2014 <sup>6</sup>				
Market Segment	Insureds*	Insureds With an ASD, Covered Under Mandate	1 Covered ASD Diagnosed Person Per X Insureds	Insureds Under 18 With an ASD
Individual	294,548	573	514	457
Small Group	306,179	947	323	612
Large Group	689,642	2,305	299	1,574
<b>Total</b>	<b>1,290,369</b>	<b>3,825</b>	<b>337</b>	<b>2,643</b>

\*The total number of insureds is taken from companies' Financial Annual Statements, and reflects enrollment on 12/31/2013. Data for 2014 will not be available until after April 1 of this year.

**Insureds Treated for an ASD, by Market Segment**



The total number of insureds receiving coverage for treatment of ASDs grew by 24 percent in 2014 compared to 2013, increasing from 3,080 to 3,825.

<sup>6</sup> Figures are based solely on initial survey responses of licensed insurers for fully-insured plans related to the data period 2014. Some entities that are known to offer autism-related benefits, such as the Missouri Consolidated Health Care Plan (MCHCP) and some self-insured employer plans, are not included in the data.

## Claim Payments

During 2014, comprehensive health plans incurred \$4.7 billion in total claim costs. Only a small fraction of this amount resulted from ASD-related treatments. Claims for all treatments related to an ASD amounted to nearly \$10 million, representing just a little over two-tenths of one percent (0.21%) of total claim costs. Costs incurred for ABA therapies were only 0.11 percent of total claims, or \$5 million.

Prior to the passage of the mandate, the DIFP estimated that the proposed legislation would produce claim costs of between 0.2 percent and 0.8 percent of total losses. Amounts incurred thus far are consistent with the lower end of the estimate.

ASD-Related Claim Costs in 2014			
Market Segment	Total Incurred Losses	All ASD-Related Incurred Losses	Losses Incurred, ABA
Individual	\$896,176,580	\$1,611,832	\$967,777
Small Group	\$1,107,140,682	\$1,996,482	\$898,202
Large Group	\$2,662,151,713	\$6,195,940	\$3,149,680
<b>Total</b>	<b>\$4,665,468,975</b>	<b>\$9,804,254</b>	<b>\$5,015,660</b>

ASD Treatment as Percent Of Incurred Losses		
Market Segment	All ASD-Related Incurred Losses	ABA-Related Incurred Losses
Individual	0.18%	0.11%
Small Group	0.18%	0.08%
Large Group	0.23%	0.12%
<b>Total</b>	<b>0.21%</b>	<b>0.11%</b>

Between 2011 and 2014, claim costs incurred for ASD-related treatments increased by 127.5 percent, from \$4.3 million to \$10 million. Most of the increase resulted from expanded access to insurance coverage for ABA therapies. Payments for ABA increased by 377.3 percent during the same period.

Incurred Losses from ASD Treatment, 2011-2014								
	Year				Percent Change			
	2011	2012	2013	2014	2011-2012	2012-2013	2013-2014	2011-2014
All	\$4,310,010	\$6,550,602	\$8,289,917	\$9,804,254	52.0%	26.6%	18.3%	127.5%
ABA	\$1,050,764	\$2,972,712	\$3,829,510	\$5,015,660	182.9%	28.8%	31.0%	377.3%
<b>% ABA</b>	<b>24.4%</b>	<b>45.4%</b>	<b>46.2%</b>	<b>51.2%</b>				

Another method of expressing the costs of the mandate is the ratio of ASD-related treatment costs to the total member months during which ASD coverage was in effect. The resulting figure should afford a general indication of how monthly premiums might be expected to increase due to extending coverage for ASD treatment. Across all market segments, the average ASD-related claim cost for each month of autism coverage was \$0.50, and \$0.26 for the costs of ABA therapy.

Claim Costs for ASD Treatment Per Member Per Month for Policies with ASD Coverage in 2014					
Market Segment	Member Months of Policies With Autism Coverage	All Autism Related Claims	ABA Claims	All Autism-Related Claims, PMPM	ABA-Related Claims, PMPM
Individual	3,549,344	\$1,611,832	\$967,777	\$0.45	\$0.27
Small Group	4,680,512	\$1,996,482	\$898,202	\$0.43	\$0.19
Large Group	11,256,032	\$6,195,940	\$3,149,680	\$0.55	\$0.28
<b>Total</b>	<b>19,485,888</b>	<b>\$9,804,254</b>	<b>\$5,015,660</b>	<b>\$0.50</b>	<b>\$0.26</b>

For each person receiving any form of treatment directly associated with an ASD, the average monthly claim cost during 2014 was \$278, ranging from \$269 in the small group market to \$301 in the individual market. With respect to the population 18 years of age and younger, the average monthly costs of ABA therapy ranged from \$106 in the individual market to \$169 in the large group market.

It is notable that the average cost of ABA therapy is well below the statutory maximum required coverage, set at an initial rate of \$40,000 per year for each covered insured. Average annual ABA costs for those 18 and under equaled \$1,848 ( $\$154 * 12$ ), or only 4.6 percent of the cap.

Average Monthly Claim Cost Per Individual Treated for an ASD in 2014				
	All Ages		Age 18 and Under	
Market Segment	All ASD-Related Treatment	ABA	All ASD-Related Treatment	ABA
Individual	\$301	\$181	\$232	\$106
Small Group	\$269	\$121	\$307	\$149
Large Group	\$275	\$140	\$298	\$169
<b>Total</b>	<b>\$278</b>	<b>\$142</b>	<b>\$290</b>	<b>\$155</b>

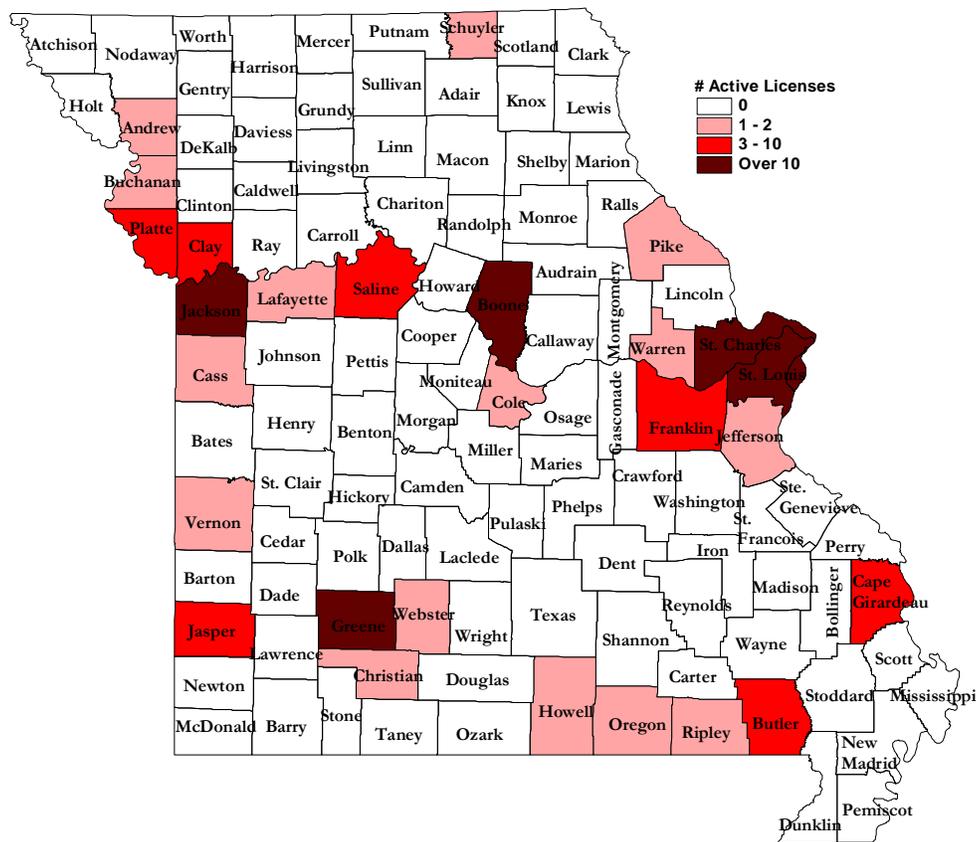
## Licensure

House Bill 1311 requires that each behavior analyst and assistant behavior analyst pass an examination and obtain board certification to be eligible for a license to practice in Missouri. The first licenses were issued in December 2010. By mid-January 2015, licenses were issued to 280 behavior analysts, of which 247 were still active at the time of writing. In addition, 53 assistant behavior analysis licenses were issued, of which 41 were still active. Assistants must practice under the supervision of a behavior analyst. Licensed psychologists, not included in the table, may also provide ABA therapy.

Applied Behavior Analyst Licensure in Missouri				
Year of License Issued	Behavior Analysts		Assistant Behavior Analysts	
	Number Issued	Cumulative Number Issued	Number Issued	Cumulative Number Issued
2010	19	19	0	0
2011	94	113	24	24
2012	49	162	1	25
2013	53	215	14	39
2014	65	280	13	52
2015 (through 1-20)	0	280	1	53
<b>Total Issued</b>	<b>280</b>		<b>53</b>	
<b>Number Still Active (as of 1-20-2015)</b>	<b>247</b>		<b>41</b>	

Most counties, primarily in the rural areas of the state, lack a licensed behavior analyst. Of Missouri's 115 counties, 87 have no resident licensed behavior analyst or assistant behavior analysts.

### Number of Active Behavior Analysis Licenses, Including Assistant Behavior Analysts As of January 23, 2015



## Inquiries and Complaints

The DIFP monitors the number of complaints and inquiries received that are related to the ASD coverage mandate. Since the mandate was enacted in 2010, DIFP staff responded to 349 contacts by consumers with questions about coverage for ASD treatment, or who had a complaint against an insurer. Of the total number of complaints and inquiries received since the enactment of the mandate, 76 involved licensed insurers over which the DIFP has jurisdiction. Most complaints were related to insurer handling of claims, including claim denials, delays and unsatisfactory settlement amounts. Complaints regarding ASD coverage resulted in over \$140,000 in additional payments to consumers.

Consumer Inquiries / Complaints Regarding Autism Mandate 2010 – Present		
Reason	No. of Complaints / Calls	Recoveries
<b>Complaints</b>		
Premium & Rating	1	
Endorsement/Rider	1	
Willing Provider	1	
Unsatisfactory Settlement on Claim	3	
Medical Necessity	1	
Denial of Claim	35	\$125,032
Usual, Customary, Reasonable – Claim Issue	1	
Out of Network Benefits	1	\$4,472
Claim Delays	8	\$12,416
Internal Appeal	3	
Rehabilitative / Habilitative Care	7	
Pediatric Care	3	
Coverage Question	6	
Abusive Service	1	
Other Issue	13	
<b>Subtotal</b>	<b>85</b>	<b>\$141,920</b>
Other inquiries	264	
<b>Total</b>	<b>349</b>	<b>\$141,920</b>

The DIFP investigates complaints to evaluate an insurance company's compliance with Missouri law and answers consumer questions through formal inquiries. However, the DIFP is unable to determine what medical care is necessary or appropriate.

For disputes over medical necessity or the level of care, Missouri law provides access to an external review process. External review is an additional level of review by an independent medical expert to resolve disputes relating to questions of medical necessity or disputes over the level of care or quantity of therapy visits. As of the date of this report, one case regarding a dispute over the level of medically necessary ABA therapy referred for external review. In this case, the independent medical reviewer found the level of care requested was medically necessary. As a result of that review, the insurance company was ordered to provide the therapy at the requested amount and frequency.

More information about the consumer complaint and external review processes can be found at: <http://insurance.mo.gov/consumers/complaints/index.php>.

## The Health Insurance Market in Missouri

The health insurance marketplace in Missouri is among the most concentrated and least competitive lines of insurance in the state. In spite of this fact, health insurance rates are the least regulated. While products ranging from automobile insurance to pet insurance are subject to rate filing requirements or regulatory review, health insurance rates are not subject to regulatory oversight and are not required to be filed. In fact, Missouri is the only state in which health insurance rates are not reviewed by the insurance regulator prior to use.

Three common measures of market competitiveness are displayed in the following table. The HHI, or *Herfindahl-Hirschman Index*, is widely employed by economists to measure overall market concentration. The HHI is calculated as the sum of the squared market share of all market participants. Its value can range from 10,000 in a pure monopoly to 0 in a highly fragmented and competitive market. One common interpretation of the HHI is provided by the Antitrust Division of the United States Department of Justice:

- A. Below 1,000: Unconcentrated or competitive
- B. 1,000 to 1,800: Moderately concentrated
- C. Over 1,800: Highly concentrated

For Missouri, the largest property and casualty insurance lines all have HHIs below or very near the competitive threshold of 1,000. However, all segments of the comprehensive health insurance marketplace significantly exceed the HHI floor for a highly concentrated (and therefore presumptively non-competitive) market. In addition, not all insurers are active in all regions of the state, such that some regions are even less competitive than is suggested by the statewide HHI values.

The market shares of the largest insurers indicate that health insurance is dominated by just a few carriers. The largest four insurer groups have a combined market share of between 85 and 95 percent. The largest eight writers control nearly 100 percent of all health insurance market segments.

Market Concentration Indices, 2013				
Line of Business	Insurer Groups w > \$100k Premium	HHI	Top 4	Top 8
			Market Share	Market Share
<b>Health Insurance</b>				
Individual (including Association)	18	2,226	85.1	97.2
Small Group	15	2,719	91.4	99.2
Large Group	13	2,516	94.7	99.8
<b>P&amp;C Lines</b>				
Private Auto	76	1,033	51.6	74.4
Homeowners	52	1,145	56.5	74.9
Commercial Auto	93	349	27.2	45.1
Work Comp	88	778	47.1	60.3
Commercial Multi-Peril	81	424	29.9	48.7

*Source: Calculated from companies' Financial Annual Statement for 2013.*

The comprehensive health insurance market continues to return robust profits, as is indicated in the tables below. For insurers with more than \$100,000 of health insurance premium in MO, the line of insurance earned a net gain of \$1.7 billion on Missouri business over the four year period of 2010-2013. The same insurers had a net gain of \$19.8 billion from all of the states in which they are active.

Net Gain on Health Insurance for Insurers with Greater Than \$100,000 Health Insurance Premium in MO				
Year	Missouri		US Total	
	Premium, Comprehensive Health Ins.	Net Gain	Premium, Comprehensive Health Ins.	Net Gain
2010	\$5,165,788,548	\$439,795,394	\$47,411,007,597	\$5,200,557,519
2011	\$5,170,557,530	\$451,739,098	\$47,906,477,104	\$5,323,373,073
2012	\$5,095,901,556	\$443,732,912	\$46,712,967,151	\$4,837,290,150
2013	\$4,972,635,290	\$405,359,041	\$44,391,027,929	\$4,423,701,864
<b>2010-2013</b>		<b>\$1,740,626,445</b>		<b>\$19,784,922,606</b>

*Source: Financial Annual Statement, Supplemental Health Care Exhibit 2010-2013.*

Strong net gains in health insurance, as well as other lines of insurance, made possible significant disbursements of dividends. Companies with over \$100,000 in comprehensive health coverage in Missouri paid out \$31.3 billion in total dividends over this period.

Dividends, Insurers with Great Than \$100,000 MO Health Insurance Premium	
Year	Total Dividends
2009	\$4,123,142,998
2010	\$7,942,110,896
2011	\$7,674,327,611
2012	\$6,053,219,751
2013	\$5,551,747,420
<b>Total</b>	<b>\$31,344,548,676</b>

Source: Financial Annual Statements

### Medical Loss Ratio Rebates

The Affordable Care Act (ACA) requires insurers to pay out between 80 and 85 percent of premium to cover medical care. Insurers that fail to achieve these minimum loss ratios must return the excess premium to policyholders in the form of rebates. Missouri has benefited more than most states from these provisions of the ACA.

Between 2012 and 2014, Missouri policyholders were refunded nearly \$95 million in the form of rebates. Expressed as dollars refunded divided by the number of insureds, Missouri rebates exceed all other states in 2012 and 2014 for the small employer market. Over all markets, Missouri ranked between second in 2012 and eleventh in 2013 and 2014.

Medical Loss Ratio Rebates in Missouri										
Year	Total Rebate	Rebate Per Enrollee				State Rank of Rebate per Enrollee (\$ Rebate / # of Insureds) (High to Low)				Rank by Total Rebate Dollar Amount
		Ind.	Small Group	Large Group	All Comp. Plans	Ind.	Small Group	Large Group	All Comp. Plans	
2012	\$60,664,564	\$64.35	\$11.15	\$7.72	\$44.45	7	1	19	2	6
2013	\$19,186,415	\$11.73	\$33.67	\$6.81	\$14.41	18	4	7	11	7
2014	\$14,609,316	\$14.47	\$34.00	\$0.34	\$11.53	19	1	33	11	4

Source: US Department of Health & Human Services.

## **Conclusion**

The costs associated with the coverage mandate for the treatment of ASDs and ABA therapy has to date been minimal, even as the mandate has led to dramatically expanded coverage and the delivery of medically beneficial services. Applied behavior analysis therapies have been shown to dramatically reduce long-term costs for a significant proportion of individuals diagnosed with an ASD, and to significantly improve their quality of life. The law has achieved its purposes in an unqualified way for every measureable metric.

The DIFP will continue to monitor the marketplace, and provide assistance to consumers with questions or concerns regarding the ASD coverage mandate. More information, and resources to assist insurance consumers, can be found on the department's website at <http://insurance.mo.gov/consumers/autismFAQ/>.

## Appendix – Autism Resources

The following links are to resources that may be useful to families, medical providers, or anyone else wishing to learn more about autism.

**Autism Speaks** works to raise awareness of autism, and their internet page provides a wealth of information about the condition, available services, current research, news, and much more. Their page can be found at <http://www.autismspeaks.org/>. They maintain a page for Missouri-specific events at [http://communities.autismspeaks.org/site/c.ihLPK1PDI.oF/b.7512615/k.C037/Missouri\\_Resources.htm](http://communities.autismspeaks.org/site/c.ihLPK1PDI.oF/b.7512615/k.C037/Missouri_Resources.htm)

The **Centers for Disease Control (CDC)**, the nation’s health protection agency, maintains a page devoted to autism at <http://www.cdc.gov/ncbddd/autism/index.html>. The CDC also maintains a helpful list of links to other websites to assist families touched by autism at <http://www.cdc.gov/ncbddd/autism/links.html>.

The **Missouri Autism Coalition** is an alliance of groups and individuals throughout the state that seeks to advance awareness of autism. They can be found at [http://www.missouriautismcoalition.com/about\\_us](http://www.missouriautismcoalition.com/about_us)

**Missouri Families for Effective autism Treatment (MO-FEAT)** describes its mission as providing “advocacy, education and support for families of the autism community, and to support early diagnosis and effective treatment.” It is headquartered in St. Louis, and they maintain a web-page at <http://www.mo-feat.org/>. MO-FEAT publishes an excellent guide to autism centers and additional medical providers at <http://www.mo-feat.org/Files/2012%20Directory.pdf>.

Missouri funds four autism centers to promote advancements in research and treatment. The **Thompson Center For Autism & Neurodevelopmental Disorders** is affiliated with the University of Missouri and located in Columbia, <http://thompsoncenter.missouri.edu/>. The **Knights of Columbus Developmental Center** is hosted by Cardinal Glennon Hospital in St. Louis, <http://www.cardinalglenon.com/MedicalSpecialties/Developmental%20Pediatrics/Pages/default.aspx>. The **Children’s Mercy Hospital & Clinics Developmental & Behavioral Sciences** is located in Kansas City, <http://www.childrensmercy.org/Autism/>. The fourth center is affiliated with **Southeast Missouri State University** in Cape Girardeau, <http://www.semo.edu/autismcenter/>

Valuable services are available through the **Missouri Department of Mental Health’s** Division of Developmental Disabilities, which serves a diverse population, including those with cerebral palsy, head injuries, certain learning disabilities, as well as autism. To be eligible for services, individuals must be “substantially limited in their ability to function independently.” See their page at <http://dmh.mo.gov/dd/>

The **National Autism Center** describes its mission as “...providing reliable information, promoting best practices, and offering comprehensive resources for families, practitioners, and communities.” See <http://www.nationalautismcenter.org/about/>

## **Insurance Consumer Hotline**

Contact DIFP's Insurance Consumer Hotline  
if you have questions about your insurance policy  
or to file a complaint against an  
insurance company or agent:

**difp.mo.gov**

**800-726-7390**



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