ABA Insurance FAQs for Parents & Staff

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What is the difference between in-network and out-of-network?

When families seek services through a provider that is contracted with their health insurance plan, that provider is considered “in-network.” Providers that are not contracted with that plan are considered “out-of-network.”

Usually, people seek providers that are in-network with their health insurance plan, but sometimes it is possible to get services paid for by your health insurance even if the provider is out-of-network.

What is the difference between Medicaid and commercial insurance plans?

Medicaid plans are government funded health insurance, and each state has their own Medicaid program. Our is called AHCCCS (pronounced "access"), which stands for the Arizona Health Care Cost Containment System (www.azAHCCCS.gov). AHCCCS plans are typically available for low-income individuals or families. Individuals with qualifying disabilities may also qualify (regardless of parent income) through the Arizona Long Term Care System, or ALTCS (pronounced "all-tex"). Children with DDD/ALTCS approval automatically get a Medicaid healthplan as well (either Mercy Care or United Health Care Community Plan).

Commercial insurance plans are traditional private health insurance plans that people usually either get through their employer or purchase separately.

What is a self-funded plan?

Some large employers offer a self-funded plan, which is similar to a commercial insurance plan but allows the employer to decide what they want to cover (as long as it complies with applicable laws). Employers may pay an existing health insurance company to manage their plan, so sometimes members don't realize it is a self-funded plan until something is not covered. However, employees can sometimes discuss challenges with their company's Human Resources department to see if changes can be made or if a one-time exception can be put in place to cover services.

Which health insurance plans is AZA United in-network with?

AZA United contracts with different health insurance plans to provide services to members. Separate contracts are required for different services that AZA United offers. In some cases, a separate contract is required for each independently licensed practitioner that works for AZA United. The list below provides general guidelines, but please note that in-network contracts can change from time to time. Contact our Billing Department for the most accurate up-to-date list of in-network plans.

Medicaid

AZA United strives to be in-network with all Arizona Medicaid plans. These include the AHCCCS plans and DDD plans. Current plans include:
Mercy Care, United Health Care Community Plan, Arizona Complete Health, Health Choice, Banner University, Molina

Commercial

AZA United regularly evaluates new opportunities to become an in-network provider with multiple commercial insurance plans. Some members have a plan that is not listed below but is managed by a Third Party Administrator that AZA United contracts with, which means AZA United is in-network. Therefore, it is always best to check with our Billing Department to verify if AZA United is in-network with your child's health insurance plan. Current plans include:
Blue Cross Blue Shield, United/Optum, MHN, Ambetter

Can AZA United do out-of-network billing if I have a different health insurance plan?

In some cases, AZA United can accept an insurance plan for services even if we are out-of-network. It depends if the plan comes with out-of-network benefits, which our Billing Department can verify. Contact us with your specific insurance plan information to find out your options.

What happens if I have both a commercial and Medicaid insurance plan?

Many families we serve have both types of insurance. This often happens if you have a commercial insurance plan for all members of the family, plus a Medicaid plan for your child if they have qualified for DDD/ALTCS.

The biggest advantage of having a Medicaid plan is that there are no co-pays or deductibles for services. All covered services are 100% paid for by the Medicaid plan. In some cases, the provider will bill your primary insurance plan first, and then bill the Medicaid plan for any remaining co-pays or deductibles. In other cases, the provider can bypass the primary plan altogether and just bill the Medicaid plan directly.

Either way, if you are receiving services from a provider that is contracted with your Medicaid plan, that provider should NOT bill you for any co-pays or deductibles. If your provider is not contracted with the Medicaid plan, you may be billed by the provider, but you can contact the Medicaid plan to find out how you can request coverage for those costs. Therefore, it is very important to confirm if your provider accepts your Medicaid plan to minimize any risk of being directly billed for services. AZA United contracts with all Arizona Medicaid plans so that eligible families do not have to worry about this issue.

Why should I apply for DDD/ALTCS if my child already has private insurance?

If your child is approved for ALTCS, they will automatically receive a Medicaid healthplan (Mercy Care or United Health Care Community Plan). These plans are considered “secondary” insurance since if you already have commercial insurance, which is considered “primary.” Since the secondary plan is Medicaid, you will no longer have to pay any co-pays or deductibles out of pocket for covered services. Depending on your primary plan details, that can save families thousands of dollars annually.

Additionally, DDD provides some services such as Habilitation, Respite and Attendant Care that are not available through traditional insurance. Therefore, even if your child has a commercial insurance plan, getting approved for DDD/ALTCS will open the door for additional important services (either now or later) as well as reduce personal expenses for your family related to covered services.

What happens if I become eligible for a Medicaid plan after my child has already started ABA?

This situation is common as many children start ABA Therapy at an early age, often shortly after a diagnosis and before the family has had the opportunity to get approved for DDD/ALTCS. We always encourage families to apply for DDD/ALTCS (as explained above) for the additional benefits and

coverage. If approved, you may continue services in the same way, but you will no longer be responsible for any co-pays or deductibles with AZA United.

What happens if my insurance changes while my child is receiving ABA?

Please notify our Billing Department as soon as you are aware of any pending change to your child's insurance. If your child has a Medicaid plan, there should be no issues facilitating a seamless transition. If your child only has commercial insurance, we will need to determine if we are able to accept your new insurance plan, whether in-network or out-of-network. Additional steps may be necessary depending on plan policies.

What is the difference between contracting and credentialing?

You may hear providers or insurance plans say that a company or a BCBA is not contracted or credentialed with their plan. These are two different things. When a provider is contracted with a healthplan, that provider becomes in-network. Some healthplans require the company to get a group contract for all clinicians, while other plans require each BCBA to establish a separate contract. In general though, if AZA United is contracted with a healthplan, all BCBAs should be able to join the group eventually. The second step, however, is credentialing. This step basically involves the heathplan checking all the qualifications of the BCBA and loading them into their systems. That process can take 90 days or more, and every new BCBA must be credentialed before they can independently supervise cases through AZA United.

What happens if my assigned BCBA is not yet credentialed with a healthplan that AZA United is in-network with?

Some plans require each individual BCBA to be credentialed before they can provide services independently. Unfortunately, that process can take many months. In these situations, AZA United will assign another BCBA to oversee the case so that your child's primary BCBA can continue services under the supervision of the other credentialed BCBA. There should be no significant impact for you as a client family, but you may be interacting with multiple BCBAs during this period so that all requirements are met.

Who can I contact if I have specific questions about my child's insurance benefits?

AZA United's Billing Department is the expert source for detailed questions about insurance benefits. Some other team members can answer general questions, but insurance is complicated and any specific inquiries should be referred to our Billing Department. Our team is always happy to help! You can call our main office or send an email to Billing@AZAunited.org