

2. On October 25, 2016, the Division sent a request for information ("*RFI*") to
 2 Respondent, requesting data related to Applied Behavioral Analysis ("*ABA*") therapy as a
 3 treatment for Autism Spectrum Disorder ("*ASD*").

- 4 3. As part of the RFI, the Division requested a spreadsheet of all ABA therapy
 5 claims that were denied during the period of November 1, 2014 through October 1, 2016,
 6 and the reason for the denials, among other information.
- 7 4. Respondent responded to the RFI on November 29, 2016. Respondent's
 8 spreadsheet identified 65 denials of ABA therapy, all of which listed "contracted
 9 reimbursement amount" as the reason for denial.
- 10 5. When the Division inquired further regarding the ABA therapy denials data,
 11 Respondent identified the following errors in its initial RFI response:
- A. The denial reason "contracted reimbursement amount" was not an
 accurate explanation code for any of the subject denials;
- B. Respondent failed to include one claim for ABA therapy in the
 spreadsheet that was in fact denied during the subject timeframe; and
 - C. Respondent included five claims for ABA therapy that were not in fact denied and thus should not have been included in the spreadsheet.

6. According to Respondent's initial and supplemental RFI response to the
Director, Respondent did not deny any claims for ABA therapy on the basis of medical
necessity during the period of November 1, 2014 through October 1, 2016.

CONCLUSIONS OF LAW

The Director CONCLUDES that:

7. Under ORS 731.252(1), whenever the Director has reason to believe that any
person has been engaged or is engaging or is about to engage in any violation of the
Insurance Code, the Director may issue an order, directed to such person, to discontinue
or desist from such violation or threatened violation.

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8. Under ORS 731.296, the Director is authorized to make inquiries with any
 licensed insurer in relation to its insurance transactions, and an insurer is required to
 promptly and truthfully reply to such inquiries. A reply to an inquiry under ORS 731.296
 is subject to the provisions of ORS 731.260.

9. Under ORS 731.260, no person shall file or cause to be filed with the Director
any report, statement, or any other information required to be filed with the Director that
is known to be false or misleading in any material respect.

8 10. Respondent violated ORS 731.296 and 731.260 when it provided a response
9 to the Data Call request that it knew or reasonably should have known was false or
10 misleading in the following material respects:

A. The denial reason of "contracted reimbursement amount" identified for the
65 ABA therapy denials was not an accurate statement of the basis for the denials;

B. Respondent failed to include at least one claim for ABA therapy in the
spreadsheet that was in fact denied during the subject timeframe; and

C. Respondent included five claims for ABA therapy that were not in fact
denied and thus should not have been included in the spreadsheet.

17 11. Under ORS 731.988(1), the Director may assess a civil penalty of up to
18 \$10,000 against any person that violates a provision of the Insurance Code or any lawful
19 rule or final order of the Director. Each violation is a separate offense.

ORDERS

Now therefore, the Director issues the following Orders:

12. As authorized by ORS 731.252(1), the Director ORDERS Respondent to
CEASE AND DESIST from violating any provision of the Insurance Code or the
administrative rules promulgated thereunder.

25 13. Based upon the foregoing and as authorized by ORS 731.988(1), the Director
26 hereby assesses CIVIL PENALTIES against Respondent in the total amount of Ten

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