

Insurance Tool Kit for Service Coordinators Webinar Questions and Answers (Q & A)

Forms

Q: What insurance forms are required to be attached to a child's Integrated Case Homepage in NYEIS?

A: A copy of each completed insurance form must be attached to the child's Integrated Case Homepage in NYEIS, including:

- Form A – *Collection of Insurance Information*
- Form B – *Child Insurance Information*
- Form C – *Authorization to Release Health Insurance Information*
- Form D – *Request for Coverage Information*
- Form E – *Written Referral from Primary Health Care Practitioners*
- Form F – *Consent to Bill Non-regulated Insurance*

Q: If *Form A -Collection of Insurance Information*, is not completed by the service coordinator (SC), can the provider agency complete the form, if a copy of the insurance cards were submitted to the agency by the SC?

A: New York State Public Health Law (PHL) requires service coordinators to collect information and documentation about a child's health insurance coverage, including public and private insurance. Form A – *Collection of Insurance Information*, can be used as a tool for service coordinators to collect the insurance information, as required under PHL, for data entry into NYEIS. The provider agency cannot complete Form A – *Collection of Insurance Information*, in place of the service coordinator.

Q: Must *Form B - Child Insurance Information*, be faxed or mailed to the Bureau of Early Intervention?

A: *Form B – Child Insurance Information*, does not need to be faxed or mailed to the Bureau of Early Intervention. All completed insurance forms must be maintained in the child's record and must also be attached to the child's Integrated Case Homepage in NYEIS.

Q: Are both, *Form A – Collection of Insurance Information* and *Form B – Child Insurance Information*, required to be completed?

A: *Form A – Collection of Insurance Information*, can be used as a tool for the service coordinator to compile all the insurance information collected from the parent and insurance company to facilitate data entry into NYEIS.

Form B – Child Insurance Information, is required to be filled out by the parent (with assistance from the service coordinator as needed) and signed by the parent to provide their insurance information or attest that they have no insurance.

The information collected on these forms must be reviewed and signed, at every 6 month or annual review of the IFSP and each time insurance changes.

Q: Does the parent sign *Form B – Child Insurance Information*, at every Individualized Family Service Plan (IFSP) meeting/review?

A: If the child's insurance information has not changed, *Form B – Child Insurance Information*, should be reviewed and signed by the parent at each IFSP meeting/review.

If the insurance information has changed, the service coordinator should give the family a new Form B and the form instructions. Service coordinators should review the instructions with the parents and assist the parents with completing Form B. The family will either sign the form and provide their insurance information or attest that they have no insurance information by signing the attestation of no insurance portion of the form.

Q: Does *Form B – Child Insurance Information*, need to be completed if the child has insurance or only if they do not have health insurance?

A: *Form B – Child Insurance Information*, is required to be completed by the parent with assistance from the service coordinator, for all children in the Early Intervention Program. The parent must provide their insurance information and sign the form, or sign the attestation portion of the form to attest that they have no insurance.

Q: When should service coordinators begin to use the Insurance Took Kit and forms? Should service coordinators use them for current cases or only with new cases moving forward?

A: The Insurance Took Kit and forms should be utilized immediately for all children in the Early Intervention Program (EIP), including children currently enrolled in the EIP. Public Health Law 2559 requires that parents provide and service coordinators collect insurance information.

Q: *Form B – Child Insurance Information*, does not have a place to enter employment information or insurance company phone number. Is this information no longer needed?

A: *Form B – Child Insurance Information*, is a required form to be completed by the parent. *Form A – Collection of Insurance Information*, collects information not included on Form B, which includes; Policy Holder Employer information and the Insurance Company Phone Number. The Department will consider adding these fields to Form B.

Q: When completing *Form B - Child Insurance Information*, in a second language, does a second Form B need to be completed in English?

A: No, if *Form B – Child Insurance Information* is completed in a language other than English, a second Form B does not need to be completed in English. Form B, is a required form to be filled out by the parent. Form A – Collection of Insurance Information, should be completed in English or the language of the service coordinator and providers

Q: When is *Form C – Authorization to Release Health Insurance Information* used?

A: *Form C - Authorization to Release Health Information*, must be completed by the service coordinator, and parent consent must be signed to authorize the release and exchange of health insurance coverage information, before any exchange of information takes place with the insurance company.

Q: How often should *Form C - Authorization to Release Insurance Information*, be filled out? Must Form C be filled out every six months, annually or at each IFSP meeting, if the insurance information has not changed?

A: *Form C - Authorization to Release Health Insurance Information*, does not need to be filled out at each IFSP meeting, every six months or annually, if the insurance information has not changed.

Q: When is *Form E – Written Referral from Primary Health Care Practitioner Documentation of Medical Necessity for Third Party Claiming* - used?

A: As of April 1, 2013, additional responsibilities of the ongoing service coordinator include obtaining from the parent, a written referral from the child’s Primary Care Practitioner (PCP), as documentation of the medical necessity of EI services. The written referral may be collected from the parent or directly from the PCP by the service coordinator, with parental consent. Detailed guidance on collection of the written referral is included in Tool Kit Item 2, and in more detail under Tool Kit Item 7.

Q: When is *Form F – Consent to Bill Non-Regulated Insurance* used?

A: The service coordinator must discuss with families the use of non-regulated insurance, and explain that informed written parental consent is required to use non-regulated insurance for payment of EI services and *Form F – Consent to Bill Non-Regulated Insurance*, must be completed if the parent agrees to use non-regulated insurance.

At every six month IFSP review/meeting and whenever there is an increase in frequency, duration or intensity in the provision of services, a new *Form F – Consent to Bill Non-Regulated Insurance* used, must be completed.

Q: How does the provider obtain the subrogation form? Is the municipality responsible for sending it to the provider?

A: No, it is not up to the Municipality to provide subrogation forms to providers. Providers must submit notice to the insurer or plan administrator of their exercise of the right of subrogation upon the provider's assignment as the early intervention service provider for the child.

A sample Subrogation Notice (Tool Kit Item 11) is included in the Insurance Tool Kit for Service Coordinators. Providers may also go to the Department's Fiscal Agent website, www.eibilling.com, to generate subrogation letters.

Q: The Insurance Tool Kit Item 9 (Parent Notice Regarding Insurance) states under Collection of Insurance and Social Security Numbers that "Your Early Intervention Official must collect, and you must provide, your social security number and your child's social security number." If the parent/guardian declines to provide this information, does the "Notice of Parent Declination to Provide Social Security Number Information to the Early Intervention Program or Parent/Child Without a Social Security Number" form need to be completed or is declination no longer an option?

A: New York State Public Health Law 2552(2) requires that the parent of an eligible child furnish the child's social security number for the purposes of the Department's and municipality's administration of the program. The child's social security number should only be collected by the EIO/D for EI eligible children. If the parent declines to provide the social security number after this information is explained to the parent, the *Notice of Parent Declination to Provide Social Security Number Information to the Early Intervention Program or Parent/Child Without a Social Security Number* form can be filled out and maintained in the child's early intervention (EI) record. The form should not be sent to the Department. The form is found in the NYEIS Case Management Information and Frequently Asked Questions Targeted Resource (page 7), on the Health Commerce System (HCS).

Q: Where should the EIO/D record the social security number?

A: The social security number can be entered in NYEIS using the link for "Alternate IDs", found on the navigation bar on the child's Homepage.

Refusal to Provide Insurance Information

Q: What is the process that service coordinators should use if a family refuses to provide insurance information?

A: Public Health Law Section 2559(3)(a)(i) states that parents shall provide the municipality and service coordinator information on any insurance policy, plan or contract under which an eligible child has coverage. Parents should no longer be provided an option to decline to provide public

and private insurance. The service coordinator must fully explain the importance of the use of public and private insurance for payment of EI services as required by Public Health Law Section 2559. Additionally, the service coordinator must explain to parents the protections they are afforded with the use of New York State regulated insurance. If this information is fully explained to parents and is documented in the child's record and the parent will not provide their insurance information, the parent declination will be recorded in NYEIS by checking the appropriate box in the *Insurance Information* section on the Child's Homepage.

Q: What if parents for an existing case previously declined to provide insurance information? Must they provide it now?

A: Yes, Public Health Law Section 2559(3)(a)(i) states that parents shall provide the municipality and service coordinator information on any insurance policy, plan or contract under which an eligible child has coverage. For a family who has previously declined to provide insurance information it is expected that the ongoing service coordinator (OSC) will continue in his/her efforts to obtain the insurance policy information. The OSC must provide the parent(s) with a copy of the *Parent Notice Regarding Insurance*; review the requirements in New York State Public Health and Insurance Law as well as the protections that exist for policies regulated by New York State; and ask the parent(s) for their insurance policy information at the next scheduled visit with the family or IFSP review/meeting.

Q: If a parent states that they have a non-regulated insurance plan and refuses to provide their insurance information, how is this documented?

Parents are required by Public Health Law 2543(3) to provide any insurance coverage that their child has and any other information needed to bill their insurance. The Service coordinator is required to explain parent's right and responsibilities and protections that exist for families (PHL 2559(3)(a)(i)). It is the service coordinator's responsibility to determine if this policy is regulated by NYS insurance law or not. The Service Coordinator is required to provide the family with the *Parent Notice Regarding Information* and review this information with the family. It is important that the service coordinator explain to the parents that if their insurance is not regulated by New York State Insurance law, that the protections that are afforded by using regulated insurance do not apply. After this discussion about the differences between regulated and non-regulated insurance plans, parents may choose to use or not use their non-regulated insurance, Tool Kit Form F (*Consent to Bill Non-regulated Insurance*) would be completed with the family. If the insurance policy is not regulated and the parent does not give consent to bill this insurance, the insurance information is entered in NYEIS as non-regulated with no parental consent to bill. If the service coordinator has explained all the information regarding regulated and non-regulated insurance differences (and that protections that are afforded to regulated insurance policies do not apply to non-regulated policies) and the family still does not provide their insurance, then it is appropriate to enter in NYEIS that the parent declined to provide this information.

Q: If parents refuse to provide private insurance, does the County have the responsibility to provide EI services? Would refusing to provide their insurance information be grounds to close the child's EIP case?

A: In New York State, early intervention services must be provided at no cost to families. However, New York State's system of payments for the Early Intervention Program includes the

use of public insurance (such as Medicaid) and private insurance (such as Capital District Physicians Health Plan, United Health Care, and others) for reimbursement of early intervention services. These important sources of funding help to secure the availability of early intervention services for the future. Early intervention services should continue to be provided while the service coordinator is working with the family to obtain their insurance information. A child's case should not be closed if the parent refuses to provide their insurance information.

Q: When a parent refuses to give insurance information, where is this documented in NYEIS.?

A: On the Child's Homepage in NYEIS, in the *Insurance Information* section, there is a box which needs to be checked. To access this box, the user would select the *Edit* button located on the Child's Homepage. Editing the Child's Homepage allows the user access to the "*Declines to Give Insurance Information*" box, which needs to be checked to document parent refusal.

Q: If a parent has a commercial insurance and Medicaid but refuses to provide their commercial insurance, how is this handled?

A: The *Parent Notice Regarding Insurance* (Tool Kit Item 9) contains specific information regarding the use of Medicaid and Private Insurance coverage. Service Coordinators are required to provide the parent with a copy of the *Parent Notice Regarding Insurance* (Tool Kit Item 9) and review this information including, to explain how insurance is used in the EIP, and explain the protections that exist for insurance policies that are regulated by New York State. As part of the Medicaid enrollment application, the parent provided consent to bill any private insurance coverage available to the child for early intervention services. If the child's private insurance is subject to New York State Insurance Law, no additional consent from the parent is required to bill this insurance. If the private insurance is not subject to New York State Insurance Law (non-regulated), then parent consent would be required to bill their private insurance. Parents are required to provide the service coordinator information on any insurance policy, plan or contract under which an eligible child has coverage. Service coordinators are required to work with parents to collect all insurance information as required by Public Health Law Section 2559(3)(a)(i).

Q: If a parent does not disclose their commercial insurance and only provides the Medicaid information, is there a way to enter only the Medicaid information and record the declination to provide commercial insurance in NYEIS?

A: NYEIS will allow a user to select the "*Declines to Give Insurance Information*" box on the Child's Homepage and record Medicaid information into the insurance coverage pages. Only entering the Medicaid information into NYEIS will result in submitted claims being denied by Medicaid with a Medicaid 835 Error (CO 22 described as "*eMedNY's records indicate Child has commercial insurance that was not billed*"). This is considered a workable denial and until this error is resolved, the claim will not process to the next payor.

Municipal Corporation Health Benefit Plans

Q: The Insurance Tool Kit states “Self-insured/self-funded plans to Municipal Corporation Health Benefit Plans, e.g. Counties, School Districts, are self-funded but are subject to NYS Insurance Law and therefore regulated by NYS.” Does this mean that every insurance plan written through a county or a school district is regulated by NYS?

A: Service coordinators are required to determine if the family’s insurance plan is regulated by New York State Law. This determination must be made at the individual plan level for each child. Some county and school district insurance policies are organized as a Municipal Corporation Health Benefit Plan, but not every insurance plan written for a county and/or a school district falls under this type of organization. It is highly recommended that service coordinators check all insurance plans to ensure that they are NY State regulated insurance plans before information is entered in NYEIS, regardless if the insurance is a Municipal Corporation Health Benefit Plan or a different insurance plan.

It is recommended that service coordinators use the information on the *Request for Coverage Information (Form D)*, specifically the response to question a), **A health insurance policy, plan or benefit package regulated under New York State Law**, that was sent back to the service coordinator from the insurer, to determine if the plan is or is not regulated by NYS Insurance Law. It is also recommended that **Form D** be saved in the child’s file as a record of what the service coordinator was told by the insurer, in the event that there is an issue at a later date. This form, as with all insurance forms, should be attached to the child’s Integrated Case Homepage in NYEIS.

The New York State Department of Financial Services may also be of assistance in determining if the child’s self-funded plan is regulated by NYS.

Regulated/Non-Regulated Insurance

Q: Is there an updated list of the New York State Regulated and Non-regulated Insurance Plans?

A: No. The Insurance Tool Kit for Service Coordinators no longer includes a list of Regulated and Non-Regulated Insurance Plans. Service Coordinators are required to determine if the family’s insurance plan is regulated by New York State Law. This determination must be made at the individual plan level because an insurance company may have both regulated and non-regulated plans. Service coordinators must contact the insurer directly to identify if the family’s plan is regulated.

Q: If the parent does not consent to use the child’s non-regulated insurance, should the *Consent to Bill Non-Regulated Insurance, Form F*, still be completed? If Form F is completed, will the insurance information need to be entered in NYEIS?

A: Yes. The *Consent to Bill Non-Regulated Insurance, Form F*, would still need to be completed. The parent would check the second box on the bottom of the form that states, “*I do NOT give my consent to my Early Intervention Program providers to access benefits through my*

health insurance plan, which is NOT regulated by New York State Insurance Law, to help pay for the early intervention services my child and family receive.” and then sign, and date the form. Once Form F is completed, it must be uploaded to the child’s integrated case in NYEIS and the insurance information must be entered in the insurance coverage section of NYEIS. The service coordinator would then select “No” from the drop-down menu to the question, “Is Plan Regulated by NYS Law?” and then select “No” from the drop-down menu to the question, “If not regulated by NYS Law or self-funded, does the parent give consent to bill?” so that the non-regulated insurance does not get billed.

Q: If the parent does not consent to bill a non-regulated insurance does the Ongoing Service Coordinator need to have the parent sign a new *Consent to Bill Non-Regulated Insurance*, Form F, every time there is a change in services?

A: No. If the parent does not give consent to bill a non-regulated insurance a new Form F does not need to be filled out when there is a change in services.

However, if the parent does give consent to **use** non-regulated insurance for payment of EIP services, the ongoing service coordinator must obtain a new *Consent to Bill Non-Regulated Insurance*, Form F, from the parent at every 6-month IFSP review/meeting and whenever there is an increase (in frequency, duration, or intensity) in the provision of services in the IFSP.

Q: Previously, if a child's insurance plan was self-funded it was considered a non-regulated plan. Has this changed?

A: There are instances when self-funded plans are regulated such as some self-insured/self-funded plans to Municipal Corporation Health Benefit Plans. The New York State Department of Financial Services may be of assistance in determining if a self-funded plan is regulated by NYS. The Bureau of Early Intervention is also in the process of working with the Department of Financial Services to compile a list of specific self-funded plans that are NYS regulated, but service coordinators should continue to contact insurance companies directly to determine if a plan is regulated or non-regulated.

Q: Is there an additional way for Service Coordinators to identify non-regulated insurance from regulated insurance if they call the insurance company and they receive no answer? Also, some insurance companies do not allow the Request for Coverage Information, Form D, to be faxed.

A: The best way to determine if an insurance plan is regulated or non-regulated is to call the insurance company directly. Please refer to the *Initial Service Coordinator Insurance Responsibilities* section of the *Insurance Tool Kit for Service Coordinators* at https://www.health.ny.gov/community/infants_children/early_intervention/docs/insurance_service_coordination_tool_kit.pdf. On pages 2-4 of Tool Kit Item 1, section 3) *Determination of Insurance Plan Information*. This part of the tool kit provides service coordinators with helpful tips and information they should know before calling the insurance companies to assist them in determining if a plan is regulated or not. The New York State Department of Financial Services may also be of assistance in determining if a self-funded plan is regulated by NY State. Links to

the New York State Department of Financial Services and other resources can be found at the end of this Question and Answer document.

If insurance companies do not allow Form D, *Request for Coverage Information*, to be faxed; it is suggested that the form be mailed to the address where the insurance company wants the form sent.

HSA

Q: What is an HSA?

A: Health Spending Accounts/Health Savings Accounts (HSAs) are medical savings accounts that are established with a HSA trustee/custodian to solely pay for qualified medical expenses and are not considered health insurance. Information regarding these accounts should not be collected or entered in NYEIS

Q: Will a Service Coordinator be able to determine if a family's insurance is an HSA by contacting the insurance company?

A: A service coordinator will be able to determine if a family has a HSA by contacting the insurance company only if the HSA was set up with an insurance company. A parent can have a HSA through their health insurance company, a different insurance company, a bank or other financial institution.

Q: If the family has Medicaid and an HSA account only, does the HSA account need to be entered in NYEIS?

A: Health Spending Accounts (HSAs) are not considered health insurance, therefore, information regarding HSAs should not be collected from parents or entered in NYEIS.

Q: If there is regulated insurance but the family also has an HSA that is linked to the regulated insurance, how is the HSA prevented from being accessed?

A: If the family has a Health Spending Account (HSA) that is attached to an insurance plan, the HSA account information should not be entered in NYEIS. If the family's HSA account is erroneously used to pay providers for the provision of EI services, please follow the Department's HSA guidance which can be found at:
<https://www.eibilling.com/Public/Documents/DOH-HSAGuidance.pdf>

Q: What if a family has a flexible spending account?

A: A family's flexible spending account (FSA), also known as a flexible spending arrangement, should not be charged for early intervention services delivered to the child and family. FSAs are not health insurance and should not be considered as a payment source for EI services, therefore, information regarding FSAs should not be collected from parents or entered in NYEIS.

Procedure

Q: Page 31 FAQ- Should insurance information be entered by the Initial Service Coordinator BEFORE transferring to the Ongoing Service Coordinator?

A: Initial service coordinators are responsible for entering the child's and family's insurance information directly in NYEIS as soon as the information has been collected and/or verified.

Q: Is it okay to combine physician's orders and Written Referral from Primary Health Care Practitioner/Documentation of Medical Necessity for Third Party Claiming onto one form?

A: The Department will review all requests for modifications to the forms prior to any changes being made to ensure that all the pertinent information is captured that the Department requires. There are key points about the requirements for each form that should be considered before creating and utilizing a combined form:

- A sample referral form (e.g., Form E included in the tool kit) may be provided to the child's primary health care practitioner (PCP), however, the PCP may use his/her own written referral form or written order/prescription/written recommendation for speech therapy form if the forms include all the required information.
- The Ongoing Service Coordinator is responsible for ensuring the written referral from the child's PCP is obtained for the purposes of facilitating commercial insurance claiming for services that are covered under the eligible child's insurance policy, plan or benefit package, (such as physical therapy, speech-language therapy, etc.). The written referral is not required for children with Medicaid or Medicaid managed care. The written order/prescription/written recommendation for speech therapy services is required for all services included in a child's IFSP which require such as order, regardless of the child's/family's insurance coverage.
- A written referral is not a requirement for service delivery, only for commercial insurance claiming. Services in the IFSP must be provided to children and families even if a written referral from a PCP cannot be obtained. A written order/prescription/written recommendation for speech therapy is a requirement for service delivery and must be in place prior to the initiation of services or prior to the start of a change in frequency or duration of a service.
- The written referral need only be obtained once per covered service. Additionally, a written referral must be obtained for any new service(s) added to an IFSP during the child's participation in the EIP and covered under the child's policy, plan or benefit package. A written order/prescription/written recommendation for speech therapy is

good for one year from the date written, unless a new IFSP is written which changes the frequency or duration of the service.

- A written order/prescription/written recommendation for speech therapy, such as required in 10 NYCRR 69-4.11(a) (10) (ii) for fulfillment of an IFSP, can be used to satisfy the written referral requirement. An order for a specific service meets the PCP referral requirement for that service if it has been obtained from the child's PCP or, if the child does not have a PCP, any primary care provider who is familiar with the medical care and condition of the child.
- The written referral form (Form E) can be used to request prior authorization from the insurer. The form provides a column for prior authorization numbers to be entered by the insurer.

Q: Can a written referral from a primary health care practitioner (PCP) be used as the prescription/physician's order for those early intervention services which require such an order?

A: An order for a specific service meets the PCP referral requirement for that service if it has been obtained from the child's PCP or, if the child does not have a PCP, any primary care provider who is familiar with the medical care and condition of the child. In addition, a written order/prescription/written recommendation for speech therapy, such as required in 10 NYCRR 69-4.11(a) (10) (ii) for fulfillment of an IFSP, can be used to satisfy the written referral requirement.

Q: Can service coordinators copy insurance cards and upload them into NYEIS?

A: Service coordinators can upload a copy of the child's/family's insurance card to the child's integrated case home page in NYEIS. Service Coordinator's may not use their personal cell phones or other personal electronic devices (e.g., IPADs, tablets) to take pictures of a family's insurance card for this purpose.

Q: Can a checklist be created and included in the tool kit to make sure an ongoing service coordinator (OSC) goes through the proper steps and all forms are filled out correctly and completed?

A: Currently, the Department is not creating a checklist for this purpose, however, there is nothing to prohibit provider agencies from creating and using a service coordination "insurance checklist".

If a checklist is used as the service coordination note for a single contact, it must be signed and dated by the SC, and include start and end time for the contact. If a checklist is used across multiple contacts, the SC must indicate start and end time, and date and sign each contact.

Q: When a service coordinator calls an insurance company, they usually are put on hold for a long time (from 10-25 minutes). Is this waiting time billable?

A: In accordance with the Early Intervention Program Guidance Document: *Billing for Initial and Ongoing Service Coordination Activities in the Early Intervention Program*, time spent waiting on hold when calling insurance companies whether a conversation takes place or does not take place, is a billable service coordinator activity.

Q: What should be done if a parent provides insurance that has a child's name misspelled or wrong DOB?

A: Service coordinators should work with the parent to follow the insurance company's procedures for correcting child's name, policy holder's name, DOB, etc.

Q: How should the service coordinator explain to parents that using their regulated insurance to pay for EI services will not impact their insurance benefits?

A: It is important that the protections ensured under New York State Insurance Law for insurance plans that are regulated by New York State are fully explained to the family so they are comfortable providing the service coordinator with their insurance information. It is suggested that service coordinators utilize the information included in the *Parent Notice Regarding Insurance* (Tool Kit Item 9) to discuss the protections that apply to and would not apply to the family's insurance plan.

Billing

Q: If an insurance company says that they only cover for instance, 60 sessions of a service, does that mean parent should not consent to use their non-regulated insurance?

A: The use of non-regulated insurance to pay for EI services is exclusively the parent's decision. The service coordinator is required to provide parents with the *Parent Notice Regarding Insurance* and to review that Notice with the parent to ensure they fully understand that the protections afforded under NY State regulated insurance do not apply when using non-regulated insurance. If the parent understands this information and wants to voluntarily use their non-regulated insurance, they must consent in writing by signing the *Consent to Bill Non-regulated Insurance* form. Documentation of all discussions and copies of all forms must be maintained in the child's record and all insurance information must be data entered in NYEIS.

Q: Do the therapy sessions billed through insurance under EI go against what their insurance covers if a parent wanted to pursue clinical services separately?

A: If insurance is regulated by NY State, protections are in place so that any benefits paid for EI services cannot be charged against any maximum annual or lifetime policy limits.

Q: For prior authorization approvals for Speech Therapy, Physical Therapy, and Occupational Therapy, if an insurance company only covers 16 sessions and family needs to meet a deductible, would that be input as "not a covered service"?

A: If insurance is regulated by NY State, protections are in place so that parents do not pay any out-of-pocket costs, such as deductibles for EIP services. Commercial insurance is required to be used to pay for EI services if the plan is NY State regulated plan or if the parent consents to use non-regulated insurance.

Other

Q: If a child has their own card for commercial insurance, is the policy holder the child or the parent (if it is insurance through their employers)?

A: If a child is covered by Medicaid, the child would have their own Client Identification Number (CIN), which would need to be collected by the service coordinator and entered in NYEIS.

If the parent has private insurance from their employer, the insurance policy holder would be the parent. This insurance information must be collected by the service coordinator who must then research the insurance plan to gather information before entering in NYEIS.

Q: If the private insurance is under the father, is the mother allowed to sign for him?

A: All forms that require a parent signature should be signed by the household member who holds the insurance plan.

Q: How is prior approval addressed in the collection of insurance information?

A: For use of private insurance, the service coordinator must submit to the insurance company, the *Request for Coverage Information*, Form D, to determine the coverage and benefits, including visit limitations and if prior authorization is required. Additionally, if prior authorization is required, a prior authorization number and the number of visits authorized will be provided before an additional prior authorization must be obtained. Form D should be completed and returned by the insurance company within 15 days of receipt of this form. Once the information is provided by the insurance plan, it must be entered in NYEIS for provider access. The service coordinator is responsible to enter the information in NYEIS so the provider of general services can seek prior authorization, if needed.

Q: If the Initial Service Coordinator provides the Parent Notice to the family, is the Ongoing Service Coordinator only responsible to give it to the family at the annual review?

A: The service coordinator is responsible to review the *Parent Notice Regarding Insurance* annually and any time EI services change or a child's insurance changes. This is a federal requirement.

Q: Please provide the phone number for Medicaid Eligibility Verification System (MEVS)?

A: Information on accessing MEVS can be found in the Insurance Tool Kit for Service Coordinators, Item 12.

For additional information on MEVS, including the phone number, visit:
<https://www.emedny.org/ProviderManuals/AllProviders/supplemental.aspx>

Additional Resources

Bureau of Early Intervention (BEI) Home Page

https://www.health.ny.gov/community/infants_children/early_intervention/index.htm

Webinar “Insurance Tool Kit for Service Coordinators”

<https://meetny.webex.com/ec3200/eventcenter/recording/recordAction.do?theAction=poprecord&siteurl=meetny&entappname=url3200&internalRecordTicket=4832534b000000043c9e47a04c33e4b734d4eb51fff4d6475a3df4fe28fe4286b516ceac6850d26c&renewticket=0&isurlact=true&format=short&rnd=3135053855&RCID=cf821f14759140489452daa099370bd3&rID=71119172&needFilter=false&recordID=71119172&apiname=lsr.php&AT=pb&actappname=ec3200&&SP=EC&entactname=%2FnbrRecordingURL.do&actname=%2Feventcenter%2Fframe%2Fg.do>

Webinar Slides for “Insurance Tool Kit for Service Coordinators”

https://www.health.ny.gov/community/infants_children/early_intervention/docs/review_of_insurance_tool_kit.pdf

Insurance Tool Kit for Service Coordinators

https://www.health.ny.gov/community/infants_children/early_intervention/docs/insurance_service_coordination_tool_kit.pdf

Insurance Tool Kit Fillable Forms

https://www.health.ny.gov/community/infants_children/early_intervention/docs/insurance_service_coordination_tool_kit_fillable_forms.pdf

Child Insurance Information (Form B) Instructions and Parent Notice Regarding Insurance (non-English versions)

[Spanish](#), [Chinese](#), [Italian](#), [Russian](#), [Korean](#), [Haitian Creole](#)

*Forms can be translated into other languages if all required contents of the original form are included. This could be done through a translation service or by using the Google Translate application or a similar application, if possible, to translate the forms.

Division of Financial Services (DFS)

<http://www.dfs.ny.gov/>

eMedNY

Call Center at 1-800-343-9000

<https://www.emedny.org/index.aspx>

ePACES

<https://www.emedny.org/epaces/>

Medicaid Eligibility Verification System (MEVS)

<https://www.emedny.org/ProviderManuals/AllProviders/supplemental.aspx>

Medicaid Eligibility Verification System (MEVS) Quick Reference Guide instructions on using the phone line:

https://www.emedny.org/ProviderManuals/5010/MEVS%20Quick%20Reference%20Guides/5010_MEVS_Telephone_Quick_Reference_Guide.pdf

Social Security Declination Form

Login into Health Commerce System (HCS) and click on: My Content→ Documents by Group→ LHD→ Family and Community Health→ Early Intervention→ NYEIS→ Targeted Resources→ Case Management. The form is in the Case Management document.

https://commerce.health.state.ny.us/HCSRestServices/HCSContentServices/docs?docPath=/hcs_Documents/Source/hpn/cch/eip/nyeis/NYEISCaseMngmtInfoandFAQ.pdf

EI Billing

<https://www.eibilling.com>

For additional questions please contact:

Bureau of Early Intervention Technical Assistance

beipub@health.ny.gov

518 473-7016