

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

INSURANCE

Tool Kit for Service Coordinators

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NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

Initial Service Coordinator Insurance Responsibilities

- 1) Provide parent(s) with a copy of the *Parent Notice Regarding Insurance* (Tool Kit Item 9) and review this information. Discuss with the family the requirements in New York State Public Health and Insurance Law:
- a. Under New York State Public Health Law (PHL), Early Intervention Program (EIP) services must be provided at no cost to parents [Section 2557 of PHL, 10 NYCRR Section 69-4.1(l)(1)(iv)(d)]
 - b. Commercial Insurance and Medicaid are part of New York State's system of payments for early intervention services. These third party payors are important resources for the EIP (Section 2559 of PHL)
 - c. Insurance will only be accessed for reimbursement of early intervention services if the family's policy is subject to New York State Insurance Law (regulated), or with parental consent, if the policy is not subject to New York State Insurance Law (non-regulated)
 - i. EIP providers are required to first bill third party insurance, including commercial insurance and Medicaid, and are responsible for providing the subrogation notice (see Tool Kit Item 11)
 - ii. Service coordinators are responsible for informing EI service providers that they can access information about the child's insurance coverage in NYEIS and a copy of the completed *Collection of Insurance Information* form and the *Child Insurance Information* form will be mailed to them if requested
 - iii. Providers will receive payment from municipal funds (escrow account) for services that are partially reimbursed or denied by the insurer
 - iv. The Medicaid Program covers all EIP services at the EIP payment rates established by the State
 - v. Providers are prohibited from seeking payment for EIP services from the parent
 - d. All EIP services in an eligible child's IFSP, including service coordination and evaluations, must be provided if the child is uninsured
 - i. If a child is uninsured, the service coordinator is responsible for assisting the parent in identifying and applying for benefit programs for which the family may be eligible including Medicaid, Child Health Plus, and Social Security Disability Income, however, the parent is not required to enroll in order for EIP services to be provided
 - ii. Form B, *Child Insurance Information* form, includes a Parent Attestation of No Insurance section. Parents must sign this attestation if their child does not have health insurance coverage. A new attestation must be signed by the parent at each IFSP meeting/review (unless the child has obtained insurance coverage)

- iii. Upload Form B to the child's integrated case in NYEIS. Notify all billing providers and the Municipality that these completed forms are accessible on NYEIS and will be mailed to them upon request

e. Protections for use of regulated insurance:

- i. Parents do not pay any out-of-pocket costs, such as deductibles or co-payments for EIP services
- ii. Insurers are prohibited from charging any benefits paid for EIP services against any maximum annual or lifetime policy limits ("caps")
- iii. Early Intervention visits reimbursed by the insurer cannot reduce the number of visits otherwise available to the child and family for health care
- iv. Insurers cannot discontinue or fail to renew a family's insurance coverage solely because a child is receiving EIP services
- v. Insurers cannot increase health insurance premiums solely because a child is receiving EIP services
- vi. If a family's insurance plan is not regulated by New York State Insurance Law, the plan will not be billed unless the parent gives informed written consent

- f. Voluntary use of non-regulated insurance: If a family's insurance is not regulated by New York State Insurance Law, their insurance benefits may not be protected as set forth above in (e) if billed for EIP services. **In this case the insurance can only be used if the family is fully informed and chooses to give written consent** (see 3c below).

2) Collect insurance policy information from family (10 NYCRR 69-4.6(d))

- a. Service Coordinator should give the family Form B (*Child Insurance Information* form) **and** the form instructions.
- b. Service Coordinators should review the instructions with parents and assist parents with completing Form B (*Child Insurance Information*).
- c. Explain to the parent that he or she should let their ongoing service coordinator know if there are any changes in the family's insurance policy, including Medicaid and Child Health Plus.

3) Determination of Insurance Plan Information

a. Determine if the family's insurance plan is regulated by New York State Insurance Law

- i. Contact the insurer directly to identify if the family's plan is regulated
 - List of things to know before calling
 - **Product-** Business term referring to the "type" of insurance policy/plan. Use the family's Subscriber ID# to help the Insurance Agent identify the "Product" or type of insurance plan.
 - **Insurance Companies-** Act as "Administrators" of many "Products" (aka insurance plans) for many Companies. Some Companies may offer several insurance plans. These insurance plans may or may not be New York State Regulated.

- **NOTE:** A Health Insurance Policy can be written so they are covered in more than one State. Regulation depends upon which State wrote or issued the policy. That State is the State that regulates the policy.
- How to get to the right person when calling an insurance company
 - Select “Non- Member” option if there is one. If not, proceed as “Member” and enter “Policy Number”. This will send you to the Department who manages this type of policy. Make your way through the prompts to speak to a Representative.
 - Tell them who you are, where you are calling from and why you are calling. Reassure the Representative you are looking to find out what type of “Product” it is. Reassure the Representative you are asking for general information about the policy, not specific information about the child/family.
- List of things to ask when you connect to the person who can help you with product information
 - Ask “Are (the child’s name) benefits covered under an Administrative Services Only (ASO) plan?” If yes, the plan is NYS Non-Regulated. If no;
 - Ask “Are the benefits covered under a Commercial Insurance Plan, an HMO, or a Municipal Cooperative Health Benefit Plan issues in New York State. If yes, the plan is NYS Regulated. If no, the plan is NYS Non-Regulated.
 - Ask what type of product it is, e.g., is it a fully insured plan, self-funded plan, Health Spending Account, etc.
 - If it is a fully insured plan, ask where it was issued or written. If the plan was issued or written in New York State, it is Regulated/Insured by New York State Insurance Law. If the Representative states it’s a privately-owned policy or is written/issued from another State, it is not regulated by New York State Insurance Law.
 - Ask the Representative for the Address or Fax number for where to send the “Request for Coverage Information” form and to whose attention.
 - Ask the Representative for the ‘Claims Address’ and the ‘Correspondence Address’ (these addresses may be different and may affect providers’ notice of subrogation). Document the correspondence address in the comments section of the insurance page in NYEIS.
- ii. This determination must be made at the plan level (e.g., a single insurance company may have both regulated and non-regulated plans)
- iii. The Child Health Plus program is administered by a number of health plans throughout the state. In all cases, the Child Health Plus program’s administrator is subject to New York State Insurance Law with regard to the Early Intervention Program.
- iv. Self-insured/self-funded plans are typically not regulated (under a self-funded health benefit plan, the employer pays for its employees’ health care costs out of its general assets or a fund that the employer has established for health benefits). Please Note: 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.

- v. Plans that are issued/written outside of New York State are not regulated (e.g., Blue Cross/Blue Shield plans that are issued in another state are not regulated)
- vi. Health Spending Accounts/Health Savings Accounts (HSAs) are medical savings accounts and are not considered insurance; information regarding these accounts should not be collected or entered into NYEIS

It is very important for service coordinators to obtain the most recent and accurate insurance information. Service coordinators should speak with parents about the type of insurance plan they have in case the parent can identify if it is self-funded, issued or written outside of New York State, or if it is, or is linked to, a Health Spending/Savings Account. Parents can obtain information about their insurer's payment of EIP services from the Explanations of Benefits (EOBs) they receive from their insurer. Service Coordinators should call the insurance company to verify the plan information and mail Form D, *Request for Coverage Information* (Tool Kit Item 6), to ensure that they have accurate information on whether the family's insurance plan is regulated or not regulated.

- b. If the parent's insurance is regulated by New York State Insurance Law
 - i. Review with the parent the Insurance Policies Regulated by New York State section of the *Parent Notice Regarding Insurance* (Tool Kit Item 9)
 - ii. Ensure that the parent fully understands the information in this notice**
 - c. If the parent's insurance is NOT regulated by New York State Insurance Law, complete the following (be aware the family's insurance can only be accessed for payment of EIP services **if the parent chooses** to provide voluntary written consent for this use):
 - i. Review with the parent the Insurance Policies Not Regulated by New York State section of the *Parent Notice Regarding Insurance* (Tool Kit Item 9)
 - ii. Ensure that the parent fully understands the information in this notice**
 - iii. Complete with the parent Form F, *Consent to Bill Non-regulated Insurance* (Tool Kit Item 10)
 - iv. If the parent consents to use non-regulated insurance for payment of EIP services, explain that this consent will need to be re-signed at every IFSP meeting and whenever there is an increase (in frequency, duration, or intensity) in the provision of services in the IFSP.
 - v. Upload Form F to the child's integrated case in NYEIS and inform the child's EIP providers that the consent form can be accessed in NYEIS and a copy will be mailed to them upon request
- 4) If the insurance is regulated, or if the parent has provided informed written consent to access their non-regulated plan using Form F, initiate the process of obtaining information from the insurer on the extent of benefits available to the child under the child's/family's insurance policy (because EIP services are carved out of Medicaid Managed Care and paid directly by Medicaid, this section does not apply to Medicaid Managed Care plans)
- a. Obtain parental consent on Form C, *Authorization to Release Health Insurance Information* (Tool Kit Item 5)
 - b. Complete Form D (Tool Kit Item 6), *Request for Coverage Information* (the service coordinator should fill out the information in the box at the top of the page)

- c. Send both forms together to the insurer
 - i. The insurer is required to return information on the extent of benefits available to the child to the service coordinator and the municipality (section 3235-a of New York State Insurance law) within fifteen days of the insurer's receipt of the written request for coverage information and the notice authorizing the release of this information
 - d. Service coordinator must enter the information returned from the insurance company into NYEIS
 - e. The completed and signed forms (*Authorization to Release Health Insurance Information* and *Request for Coverage Information*) should be uploaded to the child's integrated case home page in NYEIS and sent to the child's EIP providers upon provider request
- 5) Document all efforts to obtain accurate insurance information and all information obtained must be maintained by the service coordinator as follows:
- a. **Fill in the NYEIS reference number on the top left of every completed form**
 - b. Complete Form A, *Collection of Insurance Information*. Upload Form A into NYEIS.
 - c. Document all efforts (whether billable or not) to obtain accurate insurance information in service coordination notes
 - d. Enter the child's and family's insurance information, including Medicaid, Medicaid Managed Care, and Child Health Plus policy information, directly into NYEIS after verifying whether the insurance is regulated or non-regulated. **Complete the required fields in NYEIS, including**
 - i. The 'Insurance Information' cluster on the child's home page
 - ii. The 'Commercial Insurance' pages (use the link for 'Insurance' on the left navigation bar of the child's home page)
 - iii. The Medicaid pages (use the link for 'Insurance' on the left navigation bar of the child's home page)
 - iv. For instructions on entering insurance information into NYEIS, please reference the following resources:
 - NYEIS User Manual Unit 4: Case Management
 - Items 12 and 13 in this tool kit
 - A webinar titled *Third Party Insurance Information*, has been recorded and can be viewed at:
http://www.health.ny.gov/community/infants_children/early_intervention/system/training/provider_webinars.htm
 - The state sponsored training titled *Insurance: NYEIS Case Management and Functionality for Service Coordinators and Providers*
 - e. Upload a copy of each completed form to the child's integrated case home page in NYEIS after the insurance information has been entered into the child's insurance page in NYEIS.
 - f. Notify all billing providers and the Municipality that these completed forms are accessible on NYEIS and will be mailed to them upon request
 - g. Maintain a copy of all completed forms in the child record

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION**Ongoing Service Coordinator Insurance Responsibilities**

- 1) Annually and any time a child's insurance changes, service coordinators must provide parent(s) with a copy of the *Parent Notice Regarding Insurance* (Tool Kit Item 9) and review with the family the requirements in New York State Public Health and Insurance Law:
 - a. Under New York State Public Health Law (PHL), Early Intervention Program (EIP) services must be provided at no cost to parents [Section 2557 of PHL, 10 NYCRR Section 69-4.1(l)(1)(iv)(d)]
 - b. Commercial Insurance and Medicaid are part of New York State's system of payments for early intervention services. These third party payors are important resources for the EIP (Section 2559 of PHL)
 - c. Insurance will only be accessed for reimbursement of early intervention services if the family's policy is subject to New York State Insurance Law (regulated), or with parental consent, if the policy is not subject to New York State Insurance Law (non-regulated)
 - i. EIP providers are required to first bill third party insurance, including commercial insurance and Medicaid, and are responsible for providing the subrogation notice (see Tool Kit Item 11)
 - ii. Service coordinators are responsible for informing EI service providers that they can access information about the child's insurance coverage in NYEIS and a copy of the completed *Collection of Insurance Information* and the *Child Insurance Information* forms will be mailed to them if requested
 - iii. Providers will receive payment from municipal funds (escrow account) for services that are partially reimbursed or denied by the insurer
 - iv. The Medicaid Program covers all EIP services at the EIP payment rates established by the State
 - v. Providers are prohibited from seeking payment for early intervention services from the parent
 - d. All EIP services in an eligible child's IFSP, and service coordination and evaluations, must be provided if the child is uninsured
 - i. If a child is uninsured, the service coordinator is responsible for assisting the parent in identifying and applying for benefit programs for which the family may be eligible including Medicaid, Child Health Plus, and Social Security Disability Income, however, the parent is not required to enroll in order for EIP services to be provided
 - ii. Form B, *Child Insurance Information* form, includes a Parent Attestation of No Insurance section. Parents must sign this attestation if their child does not have health insurance coverage. A new attestation must be signed by the parent at each IFSP meeting/review (unless the child has obtained insurance coverage)
 - iii. Upload Form B to the child's integrated case in NYEIS. Notify all billing providers and the Municipality that these completed forms are accessible on NYEIS and will be mailed to them upon request

- e. Protections for use of regulated insurance:
 - i. Parents do not pay any out-of-pocket costs, such as deductibles or co-payments for EIP services
 - ii. Insurers are prohibited from charging any benefits paid for EIP services against any maximum annual or lifetime policy limits ("caps")
 - iii. Early Intervention visits reimbursed by the insurer cannot reduce the number of visits otherwise available to the child and family for health care
 - iv. Insurers cannot discontinue or fail to renew a family's insurance coverage solely because a child is receiving EIP services
 - v. Insurers cannot increase health insurance premiums solely because a child is receiving EIP services
 - vi. If a family's insurance plan is not regulated by New York State Insurance Law, the plan will not be billed unless the parent gives informed written consent
- f. Voluntary use of nonregulated insurance: If a family's insurance is not regulated by New York State Insurance Law, their insurance benefits may not be protected as above in (e) if billed for EIP services. **In this case the insurance can only be used if the family is fully informed and chooses to give written consent** (see 3c below).

- 2) Review insurance information with parents and update Form A and Form B (10 NYCRR 69-4.6(d))
 - a. Ask the family if there are any changes in their insurance status or coverage at every 6-month IFSP review/meeting or more frequently if needed
 - b. If insurance has not changed, Form B (*Child Insurance Information* form) should be reviewed and signed by parent at each IFSP meeting/review.
 - c. If insurance has changed:
 - i. Service Coordinator should give the family Form B (*Child Insurance Information* form) **and** the form instructions.
 - ii. Service Coordinators should review the instructions with parents and assist parents with completing Form B (*Child Insurance Information*).

3) Determination of Insurance Plan Information

- a. **Determine if the family's insurance plan is regulated by New York State Insurance Law**
 - i. Contact the insurer directly to identify if the family's plan is regulated
 - List of things to know before calling
 - **Product-** Business term referring to the "type" of insurance policy/plan. We use the family's Subscriber ID# to help the Insurance Agent identify the "Product" or type of insurance plan.
 - **Insurance Companies-** Act as "Administrators" of many "Products" (aka insurance plans) for many Companies. Some Companies may offer several insurance plans. These insurance plans may or may not be New York State Regulated.

- **NOTE:** A Health Insurance Policy can be written so they are covered in more than one State. Regulation depends upon which State wrote or issued the policy. That State is the State that regulates the policy.
- How to get to the right person when calling an insurance company
 - Select “Non- Member” option if there is one. If not, proceed as “Member” and enter “Policy Number”. This will send you to the Department who manages this type of policy. Make your way through the prompts to speak to a Representative.
 - Tell them who you are, where you are calling from and why you are calling. Reassure the Representative you are looking to find out what type of “Product” it is. Reassure the Representative you are asking for general information about the policy, not specific information about the child/family.
- List of things to ask when you connect to the person who can help you with product information
 - Ask “Are (the child’s name) benefits covered under an Administrative Services Only (ASO) plan?” If yes, the plan is NYS Non-Regulated. If no;
 - Ask “Are the benefits covered under a Commercial Insurance Plan, an HMO, or a Municipal Cooperative Health Benefit Plan issues in New York State. If yes, the plan is NYS Regulated. If no, the plan is NYS Non-Regulated.
 - Ask what type of product it is, i.e., is it a fully insured plan, self-funded plan, Health Spending Account, etc.
 - If it is a fully insured plan, ask where it was issued or written. If the plan was issued or written in New York State, it is Regulated/Insured by New York State Insurance Law. If the Representative states it’s a privately-owned policy or is written/issued from another State, it is not regulated by New York State Insurance Law.
 - Ask the Representative for the Address or Fax number for where to send the “Request for Coverage Information” form and to whose attention.
 - Ask the Representative for the ‘Claims Address’ and the ‘Correspondence Address’ (these addresses may be different and may affect providers’ notice of subrogation). Document the correspondence address in the comments section of the insurance page in NYEIS.
- ii. This determination must be made at the plan level (e.g., a single insurance company may have both regulated and non-regulated plans)
- iii. The Child Health Plus program is administered by a number of health plans throughout the state. In all cases, the Child Health Plus program’s administrator is subject to New York State Insurance Law with regard to the Early Intervention Program.
- iv. Self-insured/self-funded plans are typically not regulated (under a self-funded health benefit plan, the employer pays for its employees’ health care costs out of its general assets or a fund that the employer has established for health benefits). Please Note: Self-insured/self-funded plans to Municipal Corporation Health Benefit Plans, e.g. Counties, School Districts, are self-funded but are also subject to NYS Insurance Law and therefore regulated by NYS.

- v. Plans that are issued/written outside of New York State may not be regulated (e.g., Blue Cross/Blue Shield plans that are issued in another state are not regulated)
- vi. Health Spending Accounts/Health Savings Accounts (HSAs) are medical savings accounts and are not considered insurance; information regarding these accounts should not be collected or entered into NYEIS

It is very important for service coordinators to obtain the most recent and accurate insurance information. Service coordinators should speak with parents about the type of insurance plan they have in case the parent can identify if it is self-funded, issued or written outside of New York State, or if it is, or is linked to, a Health Spending/Savings Account. Parents can obtain information about their insurer's payment of EIP services from the Explanations of Benefits (EOBs) they receive from their insurer. Service Coordinators should call the insurance company and mail tool kit Form D, *Request for Coverage Information* (Tool Kit Item 5), to ensure that they have accurate information on whether the family's insurance plan is regulated or not regulated.

- b. If the child's insurance is regulated by New York State Insurance Law:
 - i. Give parent the *Parent Notice Regarding Insurance* (Tool Kit Item 9)
 - ii. **Ensure that the parent fully understands the information in this notice**
 - c. If the child's insurance is NOT regulated by New York State Insurance Law, complete the following steps (be aware the family's insurance can only be accessed for payment of EIP services **if the parent chooses** to provide voluntary written consent for this use):
 - i. Give the *Parent Notice Regarding Insurance* (Tool Kit Item 9)
 - ii. **Ensure that the parent fully understands the information in this notice**
 - iii. Complete with the parent Tool Kit Item 10, Form F, *Consent to Bill Non-regulated Insurance*
 - iv. If the parent consents to use non-regulated insurance for payment of EIP services, explain that this consent will need to be re-signed at every IFSP review/meeting and whenever there is an increase (in frequency, duration, or intensity) in the provision of services in the IFSP.
 - v. Upload Form F to the child's integrated case in NYEIS and inform the child's EIP providers that the consent form can be accessed in NYEIS and a copy will be mailed to them if requested
 - d. ***If the parent has provided informed written consent to use non-regulated insurance for payment of EIP services, service coordinators must repeat steps (c)(i-v) above, including obtaining a new informed written consent 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. ***
- 4) If a family changes insurance plans or has new coverage, and the new insurance is regulated or the parent has provided informed written consent to access their non-regulated plan using Form F, initiate the process of obtaining information from the insurer on the extent of benefits available to the child under the child's/family's insurance policy (because EIP services are carved out of Medicaid Managed Care and paid directly by Medicaid, this section does not apply to Medicaid Managed Care plans)
- a. Obtain parental consent on Form C, *Authorization to Release Health Insurance Information*

- b. Complete Form D, *Request for Coverage Information* (the service coordinator should fill out the information in the box at the top of the page)
 - c. Send both forms together to the insurer
 - i. The insurer is required to return information on the extent of benefits available to the child within fifteen days of the insurer's receipt of the written request for coverage information and the notice authorizing the release of this information to the service coordinator and the municipality (section 3235-a of Insurance law)
 - d. Enter the information returned from the insurance company into NYEIS.
 - e. The completed and signed forms should be uploaded to the child's integrated case home page in NYEIS, *Authorization to Release Health Insurance Information* and *Request for Coverage Information*, and sent to the child's EIP providers upon provider request
- 5) Obtain from the parent a written referral from the child's primary health care provider as documentation of the medical necessity of EIP services
- a. Refer to the guidance regarding written referrals provided in the *Instructions for Ongoing Service Coordinators, Collecting the Written Referral from Parents or Primary Care Providers* (Tool Kit Item 7)
 - b. Use Form E, *Written Referral From Primary Care Practitioner* as needed for this purpose
 - c. Inform the child's EIP providers that a written referral has been obtained from a child's primary health care practitioner to document medical necessity for the purpose of third party claiming and the referral has been uploaded to NYEIS. This information should be sent to providers upon request. Providers can use this completed form to document medical necessity and to request a prior authorization from the insurer (the form contains a column for insurer to write in a prior authorization number).
- *It is important for service coordinators to be aware that services in a child's IFSP must begin timely; services should **never** be delayed due to commercial insurance requirements for a written referral or prior authorization.
- 6) Document all efforts to obtain accurate insurance information and all information obtained must be maintained by the service coordinator as follows:
- a. **Fill in the NYEIS reference number on the top left of every completed form**
 - b. Review and initial Form A, *Collection of Insurance Information* if insurance has not changed. If insurance has changed update Form A and upload into NYEIS.
 - c. Document all efforts (whether billable or not) to obtain accurate insurance information in service coordination notes
 - d. Enter the child's and family's insurance information, including Medicaid, Medicaid Managed Care, and Child Health Plus policy information, directly into NYEIS after verifying whether the insurance is regulated or non-regulated. **Complete the required fields in NYEIS, including:**
 - i. The 'Insurance Information' cluster on the child's home page
 - ii. The 'Commercial Insurance' pages (use the link for 'Insurance' on the left navigation bar of the child's home page)

- iii. The Medicaid pages (use the link for 'Insurance' on the left navigation bar of the child's home page)
- iv. For instruction on entering insurance information into NYEIS, reference the following resources
 - NYEIS User Manual Unit 4: Case Management
 - Items 12 and 13 in this tool kit
 - A webinar titled *Third Party Insurance Information*, has been recorded and can be viewed at:
http://www.health.ny.gov/community/infants_children/early_intervention/system/training/provider_webinars.htm
 - Attend the state sponsored training titled *Insurance: NYEIS Case Management and Functionality for Service Coordinators and Providers*
- e. Upload a copy of each completed form to the child's integrated case home page in NYEIS after the insurance information has been entered into the child's insurance page in NYEIS
- f. Notify all EIP providers and the Municipality that new third party insurance information has been obtained and updated in NYEIS. Upon provider request, service coordinators will send providers a copy of the completed *Collection of Insurance Information* form.
- g. Maintain a copy of all completed forms in the child record

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION**

Insurance
Tool Kit Item 3
Form A

NYEIS Child
Reference#:

COLLECTION OF INSURANCE INFORMATION

DATE INSURANCE INFORMATION COLLECTED/UPDATED:	*Is the Insurance Plan Regulated by New York State? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, has the parent consented to use of their insurance benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Insurance Plan: Primary <input type="checkbox"/> or Secondary <input type="checkbox"/>
Child's Name:	Child's Date of Birth:	Child's Gender:
Parent/Guardian Name:	Parent/Guardian Date of Birth:	Parent/Guardian Phone No.:
Insurance Company Name:	Insurance Company Phone No:	**Insurance Company Billing and Claiming Address:
	Insurance Plan/Policy Name:	Type of Insurance Plan:
Policy Holder Name:	Policy Holder Date of Birth:	Policy Holder Gender:
Policy Holder Address:	Policy Holder Phone Number:	Policy Holder Relationship to Child:
Policy Holder Employer Name:	Employer Address:	Employer Phone No.:
Policy No. for Billing:	Child's Member Identification No:	Group Number (if applicable):
	Policy Effective From Date:	Policy Effective To Date:
Is the Plan Child Health Plus? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Plan Medicaid Managed Care? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Plan a self-funded plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
***Medicaid CIN Number (2 alpha, 5 numeric, 1 alpha):	CIN Effective From Date:	CIN Effective To Date:
Service Coordinator Name:	Service Coordinator Phone No:	Service Coordinator Fax No.:
Municipality Name:	Service Coordinator Agency:	Service Coordinator Address:

Insurance information must be reviewed at least every six months:

Insurance Information reviewed at 6 month IFSP:	date _____ initials _____	no changes _____	new form _____
Insurance Information reviewed at 12 month IFSP:	date _____ initials _____	no changes _____	new form _____
Insurance Information reviewed at 18 month IFSP:	date _____ initials _____	no changes _____	new form _____
Insurance Information reviewed at 24 month IFSP:	date _____ initials _____	no changes _____	new form _____
Insurance Information reviewed (other):	date _____ initials _____	no changes _____	new form _____

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

COLLECTION OF INSURANCE INFORMATION FORM A INSTRUCTIONS

Medicaid and Private Insurance:

If the family has both private insurance and public insurance (Medicaid) coverage, claims for payment of early intervention services will first be billed to private insurance and only the remaining balance will be billed to public insurance (Medicaid) for payment. If the child is enrolled in the Medicaid Program, consent has already been provided to bill any private insurance coverage available to the child for early intervention services. The child's insurance plan will be billed for early intervention services and no additional consent is needed from the family if the child's insurance is subject to New York State Insurance Law. Parent consent will be needed to bill the child's insurance plan if the plan is not subject to New York State Insurance law.

Note: Asterisks below correspond to boxes on Form A.

*For assistance in determining whether an insurance plan is regulated in New York State, please contact the insurer directly.

**The insurance company must be contacted to confirm the billing and claiming address. Once confirmed, this should be entered/verified in NYEIS.

***If the family has a Medicaid card and CIN#, the CIN# must be entered in NYEIS. If the Medicaid coverage is a Medicaid managed care plan, the managed care insurer/insurance information must also be entered on the commercial insurance page and marked "Yes" for Medicaid Managed Care after entering the Medicaid coverage. Please see Item 12 in this tool kit for more information.

NYEIS Child
Reference #:

Insurance
Tool Kit Item 4
Form B

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

CHILD INSURANCE INFORMATION

Child's Name/Date of Birth: _____ **Child's Gender:** male female

Primary Insurance Information:

Insurance Company/Plan Name: _____

Insurance Company Billing address: _____

Policy/Identification (ID) Number: _____

Child's Member ID (if different): _____

Group #: _____

Policy Holder Name: _____ Policy Holder Gender: male female

Policy Holder Date of Birth: _____

Policy Holder Address: _____

Policy Holder Phone Number: _____

Policy Holder relationship to child: _____

Other Insurance (if applicable):

Insurance Company/Plan Name: _____

Insurance Company Billing address: _____

Policy/ID Number: _____

Child's Member ID (if different): _____

Group #: _____

Policy Holder Name: _____ Policy Holder Gender: male female

Policy Holder Date of Birth: _____

Policy Holder Address: _____

Policy Holder Phone Number: _____

Policy Holder relationship to child: _____

Medicaid Client Identification Number (CIN) (if applicable): _____
(2 letters, 5 numbers, 1 letter)

Parent/Legal Guardian Signature

Date

Parent signature confirms that the insurance information on file is correct.

Insurance Information reviewed at 6 month IFSP:	date _____	no changes _____	parent signature _____
Insurance Information reviewed at 12 month IFSP:	date _____	no changes _____	parent signature _____
Insurance Information reviewed at 18 month IFSP:	date _____	no changes _____	parent signature _____
Insurance Information reviewed at 24 month IFSP:	date _____	no changes _____	parent signature _____
Insurance Information reviewed (other):	date _____	no changes _____	parent signature _____

PARENT ATTESTATION OF NO INSURANCE (if applicable)

Child's Name: _____ **Child's Date of Birth:** _____

I _____ (please print name) the parent and/or legal guardian of the child whose name is above, attest that as of today's date such child does not have health insurance coverage. I understand that the assigned Early Intervention Program service coordinator must assist me with the identification of and application for health insurance for which such child may be eligible. I also understand that such child is not required to have health insurance in order for Early Intervention Program services to be provided.

Parent/Legal Guardian Signature

Date

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

CHILD INSURANCE INFORMATION FORM INSTRUCTIONS

Child's Insurance Information:

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 (EIP) includes the use of public insurance (such as Medicaid and Child Health Plus) and private insurance (such as CDPHP, Empire Plan, and others) for reimbursement of early intervention services. Under New York State Public Health Law (PHL), your service coordinator must collect, and you must provide, information and documentation about your child's insurance coverage, including public and private insurance. This information includes: the type of insurance policy or health benefits plan, the name of the insurer or plan administrator, the policy or plan identification number, the type of coverage in the policy and any other information needed to bill your insurance. Your service coordinator must explain your rights and responsibilities and the protections that the law provides for your family.

Completing this form:

- Your service coordinator can assist you with completing this form.
- Please ensure that the form is filled out completely and accurately.
- If your child has two or more health insurance policies, you must provide information for each policy. (examples below)
 - If your child has two different private insurance policies, you will include information on both policies.
 - If your child has Medicaid and a private insurance, you will include the Medicaid Child Identification Number (CIN) and the private insurance information.
 - If your child has Medicaid Managed Care, both the Medicaid Child Identification Number (CIN) and the Medicaid Managed Care insurance company information will be documented in the insurance information section.
 - If your child has Medicaid Managed Care and a private insurance policy, you will include the Medicaid Child Information Number (CIN), the Medicaid Managed Care insurance company information, and the private insurance policy information.
- Your service coordinator must review this insurance information at each Individualized Family Service Plan (IFSP) meeting/review. You must sign this form at each IFSP meeting/review to confirm that your insurance has not changed. If your insurance changes, you will need to complete a new form.
- Please inform your service coordinator if your child's insurance coverage changes at any time.

Parent Attestation of No Insurance (if applicable):

- You must complete and sign this attestation if your child does not have health insurance coverage.
- A new attestation must be signed at each IFSP meeting/review (unless your child has obtained insurance coverage).
- If your child does not have insurance, EIP services will still be provided at no cost to you.
- Your child is not required to have health insurance to receive EIP services, however your service coordinator must assist you with identifying and applying for health insurance that your child may be eligible for.

Please contact your service coordinator if you have any questions while completing this form.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

AUTHORIZATION TO RELEASE HEALTH INSURANCE INFORMATION

Pursuant to Section 2559(3)(d) of NYS Public Health Law and
Section 3235-a(c) of the Insurance Law

Insured's (Child's) Name:	Date of Birth:
Parent/Legal Guardian's Name:	Date of Birth:
Insurance Company Name:	Insurance Plan Name/Type:
Insurance Company Address:	Insurance Company Phone No.:
Policy Holder's Name and Address:	Policy/ID No.:
	Child's Member ID No.:
	Group No. (if applicable):
Service Coordinator Name:	Service Coordinator Agency:
Service Coordinator Address:	Service Coordinator Phone No.:
Municipality:	Date Sent to Insurer:

I request and authorize the release of health insurance coverage information for the insured named above to my child's and family's early intervention service coordinator, provider(s), the municipality which administers the local Early Intervention Program, and the NYS Department of Health and/or its early intervention fiscal agent.

I authorize the exchange of information between these parties and the insurer named above for the purposes of facilitating claiming and assisting in the adjudication of claims for services rendered under the Early Intervention Program:

I further consent and authorize providers who submit claims to the above referenced insurer to provide such information as may be required by the insurer to facilitate claiming and payment for services rendered under the Early Intervention Program.

This request applies only to health insurance coverage under the insured's policy, plan or benefit package for the purposes of facilitating payment from the insurer for services rendered under the Early Intervention Program.

Parent/Guardian's Signature: _____

Date Signed: _____

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

REQUEST FOR COVERAGE INFORMATION
Pursuant to Section 3235-a(c) of New York State Insurance Law

Child's Name (First/MI/Last):	Child's Date of Birth:
Municipality:	Date Sent to Insurer:
Name of Parent/Legal Guardian:	Phone No.:
Insurance Company/Plan Name:	Insurance Company Address:
Policy Holder Name and Address:	Policy Holder Relationship to Child:
Policy Holder Date of Birth:	Policy No. for Billing:
Policy Holder Employer Name:	Policy Holder Employer Address:
Child's Member Identification No.:	Group No. (if applicable):
Early Intervention Service Coordinator:	Service Coordination Agency:
Service Coordinator Phone No.:	Service Coordinator Fax No.:
Service Coordinator Address:	

Dear Insurer:

This form requests information about the above named child's insurance coverage. The parent/guardian of the above named child has authorized release of this information (authorization form enclosed). As per requirements in Section 3235-a(c) of the New York State Insurance Law, we request that you complete and return this form to the Early Intervention Program at the address provided above. Section 3235-a(c) of the State Insurance Law requires this information to be returned within 15 days of request. Provision of this information will assist both the authorized providers and the insurer in claims processing.

Please provide the following requested information regarding the above named child's benefits as the insured.

Is the child's health coverage:

- a) A health insurance policy, plan or benefit package regulated under New York State Law Yes No
- b) Child Health Plus Yes No
- c) Other government plan (e.g., Medicaid Managed Care) Yes No
- d) A self-insured plan governed by ERISA or other plan not subject to regulation under New York State Insurance Law? Yes No

Please indicate the effective dates of coverage for this policy: _____

Child's Name (First/MI/Last):	Child's Date of Birth:
-------------------------------	------------------------

Visit Limit Information

If the child's insurance policy, plan or benefit package **IS** a policy regulated by New York State Insurance Law and **IS NOT** Medicaid, Champus, or a self-insured plan or other plan not subject to New York State Insurance Law, please indicate the number of annual visits available for the covered services identified below (if no coverage is available, please indicate by placing a 'N' in the second column and a '0' in the third column).

Service	Covered (Y/N)	Number of Annual Visits
Applied Behavior Analysis		
Assistive Technology/Durable Medical Equipment		
Audiology Services		
Nursing Services		
Diagnostic and Evaluation Services		
Nutrition Services		
Occupational Therapy		
Physical Therapy		
Psychological Services		
Social Work Services		
Special Instruction		
Speech Language Therapy		
Vision Services		

Is prior authorization for covered services required? Yes No

Are there specific referral procedures that must be followed? Yes No

If yes, please describe the procedures that must be followed:

Please provide the name, telephone number, and email address of an appropriate contact person for questions about the information on this form:

_____	_____	_____
Name	Phone	E-mail

Please return completed form to the Early Intervention Service Coordinator at the address on the first page of this form. Thank you for your assistance.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

**Collecting the Written Referral from Parents or Primary Health Care Practitioners
Instructions for Ongoing Service Coordinators
[PHL § 2559(3)(a)(ii)]**

Background

Beginning April 1, 2013, it is the responsibility of the ongoing service coordinator (OSC) to collect from the family the written referral from the child's primary care provider to document medical necessity. This provision applies only to children who have third party insurance and is not a requirement in order for children to receive Early Intervention Program services. Third party insurance includes private insurance and public third party insurance such as Child Health Plus.

Public Health Law (PHL) § 2559 (3)(a)(ii) requires a parent or guardian to provide the municipality with a written referral from a primary health care practitioner (PCP) (e.g., physician, nurse practitioner, or physician's assistant) familiar with the medical care and condition of the child to support medical necessity. Many insurers require documentation of medical necessity of a service in order for the service to be eligible for payment under the insured's policy, plan or benefit package.

This requirement:

- ***relates ONLY to eligible children for the purpose of claiming for third party insurance***
- ***applies only for services that are covered under the eligible child's insurance policy, plan or benefit package, (such as physical therapy, speech-language therapy, etc.) and does not apply to non-covered services (such as service coordination and special instruction), and***
- ***is NOT a requirement in order for children to receive EIP services***

Form

Included in the tool kit is a sample referral form (Form E) that can be used in communication with a child's PCP when attempting to obtain a referral. This is a sample form only. The PCP may use his/her own referral form.

Procedure

During the initial home visit, initial service coordinators are responsible to collect the family's insurance information. OSCs should be updating insurance information as the need arises.

If the family has health insurance coverage, the OSC takes the following steps:

- The OSC discusses with parents the need to collect a written referral from the child's PCP for services authorized in the IFSP and covered under the child's insurance policy to support medical necessity when claiming to commercial insurance. OSCs can refer to the sample form, *Written Referral from Primary Health Care Practitioner*, when explaining the need for this step to the parent.
- The OSC fills out the information in the top box of the referral form, and lists the services which are on the child's IFSP in the appropriate box towards the bottom of the form.

- If the parent is unable to collect the written referral from the PCP, the OSC should facilitate the process by contacting the PCP, with parental consent, and forwarding the sample referral form to the PCP. Follow up calls to the PCP may be needed to collect the written referral.
- Once the written referral form is signed and returned from the PCP:
 - the OSC documents this information in NYEIS by noting its receipt in the comment field on the child's *commercial insurance* page, and scanning the signed referral as an attachment to the child's *integrated case home* page.
 - the OSC informs the child's EIP providers that a written referral has been obtained from the child's PCP to document medical necessity for the purpose of commercial insurance claiming and uploads this form to the child's integrated case in NYEIS. This form can be sent to the provider upon request. Providers can use this form to request prior authorization from the insurer (the form contains a column for the insurer to write in a prior authorization number).
 - the OSC files the completed written referral form in the child's record.

Important Information

- The written referral should be obtained from the child's own PCP; however, if the child does not have a PCP, the referral may be obtained from any primary care practitioner who is familiar with the medical care and condition of the child. This can include the practitioner who may have conducted the health assessment of the child as part of the child's initial multidisciplinary evaluation to determine eligibility for early intervention services.
- The written referral can be provided by a physician, nurse practitioner, or a physician's assistant.
- The written referral need only be obtained once per covered service. A written referral must be obtained for any new services added to an IFSP during the child's participation in the EIP and covered under the child's policy, plan or benefit package.
- An order for services, such as required in 10 NYCRR 69-4.11(a)(10)(ii) for fulfillment of an IFSP, can be used to satisfy this requirement. An order for a specific service meets the PCP referral requirement for that service as long as 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 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.

If the family has health insurance coverage, please remember: The OSC is responsible for ensuring the written referral from the child's PCP is obtained for the purposes of facilitating commercial insurance claiming. A written referral is only required for services that are covered under the child's commercial insurance policy, plan or benefit package (e.g., physical therapy), and does not apply to non-covered services (e.g., service coordination, special instruction) or for children who have no commercial insurance coverage. The written referral is not required for children with Medicaid or Medicaid managed care.

IMPORTANT: This 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. In such cases, the child's file should be noted accordingly, and commercial insurance should continue to be billed. Under no circumstances should children be denied services or experience delays in services based on this requirement.

NYEIS Child Reference#:

Insurance Tool Kit Item 8 Form E

NEW YORK STATE DEPARTMENT OF HEALTH BUREAU OF EARLY INTERVENTION

WRITTEN REFERRAL FROM PRIMARY HEALTH CARE PRACTITIONER DOCUMENTATION OF MEDICAL NECESSITY FOR THIRD PARTY CLAIMING Pursuant to Section 2559(3)(a)(ii) of New York State Public Health Law

Form with fields: Child's Name (First/MI/Last), Child's Date of Birth, Name of Parent/Legal Guardian, Phone No., Service Coordinator, Phone No.

Dear Primary Care Practitioner:

Pursuant to New York State Public Health Law Section 2559(3)(a)(ii), parents are required to provide the Early Intervention Program with a written referral from a primary health care practitioner as documentation of the medical necessity of early intervention services for their children who have been found eligible through a multidisciplinary evaluation for the Early Intervention Program.

Patient Assessment and Relevant Medical History

Large empty rectangular box for patient assessment and medical history.

Diagnosis, including diagnosed condition or developmental delay (and accompanying ICD code), relating to the need for Early Intervention Program services

Large empty rectangular box for diagnosis information.

Early Intervention Program Services identified in the child's Individualized Family Service Plan (IFSP)

Table with 3 columns: Service Type, Frequency/Duration, Prior Auth No. (insurer use only). Rows include 'Per the IFSP' entries.

Table with 3 columns: Service Type, Frequency/Duration, Prior Auth No. (insurer use only). Rows include 'Per the IFSP' entries.

I understand that the Early Intervention Program services listed above may require ongoing evaluation/assessment to be conducted on a regular basis by a qualified professional to evaluate the progress of the child.

I refer (child) to the Early Intervention Program to obtain the services identified in his/her IFSP.

Practitioner Signature: (original) Date:

Practitioner Name (Print): Phone No.:

Practitioner Address:

New York State License No.: NPI No.:

NEW YORK STATE DEPARTMENT OF HEALTH BUREAU OF EARLY INTERVENTION

PARENT NOTICE REGARDING INSURANCE

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 Child Health Plus) and private insurance (such as CDPHP, UHC, and others) for reimbursement of early intervention services. These important sources of funding help to secure the availability of early intervention services for future generations.

Under Public Health Law, providers of early intervention services are required to bill public and private insurance for early intervention services first, before submitting bills for payment by your municipality. Private insurance will only be billed if your insurance policy is subject to New York State law, or with your consent if your insurance policy is not subject to State law.

Medicaid and Private Insurance:

If your family has both private insurance and public insurance (Medicaid) coverage, claims for payment of early intervention services will first be billed to your private insurance and only the remaining balance will be billed to public insurance (Medicaid) for payment. If your child is covered by Medicaid, your consent was provided to bill any private insurance coverage available to your child for early intervention services first as part of the Medicaid enrollment application. Your child's insurance plan will be billed for early intervention services and no additional consent is needed from you if the child's insurance is subject to New York State Insurance Law. Your consent will be needed to bill your child's private insurance plan if the plan is not fully insured and subject to New York State Insurance law.

Collection of Insurance and Social Security Numbers:

Under New York State Public Health Law (PHL):

- Your service coordinator must collect, and you must provide, information and documentation about your child's insurance coverage, including public and private insurance. This information includes: the type of insurance policy or health benefits plan, the name of the insurer or plan administrator, the policy or plan identification number, the type of coverage in the policy and any other information needed to bill your insurance. Your service coordinator will explain your rights and responsibilities, and the protections that the law provides for families. [PHL§2543(3); PHL§2559(3)(a)(i)]
- Your Early Intervention Official must collect, and you must provide, your social security number and your child's social security number. This information will be maintained in a secure and confidential manner. [PHL§2552(2)]

Insurance Policies Regulated by New York State:

The following protections are ensured under New York State Public Health Law (PHL) and New York State Insurance Law (SIL) for insurance plans that are regulated by New York State, when public and private insurance is used to pay for early intervention services.

- 1. The early intervention services your child needs will be provided at no cost to your family.** You cannot be asked to pay any out-of-pocket costs, such as deductibles or co-payments, for any services your child and family receive in the Early Intervention Program. The Early Intervention Official will arrange for payment of all co-payments and deductibles. [PHL§2557(1); PHL§2559(3)(b)]
- 2. Insurers are prohibited from charging any benefits paid for early intervention services against any maximum annual or lifetime policy limits ("caps").** This means that any payment made by your insurance company for early intervention services will not decrease your family's total insurance coverage. [PHL§2559(3)(c); SIL§3235-a(b)]
- 3. Insurers are prohibited from charging any early intervention services paid against visit limits in your policy.** This means that early Intervention visits reimbursed by the insurer cannot reduce the number of visits otherwise available to your child and family for health care. [SIL§3235-a(b)]
- 4. The early intervention services available to your child and family will not be limited to what is covered by your insurance.** Your Early Intervention Official has to make sure that appropriate early intervention services are provided to your child, even if your insurance does not cover these services or if you have no insurance. [PHL§2552(1)]
- 5. Your health insurance company cannot discontinue or fail to renew your insurance coverage solely because your child is receiving services through the Early Intervention Program.** [SIL§3235-a(d)]
- 6. Your health insurance company cannot increase your health insurance premiums solely because your child and family are receiving services through the Early Intervention Program.**
- 7. Your child's eligibility for home and community-based waiver programs will not be affected** by use of public health insurance (i.e., Medicaid) to pay for early intervention services. Receiving early intervention services does not preclude participation in home and community-based waiver programs.
- 8. Early intervention services in your IFSP must still be provided even if you do not have private or public insurance coverage.** You cannot be required to obtain health insurance coverage as a condition of participating in the Early Intervention Program, although your service coordinator can assist you with referral and application for public benefits if you choose. [PHL§2552(1); PHL§2559(1)]
- 9. If your private insurance is not regulated by New York State** (such as if your employer is self-insured) and the use of private insurance would result in any cost to your family (including loss of benefits), your insurance plan will **not** be billed unless you give informed written consent. [PHL§2559(3)(a)]

Insurance Policies Not Regulated by New York State:

If your insurance plan is not regulated by New York State, the protections in State Insurance or Public Health Law would not apply to your insurance plan. Under these circumstances:

1. Your insurer may not be prohibited from applying the early intervention services to the policy's lifetime or annual monetary limits or from reducing the number of visits otherwise available.
2. Your insurer may not be prohibited from discontinuing or failing to renew your health insurance coverage because your child is receiving EIP services.
3. Your insurer may not be prohibited from increasing your insurance premiums because your child is receiving EIP services.

Written Consent:

Your written consent is required in order for your health insurance plan (if not regulated by New York State) to be accessed to help pay for early intervention services. If you decide you do not want to give written permission for the Early Intervention Program to bill your health insurance plan, the services in your IFSP must still be provided. [PHL§2552(1)]

- If a parent has provided informed written consent to use non-regulated insurance for payment of EIP services, service coordinators must obtain a new informed written consent 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. [34 CFR §303.420(a)(3); §303.520(b)(1)(i)]

If you decide to give your written permission for your health insurance plan to be accessed to pay for early intervention services, the following protections are in place for you:

1. **The early intervention services your child needs will be provided at no cost to your family.** You will not be asked to pay any out-of-pocket costs, such as deductibles or co-payments, for any services your child and family receive in the Early Intervention Program. The Early Intervention Official will arrange for payment of all co-payments and deductibles by the municipality. [PHL§2559(3)(b)]
2. **The early intervention services available to your child and family will not be limited to what is covered by your insurance.** Your early intervention official has to make sure that appropriate early intervention services are provided to your child, even if your insurance does not cover these services. [PHL §2552(1)]

Subrogation:

New York State Public Health Law gives the municipality and provider the right of 'subrogation' to reimbursement under your policy, to the extent that the municipality has paid for early intervention services or the provider has delivered services covered by your policy.

[PHL§2559(3)(d); SIL§3235-a(c)] This means that any payment for early intervention services made by private insurance must be made directly to the early intervention provider. Should payment be made to you in error, please contact your early intervention provider(s) and/or service coordinator for direction and assistance. This is important to ensure your provider is paid for early intervention services delivered to your child and family.

Due Process Rights:

Parents have the right to access due process procedures to settle disagreements or complaints about their child's early intervention services. These due process rights include the opportunity for mediation, seek a due process hearing, and/or the opportunity to file a state system complaint. All options are voluntary and at no cost to the parent. [34 CFR §303.431, §303.436, §303.441, §303.434; PHL §2549; 10 NYCRR Section 69-4.17]

- Mediation is a process conducted by a trained mediator from a Community Dispute Resolution Center who assists parents and Early Intervention Officials to reach an agreement about early intervention services.
- Impartial Hearings are conducted by hearing officers (administrative law judges assigned by the Commissioner of Health or designee) and are also used to settle disputes between a parent and an Early Intervention Official. Parents can ask for an impartial hearing if their child is found ineligible for services by an evaluator as long as the request is made within 6 months of the date the child was found ineligible.
- A system complaint can be filed if parents believe that their EIO, service coordinator, evaluator or service provider is not doing his or her job under the law, rules, or regulations. This complaint must be made in writing to the New York State Department of Health Director of the Bureau of Early Intervention and must be submitted less than one year from the date of the alleged violation.

If you have any questions about the information in this notice, please ask your service coordinator or Early Intervention Official, or call or e-mail the New York State Department of Health, Bureau of Early Intervention at 518-473-7016 or beipub@health.ny.gov.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION
CONSENT TO BILL NON-REGULATED INSURANCE

TODAY'S DATE:	*Is the Insurance Plan Regulated by New York State: Yes <input type="checkbox"/> No <input type="checkbox"/>
Child's Name:	Child's Date of Birth:
Insurance Company Name:	Insurance Plan Name/Type:
Insurance Company Address:	Insurance Company Phone No:
Policy Holder's Name:	Policy Holder's Relationship to Child:
Policy Holder's Address:	Policy/ID No.: Child's Member ID No.: Group No. (if applicable):
Name of Service Coordinator:	Service Coordinator's Phone Number:
Consent Effective From Date:	Consent Effective To Date:

Please Read

I understand that I can decide if I wish to give my permission for my health insurance plan, which is not regulated by New York State Insurance Law, to be billed to help pay for the Early Intervention Program services my child and family receive.

I understand that my consent is voluntary, that I can revoke my consent at any time, and that the revocation of consent will not be retroactive.

I understand that if I give this permission, my insurance benefits may not be protected by State Insurance or Public Health Law and that my insurer may not be prohibited from:

- Applying the early intervention services to the policy's lifetime or annual monetary or visit limits.
- Discontinuing or not renewing my insurance coverage because my child receives early intervention services.
- Increasing my insurance premiums because my child is receiving early intervention services.

Consent to Bill Non-Regulated Insurance

I 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.

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.

Parent Name

Parent Signature

Date

**FOR PROVIDER
USE ONLY**
**NOT FOR MEDICAID
MANAGED CARE**

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

REQUIRED NOTICE OF SUBROGATION

**Pursuant to Section §2559(3)(d) of the New York State Public Health Law and
Section §3235-a(c) of the New York State Insurance Law**

Insurer's Name: _____ Address: _____

Section §2559(3)(d) of the Public Health Law (PHL) states that a municipality, or its designee, and a provider shall be subrogated, to the extent of the expenditures by such municipality or for early intervention services furnished to persons eligible for benefits under this title, to any rights such person may have or be entitled to from third party reimbursement. The provider shall submit notice to the insurer or plan administrator of his or her exercise of such right of subrogation upon the provider's assignment as the early intervention service provider for the child. The right of subrogation does not attach to benefits paid or provided under any health insurance policy or health benefits plan prior to receipt of written notice of the exercise of subrogation rights by the insurer or plan administrator providing such benefits.

Section §3235-a(c) of the Insurance Law states that a right of subrogation exercised by providers under Section 2559(3)(d) of the PHL is valid and enforceable against the insurer to the extent of benefits available under the insurance policy, plan or benefit package.

As the insurer of _____ (*child*), you are obligated to accept claims submitted by _____ (*provider*) for services provided for which benefits are available to the child.

This subrogation notice should be maintained on file by the insurer to ensure that claims for services provided to the child and covered under a policy, plan or benefit package are reimbursed to me, as the child's Early Intervention Program Service Provider and not to the municipality or to the child's parent/guardian.

_____ (*provider*) is hereby notifying _____ (*insurer*) of the intent to exercise subrogation rights pursuant to the aforementioned sections of NYS Public Health and Insurance Law. I intend to claim reimbursement for services provided that are included in the Individualized Family Service Plan and for which the above named child as the insured is eligible. **In accordance with PHL §2559(3)(d) and Insurance Law §3235-a(c), any payments made for claims submitted by me for early intervention services should be paid directly to me.**

Early Intervention Service Provider:	Provider Tax ID No.:
Child's Member ID #:	
Policy # (for billing):	Group No. (if applicable):
Child's Name:	Date of Birth:
Policy Holder Name/Relation to Child:	Date of Birth:

If you have any questions, please contact:

Provider: _____ Phone Number: _____ Date: _____

Provider Address: _____ Tax ID No.: _____

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION**Guidance on Billing Medicaid for Children enrolled in Medicaid Managed Care Plans**

In nearly all New York State counties, once a child is determined to be eligible for Medicaid, they are required to join a Managed Care Insurance Plan. Early Intervention Program (EIP) services are carved out of Medicaid Managed Care. Therefore, EIP service claims are NOT billed to the Managed Care Insurer; they are billed directly to the Medicaid Program on a fee-for-service basis. Medicaid and Medicaid Managed Care information must be recorded correctly in NYEIS in order for claims to be billed/routed appropriately to Medicaid.

Please note, because early intervention services are carved out of Medicaid Managed Care and are billed directly to Medicaid, the “Required Notice of Subrogation” and “Request for Coverage Information” forms do NOT need to be sent to Medicaid Managed Care plans.

Service coordinators and municipalities must work together to ensure that accurate information is included in NYEIS and that any incorrect information regarding the child’s policy information is corrected in NYEIS as soon as possible to prevent future claims from being inappropriately billed to the Managed Care Insurer. It is critical that service coordinators work with municipalities and families as needed to determine the appropriate status of a child’s insurance and/or Medicaid coverage.

Service coordinators are responsible for collecting and updating a child’s insurance information on an ongoing basis. In the case of children enrolled in the Medicaid program, the service coordinator or municipality must obtain the child’s Medicaid Client Identification Number (CIN) and enter this number into NYEIS for billing purposes. In addition, the service coordinator or municipality must verify Medicaid Managed Care Plan information for all children on their caseloads with Medicaid coverage. The information that is entered into NYEIS must be consistent with the information included in the eMedNY system.

Service coordinators can make use of the Medicaid Eligibility Verification System (MEVS), which is an automated, touch-tone telephone access system, to verify Medicaid Managed Care status. If the child is enrolled in a Medicaid Managed Care Plan, MEVS will identify a Medicaid Managed Care Plan and will provide information on the Managed Care Plan Name, Plan Address, and Plan Phone Number. Please see the MEVS Quick Reference Guide found at the following link for instructions on using the phone line:

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

Service Coordination agencies with a larger transaction volume (more than 50 per month) can obtain this same information through ePACES, a computer-based application. For information on accessing/using ePACES, please contact the eMedNY Call Center at 1-800-343-9000.

For additional assistance, information on Medicaid Managed Care providers by county is available which identifies the companies that offer Medicaid Managed Care plans in each county. The information is available at the following link:

http://www.health.ny.gov/health_care/managed_care/pdf/cnty_dir.pdf

Medicaid claiming rules require that the claim include all potential third party policy information for a child. This includes the commercial policy portion of a child's Medicaid Managed Care plan. If this information is not included on a Medicaid claim, Medicaid will deny the claim.

- If a child is enrolled in the Medicaid Program, parent consent has already been provided to bill any private insurance coverage available to their child for early intervention services. The child's insurance plan will be billed for early intervention services and no additional consent is needed from the parent if the child's plan is subject to New York State Insurance Law. Parent consent is needed to bill the child's insurance plan if the plan is not subject to New York State Insurance law.

If a child's plan is Medicaid Managed Care, both the Medicaid CIN information AND the Medicaid Managed Care insurance company information MUST be documented in NYEIS.

- The Medicaid information (CIN) must be recorded prior to entering the child's managed care information as commercial insurance coverage.
- The child's Medicaid Managed Care information MUST be entered as commercial insurance coverage after recording the child's Medicaid (CIN) information.
 - Once the child's Medicaid coverage has been entered, the Medicaid Managed Care coverage information must be entered on the Commercial Insurance coverage page in NYEIS.
 - "Yes" should be selected in the *Is Plan Medicaid Managed Care?* Field.
 - In the *Policy Holder Details* cluster, the *Policy Holder Relationship to Child* field must be completed with "self" which will then require that only the *Policy Number for Billing and Effective Date* fields be completed.
 - Once saved, all other fields will be prepopulated with information on the child already available in NYEIS (name, address, etc.). No additional information will be required in order to save the Medicaid Managed Care coverage.

For more information about enrollment, exclusions, or general information on Medicaid Managed Care, please visit the NYS Department of Health Managed Care website at http://www.health.ny.gov/health_care/managed_care/index.htm or call the Medicaid Managed Care helpline at 1-800-505-5678.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

Guidance on Entering Non-Regulated Insurance Plans in NYEIS

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 family's third party insurance benefits for reimbursement of early intervention services. Family's benefits are protected under New York State Public Health Law (PHL) and New York State Insurance Law (SIL) for insurance plans that are regulated by New York State when commercial insurance is used to pay for early intervention services. If the insurance plan is not regulated by New York State, and the parent has not provided written consent to bill the non-regulated plan, the insurance plan benefits cannot be claimed for reimbursement.

Service coordinators are responsible to obtain insurance information from families and to update this information as needed to ensure it is accurately documented in NYEIS, the Department's data system. It is this documentation in the data system which drives third party insurance billing. The data in NYEIS is sent to the State's fiscal agent in order to process claims.

Service coordinators must verify insurance information for all children on their caseloads at every IFSP meeting/review, and more frequently as needed.

Service coordinators must take the following actions to ensure that accurate insurance information is recorded in NYEIS:

1. Determine if the family's insurance plan is regulated by New York State Insurance Law

- a. Contact the insurer directly to identify if the family's plan is regulated
 - List of things to know before calling
 - **Product-** Business term referring to the "type" of insurance policy/plan. We use the family's Subscriber ID# to help the Insurance Agent identify the "Product" or type of insurance plan.
 - **Insurance Companies-** Act as "Administrators" of many "Products" (aka insurance plans) for many Companies. Some Companies may offer several insurance plans. These insurance plans may or may not be New York State Regulated.
 - **NOTE:** A Health Insurance Policy can be written so they are covered in more than one State. Regulation depends upon which State wrote or issued the policy. That State is the State that regulates the policy.
 - How to get to the right person when calling an insurance company
 - Select "Non- Member" option if there is one. If not, proceed as "Member" and enter "Policy Number". This will send you to the Department who manages this type of policy. Make your way through the prompts to speak to a Representative.

- Tell them who you are, where you are calling from and why you are calling. Reassure the Representative you are looking to find out what type of “Product” it is. Reassure the Representative you are asking for general information about the policy, not specific information about the child/family.
- List of things to ask when you connect to the person who can help you with product information
 - Ask “Are (the child’s name) benefits covered under an Administrative Services Only (ASO) plan?” If yes, the plan is NYS Non-Regulated. If no;
 - Ask “Are the benefits covered under a Commercial Insurance Plan, an HMO, or a Municipal Cooperative Health Benefit Plan issues in New York State. If yes, the plan is NYS Regulated. If no, the plan is NYS Non-Regulated.
 - Ask what type of product it is, i.e., is it a fully insured plan, self-funded plan, Health Spending Account, etc.
 - If it is a fully insured plan, ask where it was issued or written. If the plan was issued or written in New York State, it is Regulated/Insured by New York State Insurance Law. If the Representative states it’s a privately-owned policy or is written/issued from another State, it is not regulated by New York State Insurance Law.
 - Ask the Representative for the Address or Fax number for where to send the “Request for Coverage Information” form and to whose attention.
 - Ask the Representative for the ‘Claims Address’ and the ‘Correspondence Address’ (these addresses may be different and may affect providers’ notice of subrogation). Document the correspondence address in the comments section of the insurance page in NYEIS.
- b. This determination must be made at the plan level (e.g., a single insurance company may have both regulated and non-regulated plans)
- c. The Child Health Plus program is administered by a number of health plans throughout the state. In all cases, the Child Health Plus program’s administrator is subject to New York State Insurance Law with regard to the Early Intervention Program.
- d. Self-insured/self-funded plans are typically not regulated (under a self-funded health benefit plan, the employer pays for its employees’ health care costs out of its general assets or a fund that the employer has established for health benefits). Please Note: Self-insured/self-funded plans to Municipal Corporation Health Benefit Plans, e.g. Counties, School Districts, which are self-funded but are also subject to NYS Insurance Law and therefore regulated by NYS.
- e. Plans that are issued/written outside of New York State are not regulated (e.g., Blue Cross/Blue Shield plans that are issued in another state are not regulated)

- f. Health Spending Accounts/Health Savings Accounts (HSAs) are medical savings accounts and are not considered insurance; information regarding these accounts should not be collected or entered into NYEIS
- 2. Service coordinators must enter accurate information in NYEIS regarding the regulated status of the family's insurance plan. **
 - a. On the child's commercial insurance page in NYEIS, there is a drop down box to indicate whether the plan is, or is not, regulated by New York State. **Service coordinators must select the appropriate option in order for family's insurance benefits to be protected.**
 - b. There also is a required field on the child's commercial insurance page in NYEIS for confirming parental consent to bill insurance that is not regulated by New York State. Service coordinators must choose either "Yes" or "No" in this field.
Please be aware, non-regulated insurance cannot be billed unless the parent has provided informed written consent for this purpose. If the parent has not provided informed written consent, the service coordinator must choose "No" in this field.

*Face-to-face and telephone contacts with insurers for the purpose of determining the regulated/non-regulated status of a family's commercial insurance plan are billable service coordination activities. Contacts made by e-mail or letter are not billable.

**Detailed procedures for entering insurance can be found in the following resources:

- NYEIS User Manual Unit 4: Case Management
- A webinar titled *Third Party Insurance Information*, has been recorded and can be viewed at:
http://www.health.ny.gov/community/infants_children/early_intervention/system/training/provider_webinars.htm.
- Attend the state sponsored training titled Insurance: NYEIS Case Management and Functionality for Service Coordinators and Providers