



**Department
of Health**

Insurance Tool Kit for Service Coordinators

July 28, 2017

Agenda

- Purpose of Tool Kit
- Tool Kit Overview
- Background
- Revisions as of May 2017
 - Form B
 - Parent Notice Regarding Insurance
- Initial Service Coordinator Responsibilities
- Ongoing Service Coordinator Responsibilities
- Discussion of FAQs

Purpose of the Tool Kit

- Developed for Service Coordinators to assist them with completing their responsibilities based on amendments to Public Health Law enacted in 2012 that became effective in 2013
- To provide guidance to assist Service Coordinators with collection of insurance information from parents and insurance companies
- To provide standardized forms that can be used statewide for Service Coordinators to collect important data to facilitate claiming by providers for EI services

The Tool Kit Includes the following:

- An overview of Initial and Ongoing Service Coordinator responsibilities
- Standard Forms

Standard Forms for Service Coordinators to collect and compile insurance information from parents and insurance companies and for parents to provide written informed consent:

- *Child Insurance Form* and instructions for parents to fill out, sign or attest that they have no insurance;
- authorization release and request for insurance coverage information;
- written referral from Primary Health Care Practitioner;
- consent to bill non-regulated insurance;
- subrogation form.

The Tool Kit Includes the following:

- Guidance on entering Medicaid and Commercial Insurance information in NYEIS
- Information on contacting insurance companies and speaking with representatives about insurance plans
- *Parent Notice Regarding Insurance* which describes collection of private and public insurance for payment of EI services

Background – May 2017

- 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.
- New federal requirements on insurance require parents to be notified about insurance use.

Background – May 2017

- 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
- Under Public Health Law, providers of early intervention services are required to bill public (including Medicaid) and private insurance for early intervention services first, before submitting bills for payment to the municipality.
- Revisions to the Tool Kit were made in order to increase availability of third party insurance information
- Revisions to the Tool Kit were made to decrease the financial burden for payment of EI services for Counties and the State by increasing third party payments

Revisions to the Tool Kit- May 2017

- Updates have been made to the *Service Coordinator Insurance Responsibilities* sections that include the use of the new ***Child Insurance Information (Form B)*** and ***Parent Notice Regarding Insurance***
- The *Parent Declination of Insurance* form has been removed and should no longer be offered as an option to parents
- The lists of *New York State Regulated and Non-regulated Insurance Plans* have been removed - Service Coordinators must inform parents that they will contact the insurance company directly to determine if their plan is regulated

NYEIG Child Reference #: _____	NEW YORK STATE DEPARTMENT OF HEALTH BUREAU OF EARLY INTERVENTION	Insurance Tool Kit Item 4 Form B
CHILD INSURANCE INFORMATION		
Child's Name/Date of Birth: _____ Child's Gender: male <input type="checkbox"/> female <input type="checkbox"/>		
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 <input type="checkbox"/> female <input type="checkbox"/> 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 <input type="checkbox"/> female <input type="checkbox"/> 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 _____
Revised May 2017		



Revisions to the Tool Kit – May 2017

New Form- **Form B – *Child Insurance Information***

- Developed to collect basic child, insurance plan and policy holder information
- PHL 2559(3)(a)(i) requires parents to give their insurance information. Parents must fill out this form and sign – this is required.
- Service Coordinator can assist parent with filling out this form
- Instructions to fill out the form have also been developed to assist the parent
- Parent must sign and attest that they have no insurance, if applicable
- A copy of this form must be maintained in the child's EI record
- This form has been translated into six languages - translated versions are available on the Department's website

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)]



Revisions to the Tool Kit – May 2017

New Parent Notice Regarding Insurance- Item 9

- To be in compliance with the federal Office of Special Education requirements for System of Payment
- Explains to parents the use of public and private insurance to pay for EI services
- Service Coordinators must provide parents with a copy of the *Parent Notice* and review the information at the initial home visit; annually; and anytime the child's insurance changes. This is a new federal requirement 303.520.
- Documentation of review of the *Parent Notice* must be maintained in the child's record
- The *Parent Notice* must be provided to the parent prior to using public or private insurance to pay for EI services

Revisions to the Tool Kit – May 2017

- The new *Parent Notice* has replaced the two parent letters regarding using regulated and non-regulated insurance for payment of EI services
- Provides information to parents regarding NY State regulated insurance and protections that exist
- Provides information to parents regarding the use of non-regulated insurance and that informed written consent must be provided by the parent
- Provides information to parents regarding subrogation and due process rights

Initial Service Coordinator Responsibilities

Tool Kit Item 1

- Provides service coordinators with guidance to provide parents with a copy of *Parent Notice Regarding Insurance* (Tool Kit Item 9) and to review this information with the parent during the initial home visit.
- Discusses the use of Commercial Insurance and Medicaid as part of New York State's system of payment for EI services, based on Public Health Law Section 2559.
- Provides the protections parents have when using NY State Regulated insurance for parents for payment of EI services, including that EI services must be provided at no cost to parents, payment of deductibles and copays, that will be paid by the municipality, and payment for EI services cannot be charged against annual or lifetime policy limits/caps or service visit limits.
- Insurance information collected from the parent and from the insurance company must be entered into NYEIS for providers to access. Upload a copy of each completed form to the child's integrated case homepage in NYEIS after the insurance information has been entered into the child's insurance pages in NYEIS.

- **Collection of Insurance Information – Form A**, can be used to compile all insurance information for entry into NYEIS.

NEW YORK STATE DEPARTMENT OF HEALTH BUREAU OF EARLY INTERVENTION COLLECTION OF INSURANCE INFORMATION		Insurance Tool Kit Item 3 Form A
NYEIS Child Reference#:		
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 _____

- The service coordinator may help parents fill out ***Child Insurance Information - Form B*** and sign, or attest that they have no insurance.
- Form B is required to be completed.

NYEIS Child Reference #: _____	NEW YORK STATE DEPARTMENT OF HEALTH BUREAU OF EARLY INTERVENTION	Insurance Tool Kit Item 4 Form B
CHILD INSURANCE INFORMATION		
Child's Name/Date of Birth: _____ Child's Gender: male <input type="checkbox"/> female <input type="checkbox"/>		
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 <input type="checkbox"/> female <input type="checkbox"/> 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 <input type="checkbox"/> female <input type="checkbox"/> 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
Revised May 2017		



Initial Service Coordinator Responsibilities

Tool Kit Item 1

- Includes guidance for the service coordinator to contact the insurance company about a plan directly to determine if plan is regulated or non-regulated by NY State, or if plan is Self –funded or Health Spending Accounts (HSAs)
- HSAs are not considered insurance, therefore, information regarding HSAs should not be collected from parents or entered into NYEIS
- If the insurance plan is regulated, **Authorization to Release Health Information- Form C** must be completed by the service coordinator, and parent consent must be signed to authorize release and exchange of health insurance coverage information before any exchange of information takes place with the insurance company.

NYEIS Child
Reference #:

 Insurance
Tool Kit Item 5
Form C

 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 OF
OPPORTUNITY.

 Department
of Health

- The service coordinator must also complete ***Request for Coverage Information – Form D***, and send to the private insurance company for information on the child’s insurance benefits.
- This is based on Insurance Law 3235-a(c)
- If ***Request for Coverage Information- Form D***, is delayed from being returned, the service coordinator can call the insurance company to determine this information.

NYEIS Child Reference:

Insurance Tool Kit Item 6 Form D

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 <input type="checkbox"/>	No <input type="checkbox"/>
b) Child Health Plus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Other government plan (e.g., Medicaid Managed Care)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) A self-insured plan governed by ERISA or other plan not subject to regulation under New York State Insurance Law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Page 1 of 2

NYEIS Child
Reference #:

 Insurance
Tool Kit Item 10
Form F

 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


 Department
of Health

Initial Service Coordinator Responsibilities

- The service coordinator must discuss the use of non-regulated insurance, and explain that parent consent is required to use non-regulated insurance for payment of EI services and ***Consent to Bill Non-Regulated Insurance- Form F***, must be completed if the parent agrees to use non-regulated insurance.
- If the child is uninsured, the service coordinator is responsible to assist the parent in identifying and applying for benefit programs, such as Medicaid, Child Health Plus or Social Security Disability Income, etc.
- Efforts to assist the family in applying for health benefits must be documented in the child's record.
- All services in a child's IFSP, including initial service coordination and evaluations, must be provided, regardless of insurance status.

Ongoing Service Coordinator Responsibilities

Tool Kit Item 2

- Provides service coordinators with guidance to provide parents with a copy of **Parent Notice Regarding Insurance** (Tool Kit Item 9) and review information annually and any time a child's insurance changes
- Discusses the use of commercial insurance and Medicaid as part of New York State's System of Payment for EI services, based on Public Health Law Section 2559
- Discusses that commercial insurance will be accessed if subject to NY State law (regulated insurance) or with parental consent, if insurance is not regulated
- Provides information on how and from what sources payment for EI services will be made
- Reviews protections of use of NY State Regulated insurance with parents for payment of EI services

Ongoing Service Coordinator Responsibilities

Tool Kit Item 2

- Insurance information collected from the parent and from insurance companies must be entered into NYEIS for providers to access. Upload a copy of each completed form to the child's integrated case homepage in NYEIS after the insurance information has been entered into the child's insurance pages in NYEIS.
- **Collection of Insurance Information- Form A**, can be used to compile all insurance information for entry into NYEIS
- The service coordinator may assist parents to complete the **Child Insurance Information- Form B**
- The parent must sign Form B, or attest that they have no insurance
- Completion of Form B is required
- A copy of Form B must be maintained in the child's record
- The service coordinator must contact the insurance company directly to determine if plan is regulated or non-regulated by NY State, or if plan is Self funded
- If insurance plan is regulated, the service coordinator must complete the **Authorization to Release Health Information - Form C** and the parent must sign to authorize release and exchange of health insurance coverage information, before any exchange of information takes place with the insurance company.

Ongoing Service Coordinator Responsibilities

Tool Kit Item 2

- The service coordinator should complete **Request for Coverage Information- Form D**, and send to private insurance company for information on the child's insurance benefits .
- State Insurance Law Section 3225 a-(c) - The insurer is required to return information on the extent of benefits that are available to the child, to the service coordinator within 15 days of the insurer's receipt of the written request for coverage information and the notice authorizing the release of this information.
- The service coordinator may also call the insurance company and speak to representatives about the plan for information on the child's insurance benefits.
- The service coordinator must discuss the use of non-regulated insurance, and that parent consent is required to use the insurance plan for payment of EI services and that, **Consent to Bill Non-Regulated Insurance- Form F**, must be completed if the parent agrees to use non-regulated insurance
- At every 6-month IFSP review/meeting and whenever there is an increase in frequency, duration or intensity in the provision of services, a new **Consent to Bill Non-Regulated Insurance- Form F** must be completed.
- Discussions with the parent about insurance must be documented in the service coordinators notes.
- If a child is uninsured, the service coordinator is responsible to assist the parent in identifying and applying for benefit programs, such as Medicaid, Child Health Plus or Social Security Disability Income, etc.
- Efforts to assist the family in applying for health benefits must be documented in the child's record.

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**

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. This information is sought in order to facilitate claims and payment processing for these services from third party insurance. The New York State, Bureau of Early Intervention developed this form to facilitate a complete and accurate referral. However, you may use the form of your choosing provided it contains all the required information. Thank you for your support in providing the information requested below.

Patient Assessment and Relevant Medical History

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

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

Service Type	Frequency/Duration	Prior Auth No. <small>(If ever use auth)</small>	Service Type	Frequency/Duration	Prior Auth No. <small>(If ever use auth)</small>
	Per the IFSP			Per the IFSP	
	Per the IFSP			Per the IFSP	
	Per the IFSP			Per the IFSP	

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.: _____

Revised May 2017

Ongoing Service Coordinator Responsibilities

Tool Kit Items 2 and 7

- 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 (for example, physician, nurse practitioner or physician's assistant) by the service coordinator, with parent consent
- Detailed guidance on collection of the written referral is included in the Tool Kit Item 2, and in more detail under Item 7
- The Department developed a standard form that can be used by service coordinators to provide to the parent or the PCP for documentation of medical necessity for claiming to commercial insurance
- **Written Referral From Primary Health Care Practitioner- Form E** is included in the Tool Kit as a sample form, however, the PCP may use their own referral form
- Once the written referral is received from the PCP, the service coordinator is responsible to document the information in NYEIS on the child's commercial insurance page and may scan the written referral as an attachment to the child's integrated case home page
- Providers may use the written referral when requesting prior authorization from the insurer to facilitate payment by commercial insurance
- Form E is not a requirement for claiming to Medicaid
- Form E does not apply to non-covered services under commercial insurance policies such as service coordination and special instruction

Frequently Asked Questions

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

Response: Form A can be used as a tool for the service coordinator to compile information collected from the parent regarding the child and family demographic information, insurance plan details regarding policy name, type of plan, policy holder information, and from the insurance plan regarding regulated or non-regulated insurance, if the plan is Self- funded, if the plan is Child Health Plus or Medicaid Managed Care and child CIN #, effective from and to dates and the service coordinator's name, agency information and phone/fax numbers. This form can be used to compile all of this information on one document to facilitate entry into NYEIS.

Form B is required to be filled out by the parent (with assistance from the service coordinator as needed) and signed by the parent whether they are providing their insurance information or attesting that they have no insurance.

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

Frequently Asked Questions

Question: Does the *Request for Insurance Coverage* – Form D need to be completed for Child Health Plus and Medicaid Managed Care?

Response: The *Request for Insurance Coverage*- Form D should be sent to Child Health Plus, which should be handled like other private insurance.

Form D does not need to be sent if a child has Medicaid Managed Care.

Frequently Asked Questions

Question: Should the Multidisciplinary Evaluation (MDE), Individualized Family Service Plan (IFSP) meeting and EI services be delayed until the parent completes and signs Form B- *Child Insurance Information* form ?

Response: No, the MDE, IFSP meeting and initiation of EI services should not be delayed while the service coordinator works closely with the parent to complete Form B.

Frequently Asked Questions

Question: The parent declination form has been removed from the Tool Kit, so does that mean that parents can no longer decline to provide insurance information?

Response: 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 on the Child's Insurance Page.

The Department will analyze this data and conduct follow up activities including on-site monitoring of providers who routinely document parent declinations in NYEIS.

Frequently Asked Questions

Question: When should service coordinators enter insurance information into NYEIS ?

Response: It is important that insurance information is collected from the parent in a timely manner and is researched thoroughly with the insurance company before information is entered into NYEIS to facilitate payment to providers for EI services.

The service coordinator may use the *Request for Coverage Information* – Form D, to collect information on a child's insurance benefits. The insurer is required to return the completed form within 15 days. The service coordinator should follow up with the insurance company if the *Request for Coverage* form is not returned timely. The service coordinator may also call the insurance company to obtain this information.

The service coordinator is responsible to ensure that the most up to date information is available to providers for viewing in NYEIS by accessing the child's homepage and using the link for Insurance Coverage on the navigation bar.

Frequently Asked Questions

Question: How should the service coordinator proceed when the parent indicates that the child is waiting for their insurance to begin?

Response: The service coordinator should collect all required information on insurance that the parent has available. If the parent does not have the insurance effective dates at the time the service coordinator meets with the parent, it is the service coordinators responsibility to follow up with the family to ensure that all insurance plan information is collected when the insurance becomes effective. This information must be entered into NYEIS to facilitate payment of claims submitted by providers for EI services.

Frequently Asked Questions

Question: What is the procedure if the parent declines to provide the child's Social Security number?

Response: Public Health Law Section 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 EI record.

Frequently Asked Questions

Question: For children with Medicaid, how should the Medicaid information be obtained ?

Response: Service Coordinators can use the Medicaid Eligibility Verification System (MEVS) which is an automated touch tone telephone access system to verify Medicaid Managed Care status of a child. MEVS will identify a Medicaid Managed Care Plan name, address and phone number.

For larger agencies with a larger transaction volume (more than 50 per month), Service Coordinators can obtain this same information through ePACES.

Information on using ePACES is available through contacting the eMedNY Call Center at 1-800-343-9000.

If information cannot be determined by accessing MEVS or ePACES, the Service Coordinator should contact the eMedNY Call Center.

Resources on BEI Webpage

- EI Program Regulations
- Memoranda and Guidance Documents
- EI Publications
- Provider Directory
- How to make a referral
- Obtain municipal contacts
- Sign up for BEI's electronic mailing list
- Insurance Tool Kit and pdf fillable forms
- *Child Insurance Form, instructions and Parent Notice Regarding Insurance* – translated in six languages

For Further Questions

Contact BEI at the following:

beipub@health.ny.gov

OR

(518) 473-7016