

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) 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)(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 Item 12)
 - ii. Service coordinators are responsible for informing EI service providers about the child's insurance coverage (for children in NYEIS, providers will have access to view the child's insurance information as well)
 - 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 parent declines to provide insurance information or 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
 - 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 using Form A, *Collection of Insurance Information* (10NYCRR 69-4.6(d))
- a. For children whose records reside in the KIDS legacy data system, submit the form to the municipality for documentation of insurance information in KIDS
 - b. For children whose records reside in NYEIS, 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 (see NYEIS User Manual, Unit 10, and Items 13 and 14 in this tool kit for instructions regarding entering information in NYEIS)
 - c. Inform the child's EIP providers that third party insurance information has been obtained and send all providers a copy of the completed *Collection of Insurance Information* form (this should be mailed and can be uploaded to the child's integrated case home page in NYEIS).
 - d. 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
 - e. If the family declines to provide insurance information, the service coordinator must document this declination
 - i. The service coordinator should complete Form B, *Notice of Parent Declination to Provide Insurance Information*, provide a copy of the form to the child's EI providers and municipality (this should be mailed and uploaded to the child's integrated case home page in NYEIS), and file in the child's record
 - ii. The service coordinator must fax or mail a copy of the form to the Department at:
 New York State Department of Health
 Bureau of Early Intervention
 Corning Tower, Room 287
 Albany, NY 12237
 Fax No: 518-486-1090
 - iii. The service coordinator must also document the declination in NYEIS by finding, on the child's home page in NYEIS, the cluster labeled *Insurance Information* and completing the field to indicate that the parent declined to give insurance information.
- 3) Provide written information to all parents on insurance protections
- a. **Determine if the family's insurance plan is regulated by New York State Insurance Law**

- i. Refer to Item #15 and #16 in this tool kit for assistance in making this determination
- 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. Contact the insurer directly to identify if the family's plan is regulated
- 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)
- 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 or KIDS

It is very important for service coordinators to obtain the most recent and accurate insurance information. Service coordinators should explore with parents 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 also investigate further with the insurance company, using the information in Tool Kit Items #15 and #16, to determine whether the plan is or is not regulated.

- b. If the parent's insurance is regulated by New York State Insurance Law, give parent the *Parent Letter Regarding Regulated Insurance* (Item 9)
 - 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. Give the *Parent Letter Regarding Non-regulated Insurance* (Item 10)
 - ii. **Ensure that the parent fully understands the information in this letter**
 - iii. Complete with the parent 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 meeting
 - v. Provide a copy of the signed consent form to the child's EIP providers (this should be mailed and uploaded to the child's integrated case home page in NYEIS)
- 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 to obtain 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. Provide a copy of the completed and signed forms, *Authorization to Release Health Insurance Information* and *Request for Coverage Information*, to the child's EIP providers (these should be mailed and can be uploaded to the child's integrated case home page in NYEIS)
 - e. Enter the information returned from the insurance company into NYEIS or provide to the municipality for children in KIDS
- 5) Documentation of 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. Document all efforts (whether billable or not) to obtain accurate insurance information in service coordination notes
 - c. Send a copy of all completed forms to each of the child's EI billing providers and the municipality
 - d. Upload a copy of each completed form to the child's integrated case home page in NYEIS
 - e. 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 assistance with entering insurance information into NYEIS, please view the webinar titled "Third Party Insurance Information" at:**
http://www.health.ny.gov/community/infants_children/early_intervention/system/training/provider_webinars.htm
 - v. For additional instruction on entering insurance information into NYEIS, see NYEIS User Manual, Unit 10, Municipal Administration (the User Manual describes this as a municipal function, however, NYEIS Version 2.0 provides this access to service coordinators), and Items 13 and 14 in this tool kit
 - f. Maintain a copy of all completed forms in your child record

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

- 1) Review with the family the requirements in New York State Public Health and Insurance Law as needed:
 - 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)(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 Item 12)
 - ii. Service coordinators are responsible for informing EI service providers about the child's insurance coverage (for children in NYEIS, the provider will have access to the child's insurance information)
 - 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 parent declines to provide insurance information or 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
 - 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 (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) Update insurance information from family using Form A, *Collection of Insurance Information* (10NYCRR 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. For children whose records reside in the KIDS legacy data system, submit the form to the municipality for documentation of insurance information in KIDS
 - c. For children whose records reside in NYEIS, 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 (see NYEIS User Manual, Unit 10, and Items 13 and 14 in this tool kit for instructions regarding entering information in NYEIS)
 - d. Inform the child's EIP providers when new third party insurance information has been obtained and send all providers a copy of the completed *Collection of Insurance Information* form (this should be mailed and can be uploaded to the child's integrated case home page in NYEIS)
 - e. If the family declines to provide insurance information, the service coordinator must document this declination
 - i. The service coordinator should complete Form B, *Notice of Parent Declination to Provide Insurance Information*, provide a copy of the form to the child's EI providers and municipality (this should be mailed and uploaded to the child's integrated case home page in NYEIS), and file in the child's record
 - ii. The service coordinator must fax or mail a copy of the form to the Department at:

New York State Department of Health
Bureau of Early Intervention
Corning Tower, Room 287
Albany, NY 12237
Fax No: 518-486-1090
 - iii. The service coordinator must also document the declination in NYEIS by finding, on the child's home page in NYEIS, the cluster labeled Insurance Information and completing the field to indicate that the parent declined to give insurance information

3) If a family changes insurance plans or has new coverage, or if it is discovered that the family's plan is not regulated under New York State Insurance Law, provide written information to parents on protections in place regarding the benefits available under the policy, plan or benefit package

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

- i. Refer to Item #15 and #16 in this tool kit for assistance in making this determination
- 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. Contact the insurer directly to identify if the family's plan is regulated
- 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)
- 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 or KIDS

It is very important for service coordinators to obtain the most recent and accurate insurance information. Service coordinators should explore with parents 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 also investigate further with the insurance company, using the information in Tool Kit Items #15 and #16 to determine whether the plan is or is not regulated.

- b. If the parent's insurance is regulated by New York State Insurance Law, give parent the *Parent Letter Regarding Regulated Insurance* (Item 9)
- 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. Give the *Parent Letter Regarding Non-regulated Insurance* (Item 10)
 - ii. **Ensure that the parent fully understands the information in this letter**
 - iii. Complete with the parent 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
 - v. Provide a copy of the signed consent form to the child's EIP providers (this should be mailed and uploaded to the child's integrated case home page in NYEIS)
- 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***

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 to obtain 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. Provide a copy of the completed and signed forms, *Authorization to Release Health Insurance Information* and *Request for Coverage Information*, to the child's EIP providers (these should be mailed and can be uploaded to the child's integrated case home page in NYEIS)
 - e. Enter the information returned from the insurance company into NYEIS or provide to the municipality for children in KIDS
- 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* (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 send the completed form to the child's EIP providers. 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) Documentation of 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. Document all efforts (whether billable or not) to obtain accurate insurance information in service coordination notes
 - c. Send a copy of all completed forms to each of the child's EI billing providers and the municipality
 - d. Upload a copy of each completed form to the child's integrated case home page in NYEIS
 - e. 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 assistance with entering insurance information into NYEIS, please view the webinar titled "Third Party Insurance Information" at:**
http://www.health.ny.gov/community/infants_children/early_intervention/system/training/provider_webinars.htm
- v. For additional instruction on entering insurance information into NYEIS, see NYEIS User Manual, Unit 10, Municipal Administration (the User Manual describes this as a municipal function, however, NYEIS Version 2.0 provides this access to service coordinators), and Items 13 and 14 in this tool kit
- f. Maintain a copy of all completed forms in your child record

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

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 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:	date _____	initials _____	no changes _____	new form _____

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION
COLLECTION OF INSURANCE INFORMATION (continued)

*For assistance in determining whether a particular insurance plan is regulated in New York State, please contact the insurer directly and/or use the additional guidance provided in the tool kit in items #15 and #16.

**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 #13 in this tool kit for more information.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

**Notice of Parent Declination to Provide Insurance Information to the Early
Intervention Program**

I, _____ (*service coordinator*), am notifying the State
Department of Health that _____ (*parent*) has declined to provide
health insurance information to the Early Intervention Program and has not provided
documentation that the insurance policy under which their child,
_____ (*child*), is covered is not regulated by New York State
Insurance Law and regulations.

The parent declined for the following reason(s):

Parent Address and Phone Number:

Service Coordinator and Agency (if applicable), Address and Phone Number:

**I certify that the following actions were taken in an effort to obtain insurance
information from the parent:**

- The service coordinator requested the information of the parent.
Yes No
- The service coordinator reviewed the protections in Public Health Law and Insurance
Law that assure use of insurance is at no cost to the parent.
Yes No
- The parent was asked and could not or did not provide documentation from their
insurer that insurance coverage applicable to their child is not governed under New
York State laws and regulations.
Yes No
- The parent has been informed and understands that this notice is maintained in the
child record and is sent by the service coordinator to the New York State Department
of Health, Bureau of Early Intervention.
Yes No

Initial/Ongoing Service Coordinator

Date

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: _____

NYEIS Child
Reference#:

Child's Name (First/MI/Last):	Child's Date of Birth:
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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)(iii) 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 also 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 submits the information to the municipality for documentation in KIDS, **or**
 - 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 sends this form to the provider. 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.

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)

<u>Service Type</u>	<u>Frequency/Duration</u>	<u>Prior Auth No.</u> <i>(insurer use only)</i>
	Per the IFSP	
	Per the IFSP	
	Per the IFSP	

<u>Service Type</u>	<u>Frequency/Duration</u>	<u>Prior Auth No.</u> <i>(insurer use only)</i>
	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.: _____

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION
PARENT LETTER REGARDING REGULATED INSURANCE

February 2014

Dear Parent,

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.

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)]

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 decline to provide insurance information.** If you decline to provide your insurance information to your service coordinator, your service coordinator must certify that you have been fully informed about the protections in State law when insurance is used for early intervention services. The service coordinator must also document the reason why you declined to provide insurance information. [PHL§2552(1)]
9. **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)]
10. **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)]

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 for payment.

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

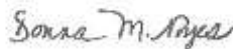
services or the provider has delivered services covered by your policy. [PHL§2559(3)(d); SIL§3235-a(c)] This means that any payment for early intervention services made by private insurance must be made directly to the early intervention provider. Should payment be made to you in error, please contact 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.

If you have any questions about the information in this letter, 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 bei@health.state.ny.us.

Sincerely,



Brenda Knudson-Chouffi
Co-Director, Bureau of Early Intervention



Donna Noyes
Co-Director, Bureau of Early Intervention

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION
PARENT LETTER REGARDING NON-REGULATED INSURANCE

February 2014

Dear Parent,

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.

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)]

The New York State Public Health Law (PHL) and New York State Insurance Law (SIL) contain certain protections regarding the child's covered benefits for insurance plans that are regulated by New York State law, when public and private insurance is used to pay for early intervention services.

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.

Your written consent is necessary in order for your health insurance plan which is 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 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§2557(1); 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)]

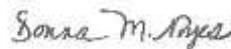
New York State Public Health Law gives the municipality and provider the right of 'subrogation' to reimbursement under your policy, to the extent that the municipality has paid for early intervention services or the provider has delivered services covered by your policy. [PHL§2559(3)(d); SIL§3235-a(c)] 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 services delivered to your child and family.

If you have any questions about the information in this letter, 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 bei@health.state.ny.us.

Sincerely,



Brenda Knudson-Chouffi
Co-Director
Bureau of Early Intervention



Donna Noyes
Co-Director
Bureau of Early Intervention

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 the source data system (NYEIS or KIDS) 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 correct each child’s policy information in the source data system (NYEIS or KIDS) 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, and also enter this information in NYEIS for consistency with information 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'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 the Department's data systems (NYEIS and KIDS). 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 the data systems:

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

- a. Refer to Item #15 and #16 in this tool kit for assistance in making this determination
 - 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. Contact the insurer directly to identify if the family's plan is regulated
 - d. Self-insurance/self-funded plans are typically not regulated
 - e. Plans that are issued/written outside of New York State are not regulated
 - f. Health Spending Accounts are not considered insurance and information regarding these accounts should not be collected or entered into NYEIS or KIDS
2. For children whose records are maintained in the KIDS system: service coordinators must provide the insurance information to the municipality to record. Municipalities must correct the insurance information maintained in the KIDS system.
 3. For children whose records are maintained in the NYEIS system: 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.

- c. Please note, if the parent declines to provide insurance information, this declination must also be documented. On the child's home page in NYEIS, there is a cluster labeled 'Insurance Information' and a field to indicate if the parent declined to give insurance information.

*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 NYEIS User Manual, Unit 10, Municipal Administration (the User Manual describes this as a municipal function, however, with the promotion of NYEIS Version 2.0 and 3.0, service coordinators now have the ability to enter insurance information). In addition, a webinar has been presented which walks the service coordinator through the process of adding/editing insurance information in NYEIS. This 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.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

LIST OF NEW YORK STATE REGULATED INSURERS (JANUARY 2014)

The following is a list of insurance companies that are regulated by the New York State Department of Financial Services and are subject to New York State Insurance Law with regard to the Early Intervention Program (EIP).

It is important to note that some regulated insurers also administer benefits for self-funded plans. Self-funded plans, with few exceptions, are not regulated by New York State Insurance Law. Early Intervention (EI) Service Coordinators, Providers or billers should **contact the insurer to determine if the policy is self-funded or a fully insured and regulated policy** (see the “List of Things to Ask” below).

Also, please note the following additional information:

- 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.
- Medicaid Managed Care plans are administered by a number of health plans throughout the State. For Medicaid Managed Care, services are billed directly to Medicaid, not the Medicaid Managed Care plan. These plans must be identified as Medicaid Managed Care in NYEIS.
- Health Savings Accounts (HSAs) are not considered insurance and information regarding these accounts should not be collected from the family or entered into NYEIS or KIDS.
- Plans that are issued or written outside of New York State, but may be administered by one of the companies listed below, are not regulated.
- Blue Cross/Blue Shield plans that are issued or written in another State are not regulated even though the claims are sent to the local address for processing.

NYS Regulated Health Insurance Providers (Listed in two columns alphabetically)

The bullets below each insurance provider are other names, including product (plan) names and ‘DBAs’, that the insurance provider may use. These other names are for informational purposes only.

Please be aware, there are many self-funded policies that are written by the companies on this list, therefore, service coordinators still need to contact the insurer (see the “List of Things to Ask” below).

Aetna	Health Plus Amerigroup <ul style="list-style-type: none"> • Health Plus - GTESS
Aetna Health	Hudson Health Plan
Affinity Health Plan	Independent Health (IHA) <ul style="list-style-type: none"> • Independent Health Association • Independent Health Association Inc.
Assurant Health	MetroPlus Health Plan
Atlantis Healthcare - d/b/a Easy Choice	MVP <ul style="list-style-type: none"> • Mohawk Valley Physicians • Mohawk Valley Physicians Health Plan • MVP HealthCare-Schenectady HMO

CDPHP - Capital District Physicians Health Plan	Neighborhood Health Providers
Cigna	Nippon
Emblem Health - Emblem health is NOT a licensed company, but owns GHI and HIP	Orange-Ulster School District Health Plan <ul style="list-style-type: none"> • Orange-Ulster
GHI - Group Health Inc.	Oxford <ul style="list-style-type: none"> • Oxford Freedom Plan • Oxford USA
GHI - New York	State-wide Schools Cooperative Health Plan <ul style="list-style-type: none"> • S W S C H P /empire Blue Cross
HIP	St. Lawrence/Lewis Counties School District Employees Medical Plan <ul style="list-style-type: none"> • St. Lawrence/Lewis BOCES
Empire Health Choice	Suffolk Health Plan
Empire Healthchoice <ul style="list-style-type: none"> • Empire BC/BS • Empire BCBS of NY • Empire Blue Cross Blue Shield • Anthem - Empire (Church Street) • BC/BS Empire 	United Health Care <ul style="list-style-type: none"> • United Health Care-Empire Plan • United Healthcare • United HealthCare, The Empire Plan • United Healthcare/oxford • Americhoice (handles UHC Medicaid Mgd Care coverage. May also have CHP).
Empire Plan - claims submitted to United Healthcare. <ul style="list-style-type: none"> • Empire N. Y. S. Government Employee • Empire Plan • Empire United Health Care 	Univera
Excellus <ul style="list-style-type: none"> • Blue Choice of Rochester • B C/ B S Of Rochester • BC/BS of Utica Watertown (HMO Blue) • Blue Cross/Blue Shield - Central NY • BLUE CROSS/BLUE SHIELD of CNY(4809) • H M O Blue Option • The BC/BS of Central NY/Rochester 	Wellcare Healthy Choice
Fidelis Care <ul style="list-style-type: none"> • Fidelis Child Health Plus Plan 	Total Care - provides Child Health Plus
Health First	
Health Now <ul style="list-style-type: none"> • Bc/bs Of W N Y (traditional Blue) • BC/BS of Western New York • BC/BS WNY • Blue Shield of NENY • Blue Shield of NENY/Community Blue • Blue Shield of Northeast NY • Community Blue • Healthnow-BC/BS of Western, Northeastern NY 	

Family Insurance ID Card Information To Determine if a Plan is Self-funded and Not Regulated

The following is information received from some insurers regarding statements contained on their ID cards that would identify insurance plans that are self-funded and, therefore, not regulated.

Excellus – **For self-funded plans**, on the back of the ID card under the phone numbers is language that states Excellus BlueCross BlueShield, an independent licensee, provides Administrative Claims payment services only.

Empire – **For self-funded plans**, Healthchoice/Empire Healthchoice cards will have information similar to what is described above for Excellus.

MVP – **For self-funded plans**, an Employer group logo is included on the card along with the MVP logo. For example, the ID card will include the GE or IBM logo.

CDPHP – **For self-funded plans**, an Employer group logo is included on the card along with the CDPHP logo. 'CDPHN' is typically the sign indicating a self-funded plan.

United Healthcare – **For self-funded plans**, the ID card has the words “Administered by”. The ID card has the words “Insured by” for fully insured insurance plans.

Independent Health – **For self-funded plans**, the ID card describes coverage as “self-funded.”

What You Need to Know for Contacting an Insurer

- 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 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.

What You Need to tell Parents about the Use of Third-party Insurance for the EIP

Under New York State Public Health Law, EIP services must be provided at no cost to parents. 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.

- 1) 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).
- 2) EI services, including service coordination, evaluations, and services included in the child's IFSP must be provided even if the parent declines to provide insurance information or if the child is uninsured.
- 3) Protections for use of regulated insurance:
 - a. Parents do not pay any out-of-pocket costs, such as deductibles or co-payments
 - b. Insurers are prohibited from charging any benefits paid for early intervention services against any maximum annual or lifetime policy limits ("caps")
 - c. EI visits reimbursed by the insurer cannot reduce the number of visits otherwise available to the child and family for health care
 - d. Insurers cannot discontinue or fail to renew a family's insurance coverage solely because a child is receiving EI services
 - e. Insurers cannot increase health insurance premiums solely because a child is receiving EI services
- 4) 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
- 5) See additional information in the Service Coordination Insurance Tool Kit. The tool kit is posted on EIBilling in the Knowledge Base and is available at the following web address:
<https://support.eibilling.com/KB/a49/insurance-tool-kit.aspx?KBSearchID=8143>.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

LIST OF NON-REGULATED INSURANCE PLANS (JANUARY 2014)

The following is a list of insurance plans that are **NOT** regulated by the New York State Department of Financial Services. These plans are **NOT** subject to New York State law with regard to the Early Intervention Program. Please note that these are plan names.

It is important to note that this is only a sample of non-regulated plans based on submitted claims. This list does NOT contain all the non-regulated plans that service coordinators may identify. This means that if a plan is on this list it is not regulated. If a plan is not on this list, it may or may not be regulated.

Non-Regulated Insurance Plans	Non-Regulated Insurance Plans
1199 National Benefit Fund	Island Group Admin
Accordia National	I B E W Local 1249 Insurance Fund
America's Choice Health Plan	Local 1 Wine and Liquor Union
AMERIGROUP - NEW JERSEY	Local 147 Construction Workers
Ameri Health	LOCAL 812 HEALTH FUND/ VISTA PLAN
Beacon	Local 338 Multiplan (Health & Welfare)
BC/BS Federal Employee Program	Magna Care
Chesterfield Resources, Inc.	Martin's Point US Family Health Plan
Christian brothers	Meritain Health
Consolidated Health Plan	National Health Administrators
CoxHealth	NOVA Health Care Administrators
Crossroads Healthcare Local 812	Premier Health Plan
Elmco	Providence Health Plan
Empire Primera	Qualcare
FIRST HEALTH NETWORK - IMG	Resolve
Great West Healthcare	Starmark
Harvard Pilgrim	Stationary Engineers Local 670
Health Care Plus	
Healthnet	Tricare
Health Quest	Tufts Health Plan
Horizon	Ultra Benefits
HTH Worldwide	UNITED MEDICAL RESOURCES
Hudson Healthcare	US Family Health Plan
Humana	Westchester Teamsters Local 456 Health & Welfare Fund
IBA LLC	