

**Information for Service Coordinators**  
**Insurance FAQs**

<p><b>Why does RI use the family’s insurance to pay for Early Intervention?</b></p>	<ul style="list-style-type: none"> <li>• <i>The Rhode Island Early Intervention system relies on three major funding sources: private insurance, Medicaid (public insurance), and state funds. One or more of these will be used to pay for early intervention for a child.</i></li> <li>• <i>By using the family’s insurance the costs for early intervention are shared. This allows services in Rhode Island to be provided at no cost to families. Many states charge families fees (For example, Connecticut and Massachusetts).</i></li> </ul>
<p><b>What is “public” insurance?</b></p>	<ul style="list-style-type: none"> <li>• <i>Public insurance is an insurance plan funded by the state for children who are Medicaid eligible.</i></li> <li>• <i>Public insurance in Rhode Island is the Rhode Island Medicaid program which is also known as Rhode Island Medical Assistance. Children may be eligible for Medicaid through SSI, Katie Beckett, the Rite Care Program, the Rite Share Program or Adoption Subsidy. Children in Rite Care, may be enrolled in either Neighborhood Health Plan or United Health Care Community Plan.</i></li> <li>• <i>Rite Share provides health coverage through an employer's health insurance. The State pays all or part of the family's share of the cost for the employer based coverage.</i></li> </ul>
<p><b>What is “private” insurance?</b></p>	<ul style="list-style-type: none"> <li>• <i>Private insurance is a health insurance plan that is funded privately...usually by an employer and/or an individual.</i></li> <li>• <i>RI Blue Cross Blue Shield, United Health Care, Neighborhood Health Plan and Tufts are the 4 private insurers based in RI and held to the RI insurance mandate for Early Intervention services.</i></li> <li>• <i>Other private insurers such as Cigna, Aetna, Harvard/Pilgrim, Tri-Care, and out of state Blue Cross Blue Shield plans (and many others) are plans not based in RI and therefore not held to the insurance mandate.</i></li> <li>• <i>Insurance plans that are “self-funded” are not held to the RI insurance mandate. These are plans funded by an employer rather than an insurer. They are held to federal rather than state law. These plans may be “administered” by United, Blue Cross or another insurer (the card will say “administered” by United or Blue Cross).</i></li> <li>• <i>Some “self-funded” plans pay for early intervention and some don’t. Any services not fully covered by an insurance carrier are paid for by the State.</i></li> </ul>
<p><b>What is the Health Insurance Consent to Release Information Form?</b></p>	<ul style="list-style-type: none"> <li>• <i>The Early Intervention record is considered an educational record and therefore must follow the confidentiality requirements of FERPA (Family Educational Rights and Privacy Act). Informed consent is required before the release of personally identifiable information (PII).</i></li> <li>• <i>The Health Insurance Consent to Release Information is a form used to obtain parental consent to release personally identifiable information (PII) to insurance carriers.</i></li> <li>• <i>It must be completed at intake and any time insurance changes.</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• <i>Consent to release PII is not required for insurance funded by Medicaid. These families have already provided consent to release personally identifiable information as a condition of enrolling in Medicaid.</i></li> </ul>
<b>What is the <i>Funding Information for Families</i> document?</b>	<ul style="list-style-type: none"> <li>• <i>Staff must review “Funding Information for Families” (found in the Procedural Safeguards and Funding booklet) with all families. Federal regulations require that all parents receive this notice.</i></li> <li>• <i>All parents should understand there is no cost to them...no copay, no deductibles and no co insurance regardless if their insurance covers Early Intervention.</i></li> <li>• <i>Parents utilizing private health insurance are protected by Rhode Island state law and federal laws</i> <ul style="list-style-type: none"> <li>○ <i>Using private insurance cannot count towards or result in a loss of benefits due to reaching annual or lifetime health insurance coverage monetary caps for their child, or their family members. Annual and lifetime caps have been eliminated as a result of the Affordable Care Act.</i></li> <li>○ <i>Using private insurance cannot result in a parent losing their health insurance and cannot result in being discriminated against in obtaining insurance. State and federal laws prohibit the utilization of health insurance as a reason to deny or discontinue coverage.</i></li> <li>○ <i>Using private insurance cannot be the basis for increasing the health insurance premiums. State and federal laws prohibit the use of health factors as a basis for determining premiums.</i></li> </ul> </li> <li>• <i>It is very important that Service Coordinators make every effort to help families understand these protections and to gain consent.</i></li> </ul>
<b>What is the Rhode Island insurance mandate law?</b>	<ul style="list-style-type: none"> <li>• <i>RI general law mandates insurers operating in RI to cover the costs of early intervention up to \$5000 per year. Costs over \$5000 are paid for by the State. The law specifies that early intervention services must be covered in full... no copayments, deductibles or fees are to be charged to families.</i></li> <li>• <i>Some families may have insurers who are not based in RI, or plans that are called “self-funded” who are exempt from RI law. These insurers may pay for some early intervention if it is a covered service, partially pay for some services, or not cover any early intervention services. These plans may apply co-payments or deductibles before paying for an early intervention service. When a parent has a plan exempt from RI insurance mandate, the state pays whatever is not covered by the family’s plan (including co-pays and deductibles) for early intervention services.</i></li> </ul>
<b>How do I complete the Health Insurance Consent to Release Information</b>	<ul style="list-style-type: none"> <li>• <i>The form is divided into 2 sections. Private Insurance and Rhode Island Medicaid.</i></li> <li>• <i>Ask to see the child’s insurance card.</i></li> </ul>

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form?

- *If given one card, always ask if there is other insurance.*
- *If the child has two cards and one card is a RI Medical Assistance card, all of the insurance information is recorded in the Rhode Island Medicaid section of the form and consent is not required. (A Rhode Island Medical Assistance card contains the recipient's name, social security number and date of birth, is white and has an anchor on it or has an EOHHS circular logo).*
  - *Temporarily a child may have just the RI Medical Assistance card. This information is recorded in the Rhode Island Medicaid section and consent is not required. Expect a change in coverage to include one of the Rite Care plans or the addition of private insurance.*
- *If the child has Rite Care they will have Neighborhood Health Plan or Unitedhealthcare Community Plan. The information is recorded in the Rhode Island Medicaid section of the form and consent is not required. To determine if a plan is Rite Care examine the subscriber card.*
  - *The Unitedhealthcare Community Plan card has a 5 digit plan number (other plans are 6) and the product/plan name "Rite Care" will show in the bottom right hand corner of the card. This can also be seen on UnitedHealthcareOnline.com in the Patient Eligibility section (click on the "View Patient's ID card" link located in the Patient Search results section of the Eligibility Detail page).*
  - *The Neighborhood Health Plan card can be identified by the product/plan name "ACCESS" located at the bottom of the card and an "A" in a circle in the bottom right hand corner. In addition, all NHP plans have different color wavy stripes at the bottom of the cards-the NHP Rite Care stripe is green.*
- *If the child has insurance which is not Rite Care and no RI Medical Assistance card, then the child has private insurance and the information is recorded in the Private Insurance Information section and consent is required.*
- *If a child is covered by both parents who have private insurance, list both plans in the Private Insurance Information section. To determine which plan is primary you will need to know each parent's birthdate. This information is recorded on the Referral and Demographics form. Rules determining which plan is primary can vary according to plan and must be confirmed by your billing department.*
- *A parent must provide consent or indicate that they do not consent at Intake. If a parent is unsure, they always have the option to indicate consent for initial Early Intervention services (intake, multidisciplinary evaluation and IFSP) and revoke consent when IFSP services are determined. A parent can revoke their consent at any time.*
- *Families have the right to indicate that they do not consent on the form and still receive Early Intervention services. Service Coordinators*

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	<p><i>should check back with families as appropriate. Sometimes when parents feel more comfortable with EI they will provide consent.</i></p>
<p><b>What is an Explanation of Benefits?</b></p>	<ul style="list-style-type: none"> <li>• <i>An Explanation of Benefits (EOB) is a form sent by an insurer which explains costs paid or not paid by the family’s insurance plan.</i></li> <li>• <i>When a family has a plan exempt from RI law, the family may receive an EOB that indicates that the family is responsible for payments such as deductibles, co pays or for services not covered. The family will <b>not</b> be billed by the provider for any of these costs. The state will cover those costs.</i></li> <li>• <i>Families should be informed at intake they could get an EOB from their insurer that says they are responsible for payment and should disregard any indication that they are responsible for payments not covered by their insurance. Insurance companies exempt from RI law are not aware how RI Early Intervention works.</i></li> </ul>
<p><b>What is a Flexible Spending Account (FSA)?</b></p>	<ul style="list-style-type: none"> <li>• <i>A Flexible Spending Account<sup>1</sup> allows an employee to set aside “pre-tax” dollars for medical expenses. The account is managed by the employee and can include an automatic withdrawal option. If the automatic withdrawal option is activated, any portion of the insurance claim not covered by the insurance carrier can then be withdrawn and either mailed to the provider processing the claim or directly to the family.</i></li> <li>• <i>If a parent had an FSA with automatic withdrawal there is the potential to totally deplete the flexible spending account prematurely because the parent may receive reimbursement for early intervention deductibles they did not actually pay, or the EI provider may receive income for co-payments.</i></li> <li>• <i>Programs would be responsible for reimbursing families if they accidentally received a co-payment if this happened.</i></li> <li>• <i>Parents should inquire about deactivating the automatic withdrawal option. If this is not acceptable to them, they have the right to not provide consent for the release of personally identifiable information to their insurance carrier for billing purposes and the insurance carrier will not be billed. Early Intervention will still be provided at no cost to the parent.</i></li> </ul>
<p><b>What is a Health Saving Account (HSA)?</b></p>	<ul style="list-style-type: none"> <li>• <i>A Health Savings Account<sup>2</sup> (HSA) is a special account owned by an individual used to pay for current and future medical expenses and is used in conjunction with a High Deductible Health Plan (HDHP).</i></li> <li>• <i>HSAs are a means by which a family with a specific HDHP is allowed to set aside pre-tax money to cover the high deductible. When a claim is processed, the owner of the HSA is allowed to make the determination whether he or she wants the claim to be paid out of the HSA or their own pocket. Some HSAs have automatic options that will pay the</i></li> </ul>

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	<p><i>deductible portion of the claim. This creates a problem in that the EI program will receive this income and the parent would incur an expense. Since EI services are to be provided at no cost to the family the EI provider is required to return the money if it has received the deductible.</i></p> <ul style="list-style-type: none"> <li>• <i>The parent should inquire about deactivating the automatic withdrawal. If this is not acceptable to them, they have the right not to provide consent for the release of personally identifiable information to their insurance carrier for billing purposes and their insurance carrier will not be billed. Early Intervention will still be provided at no cost to the family.</i></li> </ul>
<b>Other Complicated Plans</b>	<ul style="list-style-type: none"> <li>• <i>There are many varieties of benefit plans. Some parents may have complicated plans. If using the family's insurance to pay for Early Intervention resulted in a cost to the family those costs would need to be reimbursed to the family. If this is not acceptable to them, they have the right not to provide consent for the release of personally identifiable information to their insurance carrier for billing purposes and their insurance carrier will not be billed. Early Intervention will still be provided at no cost to the family.</i></li> </ul>
<b>Why does EI ask for a child's SSN?</b>	<ul style="list-style-type: none"> <li>• <i>This is used for identification purposes. The child's SSN is a unique identifier that ensures the correct identification of a child. However, providing the child's SSN is not required to receive EI services.</i></li> <li>• <i>If a parent refuses to give the child's SSN document this on an SRF. Your program will apply for an ID for the child which they will use for billing purposes.</i></li> </ul>

<sup>1</sup>Flexible Spending Accounts and <sup>2</sup>Health Savings Accounts descriptions adapted from Procedures; CT Birth to Three System, Procedures; *Insurance* Revised 7/1/2012