Tips to Completing the Health Insurance Authorization Form

Explain Funding in Early Intervention.

Examine insurance card(s).

If the child has one insurance card always ask if there is other insurance.

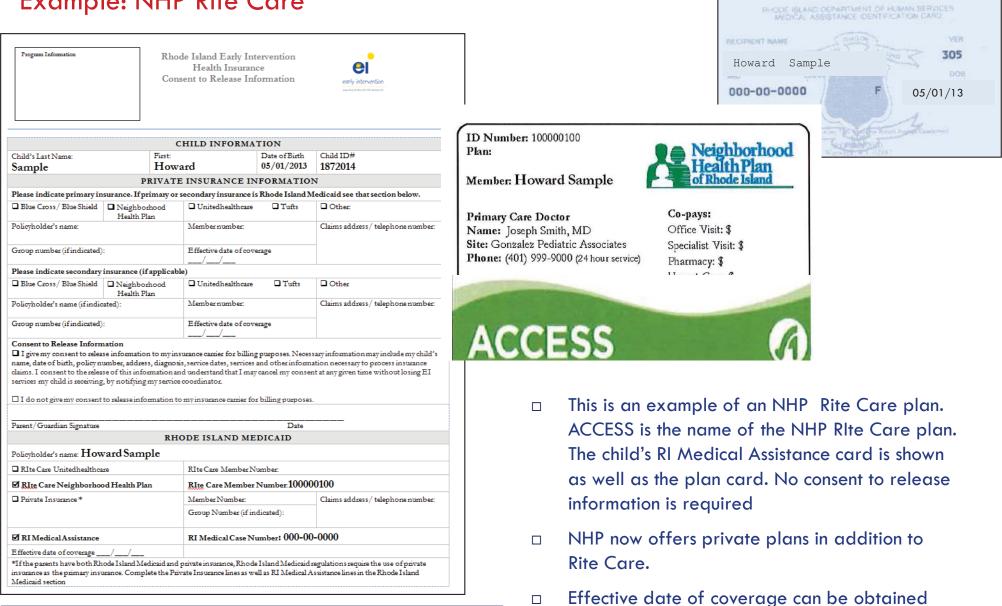
RI Medicaid section

- If the child has more than one insurance and 1 card is RI Medical Assistance
 - Record info from both cards in RI Medicaid section (No consent needed)
 - If RIte Care record in RIte Care lines. If not RIte Care record on Private Insurance line
 - If the child has RIte Care check if it is United or Neighborhood and record info in RI Medicaid section (No consent needed)
 - United Health Community Plan (says RIte Care in bottom right corner
 - NHP (green wavy stripe on bottom and plan is called ACCESS)
- □ If the child has 1 card and it is RI Medical Assistance:
 - Record information in the RI Medicaid section (No consent needed) This is a temporary situation the child will shortly be enrolled in either a RIte Care or a private plan. Check and update information in the RI Medicaid section (no consent is required)

Private Insurance section

- If the child has one card and it is not RIte Care or RI Medical Assistance it is Private Insurance. Record information in the Private Insurance section of the form and obtain consent.
- If the child has more than one card and neither are RI Medical Assistance or RIte Care, the child has double coverage by two private insurers. Record all information in the Private Insurance section and obtain consent.

Example: NHP Rite Care



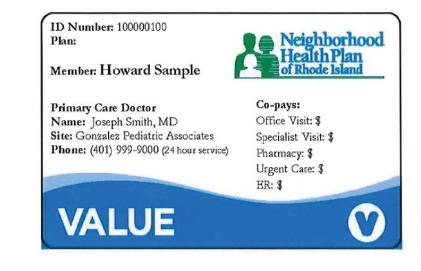
when verifying insurance with the carrier.

Always ask if the child has any other coverage. Parents of children covered by RI Medicaid are told by Medicaid to always show both the RI Medical Assistance cad and their plan card.

Example: NHP Private Insurance

Program Information			e Island Early Int Health Insuran ent to Release Int	ce	early intervention		
			CHILD INFORMAT	ION			
Child's Last Name:		First:		Date of Birth	Child ID#		
		Howa	rd	12/01/2013	1872014		
		PRIVATI	E INSURANCE IN	FORMATION			
Plesse indicate primary in	surance. If pr	imary or se	condary insurance i	Rhode Island M	ledicaid see that section below.		
Blue Cross/ Blue Shield Health Plan		Unitedhealthcare Tufts		Other:			
Policyholder's name:			Member number:		Claims address/ telephone number:		
Howard Sample			100000100				
Group number (if indicated):			Effective date of cove	nage			
Please indicate secondary	insurance (if	applicable					
Blue Cross/ Blue Shield	Neighborh Health Pla		Unitedhealthcare	Tuffs	• Other		
Policyholder's name (if indica	ted):		Member number:		Claims address/ telephone number:		
Group number (if indicated):			Effective date of coverage				
name, date of birth, policy no claims. I consent to the releas services my child is receiving	e information imber, address se of this infor , by notifying r	, diagnosis, nation and ny service o	service dates, services understand that I may coordinator.	and other informat cancel my consent	ny information may include my child's ion necessary to process insurance at any given time without losing EI		
I do not give my consent	to release infor	mation to :	my insurance camer for		A1 /		
Mary Sample			08/01/2014				
Parent/Guardian Signature				Date			
		RH	ODE ISLAND ME	DICAID			
Policyholder's name:							
RIte Care Unitedhealthcare			RIte Care Member Number:				
RIte Care Neighborhood Health Plan			RIte Care Member N	umber:			
Private Insurance *			Member Number:		Claims address/ telephone number:		
			Group Number (if indicated):				
BI Medical Assistance		RI Medical Case Number:					
RI Medical Assistance							
RI Medical Assistance Effective date of coverage							

Always ask if the child has any other coverage. Parents of children covered by RI Medicaid are told by Medicaid to always show both the RI Medical Assistance cad and their plan card.



- This NHP card does not say ACCESS therefore It is not RIte Care. This child does not have a RI Medical Assistance card. This is an example of private insurance and consent to release information is required.
- NHP now offers private plans in addition to Rite Care. (e.g., VALUE, CHOICE, PLUS and PREMIER)
- Effective date of coverage can be obtained when verifying insurance with the carrier.

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Example: Private Insurance and RI Medical Assistance-e.g. Rite Share

Pergerm Information		Rhode Island Early Intervention Health Insurance Consent to Release Information			entry intervention
		c	HILD INFORMAT	ION	
Child's Last Name Brown	-	^{Time} Mary		Date of Birth 05/01/2013	Child ID# 1872014
	PI	RIVATE	INSURANCE IN	FORMATION	
Please indicate primary in	aurance. If prima		condary insurance is	Rhode Island M	edicaid ace that acction below.
Blue Cross/ Blue Shield	Neighborhoo Health Plan	d	Unitedhealtheare	🛛 Tufa	Céhar:
Policyholder's name:			Member number:		Claims address/ sclephone number:
Group number (if indicated):			Effoctive date of coverage		-
Please indicate secondary	insurance (if app	plicable)			
Blue Cross/ Blue Shield	n/ Blue Shield Dighborhood Health Plan		Unitedhealtheare D Tufts		C Other
Policyholder's name (if indie	Policyholder's name (if indicated):				Claims address/ telephone number:
Group number (if indicated):					
Consent to Release Inform	nation		Effective date of cover	-	av information may include my child's
Consent to Release Inform I give my consent to release name, date of birth, policy n daima. I consent to the release retriese my child is receiving I I do not give my consent	nation ase information to sumber, address, di use of this informa g, by notifying my	my insus isgnosis, tion and service o	/ rance carrier for billing service dates, services a understand that I may pordinator.	purposes. Nocessa and other informa cancel my consent	ay informaion may indude my child's ion necessary to process insurance as any given time without losing EI
Consent to Release Inform I give my consent to teles name, date of birth, policy n daima. I consent to the teles services my shild is receiving	nation ase information to sumber, address, di use of this informa g, by notifying my	my insus ingnosis, sion and service o ation to n	/ rance carrier for billing service dates, services a understand that I may pordinator.	purposes. Noorsa and other informa caned my consent r billing purposes. Date	tion necessary to process insurance
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Always ask if the child has any other coverage. Parents of children covered by RI Medicaid are told by Medicaid to always show both the RI Medical Assistance cad and their plan card.



- This is an example of a private United Health plan (it does not say Rite Care in the bottom right corner).
- The child also has RI Medical Assistance.
- No consent to release information is required
- Effective date of coverage can be obtained when verifying insurance with the carrier.

