

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION
Health Insurance Tool Kit for Service Coordinators

Tool Kit Items:

Background

1. Service Coordinator Health Insurance Responsibilities – Tool Kit Item 1
2. Parent Notice Regarding Health Insurance – Tool Kit Item 2
3. Information and Instructions for Parents on Collection of Health Insurance Information/Parent Attestation of No Health Insurance – Tool Kit Item 3
4. Collection of Health Insurance Information – Tool Kit Item 4 (**Form A**)
5. Parent Attestation of No Health Insurance – Tool Kit Item 5 (**Form B**)
6. Authorization to Release Health Insurance Information – Tool Kit Item 6 (**Form C**)
7. Instructions for Service Coordinators: Collecting the Written Referral from Parents or Primary Health Care Practitioners – Tool Kit Item 7
8. Written Referral from Primary Health Care Practitioner – Tool Kit Item 8 (**Form D**) Previously Form E
9. Guidance on Billing Medicaid for Children enrolled in Medicaid Managed Care Plans – Tool Kit Item 9

Notes:

- Initial and Ongoing Service Coordinator Insurance Responsibilities have been combined
- Form B is now the Parent Attestation of No Health Insurance
- Request for Coverage Information (Previously Form D) – Has been removed – no longer applicable
- Required Notice of Subrogation – Has been removed – no longer applicable
- Guidance on Entering Non-Regulated Insurance Plans in NYES – Has been removed – no longer applicable

Background

Early Intervention services in New York State must be provided at no cost to parents. [Section 2557 of PHL, 10 NYCRR Section 69-4.1(m)(1)(iv)(d)] Services are paid by Medicaid for eligible children with Medicaid coverage. Prior to December 29, 2021, early intervention services were paid in part through an eligible child's health insurance coverage, if the health insurance plan was regulated under New York State Insurance Law.

On December 29, 2021, Governor Hochul, signed legislation (A.5339/S.5560A) that significantly changed the way claims for early intervention services are processed and paid. The legislation establishes an Early Intervention Program covered lives pool, funded by an assessment on health insurance plans. The Early Intervention Program pool funding offsets the municipal and State shares of Early Intervention Program services not covered by Medicaid. **Early intervention claims are no longer billed to commercial health insurance.** Claims will continue to be billed to Medicaid for covered services and to municipal escrow accounts for non-covered services.

Note: Service coordinators must continue to collect and document a child's health insurance information.

This Health Insurance Tool Kit has been revised to provide service coordinators with the information needed to perform all the early intervention responsibilities related to the collection and documentation of a child's/family's health insurance coverage information.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

SERVICE COORDINATOR HEALTH INSURANCE RESPONSIBILITIES

- 1) Provide parent(s)/legal guardian with a copy of the ***Parent Notice Regarding Health Insurance*** (Tool Kit Item 2) and review this information with the parent. Discuss with the family the requirement of the Early Intervention Program regulations to have service coordinators collect and parents provide the early intervention child's health insurance information to assist with early intervention reimbursement for Early Intervention Program services.
 - a. Under New York State Public Health Law (PHL), Early Intervention Program services must be provided at no cost to parents. [Section 2557 of PHL, 10 NYCRR Section 69-4.1(m)(1)(iv)(d)]
 - b. Medicaid is part of New York State's system of payments for early intervention services. Services are paid by Medicaid for eligible children with Medicaid coverage. Medicaid funds and the funds available through the Early Intervention Program Covered Lives Pool, funded by an assessment on insurance plans, are both part of the system of payments for the Program. The Early Intervention Program pool funding offsets the municipal and State shares of Early Intervention Program services not covered by Medicaid. Claims will continue to be billed to Medicaid for covered services and to municipal escrow for non-covered services.

IMPORTANT NOTE: Early Intervention Program claims are no longer billed to commercial health insurance.

- 2) Early Intervention Providers will receive early intervention payment from municipal funds (escrow account) for services that are not fully paid by Medicaid if the provider claim has met all other applicable early intervention billing and claiming rules.
 - a. The Medicaid Program pays all Early Intervention Program services per the New York State Department of Health Early Intervention Program service payment rates established by the State.
 - b. Providers are prohibited from seeking payment for Early Intervention Program services from the parent.
 - c. Early Intervention Program services must be provided to all eligible children in accordance with the child's Individualized Family Service Plan, including service coordination and evaluations. This includes all children, regardless of their insurance status.
 - 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 a health insurance program for Early Intervention Program services to be provided.
 - ii. **Form A**, (Tool Kit Item 4), ***Collection of Health Insurance Information***, should be used by the service coordinator to collect a child's/family's information about health insurance coverage.

- iii. **Form B**, (Tool Kit Item 5), is the **Parent Attestation of No Health Insurance**. Parents must sign this attestation if the early intervention child does not have health insurance coverage. Service coordinators must review a child's health insurance coverage information with the family on a quarterly basis or more frequently, if the child's health insurance status changes. A new attestation must be signed by the parent at least quarterly unless the child has obtained health insurance coverage and **Form A** has been completed by the parent and collected by the service coordinator.
- iv. Once the parent has completed the appropriate form regarding health insurance (**Form A** or if no health insurance coverage, **Form B**), the information must be entered into the State Data System and the form should be maintained in the child's file. The service coordinator will notify all billing providers and the Municipality that the completed documentation of health insurance information is accessible in the child's file and if requested, hard copies will be mailed to them within 14 days of the receipt of a request.

****If the family has a Medicaid card and Medicaid Child Identification Number (CIN), the CIN must be entered in the current State Data System. If the Medicaid coverage is a Medicaid managed care plan, the managed care insurer/insurance information must also be entered in the State Data System.**

PLEASE NOTE:

Health Spending Accounts/Health Savings Accounts (HSAs) are medical savings accounts and are not considered health insurance; information regarding these types of accounts should not be collected by the service coordinator or entered into the child's file or in the State Data System.

- d. Protections for Families when Providing Health Insurance Information to the Early Intervention Program:
 - i. Parents do not pay any out-of-pocket costs, such as deductibles or co-payments for Early Intervention Program services.
 - ii. Collection of health insurance information by the Early Intervention Program does not negatively affect any health insurance coverage a family may have.
- 3) Collect health insurance policy information from family (10 NYCRR 69-4.6(d)).
- a. Service coordinators should determine if a family has health insurance for the early intervention child and provide the appropriate form and instructions to the family to complete.
 - i. Service coordinators should review **Forms A and B** with the parent and assist them with completing the appropriate form.
 - ii. If the family has health insurance for the child, give the family **Form A (Collection of Health Insurance Information)**.
 - iii. If a family does not have health insurance coverage, the service coordinator will provide the parent with **Form B (Parent Attestation of No Health Insurance)** to complete.
 - b. Explain to the parent that if a child is participating in the Early Intervention Program, they should let the early intervention service coordinator know any time there are changes in the child's health insurance policy, including Medicaid and Child Health Plus. The service coordinator must review the child's health insurance information with the family on a quarterly basis.

- c. Service coordinators need to document in the early intervention service coordination notes the discussions with the parent regarding health insurance in the Early Intervention Program and the child's health insurance coverage. When the health insurance information is reviewed with the parent quarterly:
 - i. On **Form A**, the service coordinator should initial and date the form to indicate the information was reviewed with the parent. The service coordinator will also indicate if the information on the form reflects "no changes" or if a "new" updated form is needed.
 - ii. If a new **Form A** is needed to update health insurance information, this must be provided to the parent. Once the new form is completed and returned to the service coordinator, it must be entered into the State Data System and retained in the child's file.
 - iii. If the child had no health insurance coverage and the parent previously completed **Form B**, and upon review, the child continues to have no health insurance coverage, a new **Form B, Parent Attestation of No Health Insurance** must be completed by the parent and collected by the service coordinator who will retain the form in the child's file.
 - iv. If a child, while participating in the Early Intervention Program, had health insurance coverage, but upon review, no longer has coverage, the parent must complete, sign, and date a **Parent Attestation of No Health Insurance (Form B)**, which will be collected by the service coordinator, who will then enter form information into the State Data System and retain the form in the child's file.
 - d. Service coordinators must also assist the parent to complete **Form C (Tool Kit Item 6), Authorization to Release Health Insurance Information**.
 - i. This is the notice the parent signs authorizing the release of the child's health insurance information to the service coordinator and the municipality.
- 4) Obtain from the parent a written referral from the child's primary health care provider as documentation of the medical necessity of Early Intervention Program services.
- a. Refer to the guidance regarding written referrals provided in the **Service Coordinator Health Insurance Responsibilities (Tool Kit Item 1)** and **Collecting the Written Referral from Parents or Primary Health Care Practitioners (Tool Kit Item 7)**.
 - b. Use **Form D (Tool Kit Item 8), Written Referral from Primary Health Care Practitioner** as needed for this purpose.
 - c. Inform the child's early intervention program providers that a written referral has been obtained from the child's primary health care practitioner to document medical necessity for early intervention services.

***It is important for service coordinators to be aware that services authorized on a child's individualized family service plan must begin timely. Services should never be delayed if the written referral for medical necessity is not yet provided.**

- 5) Service Coordinators must document all efforts to obtain health insurance information and discussions with the family regarding health insurance in the Early Intervention Program. All information obtained must be maintained by the service coordinator as follows:
- a. Fill in the child's reference number on the top left of every completed form.
 - b. At least quarterly, or more often if needed, review and initial **Form A, Collection of Health Insurance Information** if health insurance has not changed. If health insurance has changed, update **Form A** and have parent sign and date the form. Enter the updated information into the State Data System and retain the form in the child's file.
 - c. Document all efforts to obtain health insurance information in service coordination notes.

- d. Enter the child's and family's health insurance information that has been collected from the parent, including Medicaid, Medicaid Managed Care, and Child Health Plus policy information, directly into the State Data System. **Form C, Authorization to Release Health Insurance Information** must be signed by the parent prior to any exchange of health insurance information with the service coordinator or municipality.
- e. After all health insurance information has been collected from the parent, the service coordinator will enter this information into the State Data System.
- f. Maintain a copy of all completed health insurance forms in the child's record.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

PARENT NOTICE REGARDING HEALTH INSURANCE

In New York State, Early Intervention services must be provided at no cost to families. New York State's system of payments for the Early Intervention Program includes the use of public health insurance (such as Medicaid and Child Health Plus) for reimbursement of early intervention services.

On December 29, 2021, Governor Hochul, signed legislation (A.5339/S.5560A) that significantly changed the way claims for Early Intervention Program services are processed and paid. The legislation establishes an Early Intervention Program Covered Lives Pool, funded by an assessment on health insurance plans. The Early Intervention Program pool funding offsets the municipal and state shares of Early Intervention Program services not covered by Medicaid. Covered services are billed to Medicaid and non-covered services are paid through municipal escrow.

Medicaid and Private Health Insurance:

If your family has both private health insurance and public health insurance (Medicaid) coverage, claims for payment of early intervention services will be billed to public health insurance (Medicaid) for payment.

Collection of Health Insurance Information and a Child's Social Security Number:

Under New York State Public Health Law (PHL):

Your service coordinator must collect, and you must provide, information and documentation about your child's health insurance coverage, including public and private health insurance. This information includes: the type of health 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. [10 NYCRR 69 4.7(h)]

Your Early Intervention Official must collect, and you must provide, your child's social security number. This information will be maintained in a secure and confidential manner. [PHL§ 2552(2)]

Insurance in New York State:

The following protections are ensured under New York State Public Health Law (PHL) and New York State Insurance Law (SIL) when public health 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 Program will arrange for payment of all co-payments and deductibles. [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 must make sure that appropriate

early intervention services are provided to your child, even if your insurance does not cover these services or you have no insurance. [PHL§ 2552(1)]

3. **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.
4. **Early intervention services in your individualized family service plan must still be provided even if you do not have private or public health 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)]
5. **Health Spending Accounts/Health Savings Accounts (HSAs)** are medical savings accounts and are not considered health insurance. Information regarding these accounts will not be collected by your service coordinator.

Due Process Rights:

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

- **Mediation** is a process conducted by a trained mediator from a Community Dispute Resolution Center, who assists parties to reach an agreement about any matter under the Individuals with Disabilities Education Act Part C. Please note, the mediation process cannot be used to deny or delay a parent's right to an impartial hearing, or to deny any other due process rights.
- **Impartial Hearings** are conducted by hearing officers (administrative law judges assigned by the Commissioner of Health or designee) and are used to settle disputes between a parent and an Early Intervention Official. If a child is found ineligible for services by an evaluator, parents can ask for an impartial hearing if the request is made within 6-months of the date the child was found ineligible.
- **A System Complaint** can be filed if parents or any party believe that the lead agency, Early Intervention Official, service coordinator, evaluator, or service provider is not doing their job under the law, rules, or regulations. This complaint must be made in writing to the New York State Department of Health, Director of the Bureau of Early Intervention, and must be signed and received less than one year from the date of the alleged violation. A copy of the complaint must be sent to the child's service coordinator, county Early Intervention Official, and any early intervention provider(s) who is the subject of the complaint.

For additional information about each of these available options, please refer to information in the [Parent's Basic Guide to the Early Intervention Program](#) and on the Bureau of Early Intervention's webpage at health.ny.gov/community/infants_children/early_intervention/. If you have any questions about the information in this notice, please ask your service coordinator or Early Intervention Official, or contact the New York State Department of Health Bureau of Early Intervention by phone at 518-473-7016 or email at bei.pub@health.ny.gov.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

INFORMATION AND INSTRUCTIONS FOR PARENTS

**COLLECTION OF HEALTH INSURANCE INFORMATION – Form A
PARENT ATTESTATION OF NO HEALTH INSURANCE – Form B**

Child's Health Insurance Information: (Form A)

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 health insurance (such as Medicaid and Child Health Plus) for reimbursement of early intervention services.

10 NYCRR 69-4.7 provides that your service coordinator must collect, and you must provide, information and documentation about your child's health insurance coverage, including public and private health insurance. This information includes: the type of health 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 reimburse providers for services. Your service coordinator must explain your rights and responsibilities and the protections that the law provides for your family.

Completing the Health Insurance Forms

- Your service coordinator can assist you with completing the necessary forms.
- Please ensure that the required forms are filled out completely and accurately.
- Your service coordinator must review your child's health insurance information with you at least quarterly. If your health insurance changes, or you no longer have health insurance coverage, you will need to complete an updated form(s).

Please inform your service coordinator immediately if your child's health insurance coverage changes.

Collection of Health Insurance Information (Form A):

If your child has two or more health insurance policies, you must provide information for each policy (examples below).

- If your child has two different private health insurance policies, you will include information on both policies.
- If your child has Medicaid and a private health insurance, you will include the Medicaid Child Identification Number (CIN) and the private health insurance information.
- If your child has Medicaid Managed Care, both the Medicaid Child Identification Number (CIN) and the Medicaid Managed Care insurance company information will be documented in the insurance information section.

- If your child has Medicaid Managed Care and a private health insurance policy, you will include the Medicaid Child Identification Number (CIN), the Medicaid Managed Care insurance company information, and the private health insurance policy information.

Parent Attestation of No Health Insurance – (Form B - if applicable):

- If your child does not have health insurance coverage, you must complete and sign **Form B – Parent Attestation of No Health Insurance**.
- If your child does not have health insurance, Early Intervention Program services will still be provided at no cost to you.
- Service coordinators must review a child’s health insurance coverage information with your family on a quarterly basis or more frequently if your child’s health insurance status changes. A new attestation must be signed at least quarterly, unless your child has obtained health insurance coverage and **Form A, Collection of Health Insurance Information**, has been completed by you and collected by your service coordinator.
- Your child is not required to have health insurance to receive Early Intervention Program services; however, your service coordinator can assist you with identifying and applying for health insurance that your child may be eligible for if you are interested in obtaining health insurance coverage.

Please contact your service coordinator if you have any questions while completing Form A or Form B.

Child
Reference#:

Health Insurance
Tool Kit Item 4
Form A

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

COLLECTION OF HEALTH INSURANCE INFORMATION – FORM A

Child's Name: _____

Date of Birth: _____

Child's Sex: male female

Primary Insurance Information:

Insurance Company/Plan Name: _____

Insurance Company Billing address: _____

Policy/Identification (ID) Number: _____

Child's Member ID (if different): _____

Group #: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Policy Holder Address: _____

Policy Holder Phone Number: _____

Policy Holder Relationship to Child: _____

Other Insurance (if applicable):

Insurance Company/Plan Name: _____

Insurance Company Billing address: _____

Policy/ID Number: _____

Child's Member ID (if different): _____

Group #: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____

Policy Holder Address: _____

Policy Holder Phone Number: _____

Policy Holder Relationship to Child: _____

Medicaid Client Identification Number (CIN) (if applicable): _____

(2 letters, 5 numbers, 1 letter)

Parent/Legal Guardian's Signature

Date

Insurance information must be reviewed at least quarterly and at any time the child's insurance status changes.:

Insurance Information reviewed:	date _____	initials _____	no changes _____	new form _____
Insurance Information reviewed:	date _____	initials _____	no changes _____	new form _____
Insurance Information reviewed:	date _____	initials _____	no changes _____	new form _____
Insurance Information reviewed:	date _____	initials _____	no changes _____	new form _____
Insurance Information reviewed:	date _____	initials _____	no changes _____	new form _____

Child
Reference #:

Health Insurance
Tool Kit Item 5
Form B

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

PARENT ATTESTATION OF NO HEALTH INSURANCE - FORM B
(If applicable)

Child's Name: _____

Child's Date of Birth: _____

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

Parent/Legal Guardian's Signature

Date

Child
Reference #:

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

AUTHORIZATION TO RELEASE HEALTH INSURANCE INFORMATION

Pursuant to Section 2559(3)(c) of New York State (NYS) Public Health Law

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

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 New York State 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:

Parent/Legal Guardian's Signature: _____

Date Signed: _____

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

**INSTRUCTIONS FOR SERVICE COORDINATORS:
COLLECTING THE WRITTEN REFERRAL FROM PARENTS OR PRIMARY
HEALTH CARE PRACTITIONERS
[PHL § 2559(3)(a)]**

Background

It is the responsibility of the service coordinator to collect from the family the written referral from the child's primary care provider (PCP) to document medical necessity.

Public Health Law (PHL) § 2559(3)(a) requires a parent or legal guardian to provide the municipality and the service coordinator with a written referral from a primary care provider (e.g., physician, nurse practitioner, or physician's assistant) for eligible children, of the medical necessity of early intervention services.

This requirement:

- ***relates ONLY to eligible children for the purpose of claiming reimbursement for Early Intervention Program services,***
- ***applies only for services such as physical therapy, speech-language therapy, occupational therapy, and audiology, and does not apply to services such as service coordination and special instruction, which do not require a written referral, from a primary care provider); and***
- ***is NOT a requirement for children to receive Early Intervention Program services.***

Form

Included in the tool kit is a sample referral form (**Form D, *Written Referral from Primary Health Care Practitioner***) that can be used in communication with a child's primary health care practitioner when attempting to obtain a referral. This is a sample form only. The primary care provider may use their own referral form.

Procedure

During the initial home visit, the service coordinator is responsible to collect the child's health insurance information. Service coordinators must review health insurance information with the parent at least quarterly and update the health insurance information on the required forms and in the State Data System any time there are changes.

If the child has health insurance coverage, the service coordinator takes the following steps:

- The service coordinator discusses with parents the need to collect a written referral from the child's primary care provider for services authorized in the child's Individualized Family Service Plan to support medical necessity. Service coordinators can refer to the sample **Form D, *Written Referral from Primary Health Care Practitioner***, when explaining the need for this step to the parent.
- The service coordinator fills out the information in the top box of the referral form and lists the services which are on the child's Individualized Family Service Plan in the appropriate box towards the bottom of the form. If the parent is unable to collect the written referral from the primary health care provider, the service coordinator should facilitate the process by contacting the primary health care provider, with

parental consent, and forwarding the sample referral form to the primary health care provider. Follow up calls to the primary care provider may be needed to collect the written referral.

- Once the written referral form is signed and returned from the primary care provider:
 - The service coordinator documents this information in the State Data System.
 - The service coordinator informs the child's Early Intervention Program providers that a written referral has been obtained from the child's primary care provider to document medical necessity for claiming. This form can be sent to the provider upon request.
 - The service coordinator files and maintains the completed written referral form in the child's record.

Important Information

- The written referral should be obtained from the child's own primary care provider; however, if the child does not have a primary care provider, the referral may be obtained from any primary care provider 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 assistant.
- The written referral need only be obtained once per covered service. A written referral must be obtained for all service(s) (other than service coordination and special instruction) added to an individualized family service plan during the child's participation in the Early Intervention Program.
- An order for services, such as required in 10 NYCRR 69-4.11(a)(10)(ii), for fulfillment of an Individualized Family Service Plan, can be used to satisfy this requirement. An order for a specific service meets the primary care provider referral requirement for that service if it has been obtained from the child's primary care provider or, if the child does not have a primary care provider, any primary care provider who is familiar with the medical care and condition of the child.

If the family has health insurance coverage, please remember:

The service coordinator is responsible for ensuring the written referral from the child's primary care provider is obtained. The written referral is required for children with Medicaid or Medicaid managed care.

PLEASE NOTE: This written referral is not a requirement for service delivery, only for claiming. Services in the individualized family service plan must be provided to children and families even if a written referral from a primary care provider cannot be obtained. In such cases, the documentation in the child's file and service coordination notes should reflect that the written referral from the child's primary care provider could not be obtained. Under no circumstances should children be denied services or experience delays in services based on the requirement to obtain a written order of medical necessity from the primary health care provider.

Child's Reference#:

Health Insurance Tool Kit Item 8 Form D

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION
WRITTEN REFERRAL FROM PRIMARY HEALTH CARE PRACTITIONER
DOCUMENTATION OF MEDICAL NECESSITY
Pursuant to Section 2559(3)(a) of New York State Public Health Law

Table with 2 columns: Information (Child's Name, Parent/Guardian, Service Coordinator) and Child's Date of Birth/Phone Number.

Dear Primary Care Practitioner:

Pursuant to New York State Public Health Law Section 2559(3)(a), 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...

Patient Assessment and Relevant Medical History:

Empty rectangular box for patient assessment and medical history.

Diagnosis, including diagnosed condition or developmental delay and accompanying International Classification of Diseases (ICD) code(s), relating to the need for Early Intervention Program services:

Empty rectangular box for diagnosis and ICD code(s).

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

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

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

I understand that the early intervention 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 their Individualized Family Service Plan.

Practitioner Signature: (original) Date:
Practitioner Name (Print): Phone Number:
Practitioner Address:
NYS License Number: National Provider Identification Number:

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 services are carved out of Medicaid Managed Care. Therefore, Early Intervention Program 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 State Data System for claims to be billed/routed appropriately to Medicaid.

Service coordinators and municipalities must work together to ensure that accurate information is included in the State Data System and that any incorrect information regarding the child's policy information is corrected in the State Data System, if necessary, 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 health insurance and/or Medicaid coverage.

Service coordinators are responsible for reviewing and updating a child's health insurance information at least quarterly with families or at any time the family has a change in health insurance status. In the case of children enrolled in the Medicaid program, the service coordinator must obtain the child's Medicaid Client Identification Number (CIN) and enter this number into the State Data System for billing purposes. In addition, the service coordinator must verify Medicaid Managed Care Plan information for all children on their caseloads with Medicaid coverage. The information that is entered into the State Data System must be consistent with the information included in the eMedNY system.

Service coordinators may use 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.

Additionally, 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 insurance policy information for a child. This includes the primary 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 Client Identification Number (CIN) information AND the Medicaid Managed Care insurance company information MUST be documented in the State Data System. Maintain a copy of all completed forms in the child record and in the State Data System

For instructions on entering health insurance information into the State Data System, please refer to the User Manual and available Job Aids.

For more information about enrollment, exclusions, or general information on Medicaid Managed Care, please visit the New York State 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.