What to Do When…

A guide for service coordinators as they review the use of insurance and the family participation fee in Early Intervention

Scenario 1 - Family may be eligible for a waiver

The Austin family was referred to early intervention due to concerns about their son, Michael's motor skills. The family is comprised of Randy and Amanda (married), and Michael (6 months). Randy works for a local paint distributor and carries health insurance through his company for the family. Amanda is currently on medical leave. Randy's health insurance is through BCBS of Illinois and is an HMO plan. The family shared that they must get a referral for any specialists and that they are required to use BCBS HMO approved providers.

Things to consider in Scenario 1:

- Complete benefit verification immediately after intake. This is important to learn more about the plan and the network providers. (No consent is needed for this, but it is important to inform the family to have a copy of the front and back of their insurance card).
- Once the BV response is received, check to see if the plan is a traditional plan or an employer self-funded plan, in order to see if consent is needed.
- Search for EI enrolled providers available through the HMO network. If there are providers available, the family may see a reduction in their family fee contribution based on the amount the Central Billing Office (CBO) pays out for services.
- The family might qualify for a waiver if they must use HMO providers and there are no EI credentialed/enrolled providers or if the HMO enrolled/EI Provider is not available to start services within 15 days.
- Allowing the assignment of rights of insurance poses no risk at all to the family, but opens up the possibility for insurance to cover some of the costs of any services necessary, and allows the family to learn more about their plan.

Scenario 2 - Family has private insurance & a family fee

Ted and Susie are married with three children, ages 9, 7, and 2. Their son David (2 years) was referred to EI by his pediatrician. David is only saying approximately 20 words. His child care providers told his parents that David is having a hard time paying attention during circle time, and is having difficulty following directions and classroom routines. Both parents work outside of the home. Ted is in Education and carries the family's health insurance plan through an employee sponsored plan. Susie is a nurse at a Chicago Hospital. They have BCBS PPO with a $1500 family deductible, a $5000 out of pocket maximum, and $20 co-pays for doctor and specialist visits. When looking at the family fee schedule, Ted and Susie determined that they fall within the $1200 annualized fee that is broken down to $100 monthly installments.

Things to consider in Scenario 2:

- If the family consents to use private insurance and assignment of rights, it is possible their insurance may cover some or all of the EI services, which means EI would not pay out for direct services. This means the following:
    - The family fee owed at the end of the IFSP may be less than the calculated maximum as the family will never pay more than EI pays for service.
    - The maximum the family will pay for 12 months of service would be $1200 ($300 less than their deductible and no $20 copay for each visit).
    - EI will pay down the family's deductible, as it relates to EI billable services and at the rate of the negotiated rate of the insurance plan (example: Charge per service is $150. Negotiated rate is $110. Insurance EOB says family may owe $110 but since they participate in EI, the provider will accept the EI rate of $72.56 per session. The deductible is met quicker using the negotiated rate than the EI rate!).
    - Consider the time of year that the family comes into EI system. If it is early in the deductible year (typical calendar year), EI could help meet their deductible early so that they get more coverage for other healthcare services for the entire family.

Scenario 3 - Family potentially eligible for All Kids

Kevin was referred to EI due to concerns about his overall development as he is not yet walking, has only 3 words he uses consistently and is experiencing some difficulties around meal time. Kevin is 15 months old, and lives with his parents, Jeremy and Keona. Jeremy recently lost his job and stays at home with Kevin, while Keona works a part-time as a bank clerk. The family does not currently have any health insurance. When reviewing the All kids Screening, it appeared that the family may be eligible for All Kids due to their income.

Things to consider in Scenario 3:

We are asking them to consent, by signing the CFC Consent to Use PII and Bill Public Benefits consent form, to the following:

- Bill HFS for EI services, if eligible
- Share PII with HFS for Billing purposes, if eligible
- Share PII with HFS for Data Analyses and Care Coordination, if eligible

There are no drawbacks to consenting to use of and sharing PII.

- The lifetime benefit for anyone insured will not decrease
- Premiums will not be increased
- The family will not be paying for EI services that they would otherwise not have paid for

- If they are not eligible for EI or All Kids, public insurance will not be accessed or utilized nor will information be shared between agencies
- If family is All Kids eligible, EI may receive some partial reimbursement for the services rendered which helps sustain the system.

Scenario 4 - Family is eligible for All Kids upon EI referral

Mandy was referred to EI due to concerns with her speech development as she is 26 months and only saying single words. Mandy lives with her grandmother, Lucy (legal guardian), and her brother Nicholas, who is 4 years. Lucy works as a lab technician 3 days/week. Upon conducting the intake, the service coordinator learns that Lucy and her grandkids have All Kids for their primary health insurance.

Things to consider in Scenario 4:

There are no drawbacks to consenting to use of and sharing PII:

- The lifetime benefit for anyone insured will not decrease
- Premiums will not be increased
- The family will not be paying for EI services that they would otherwise not have paid for
- If they are not eligible for EI or All Kids, public insurance will not be accessed or utilized nor will information be shared between agencies

Scenario 5 - Family may be eligible for an exemption

The Davis family was referred to EI after the premature birth of their daughter, Rosie. She was born at 32 weeks gestation and was 3 pounds 1 ounce. Rosie remained in the hospital about 4 weeks due to breathing and feeding complications. She is now eating from a bottle and gaining weight, but continues to use an apnea monitor while sleeping. The family has concerns about Rosie's motor skills and vision.

The Davis family is comprised of Greg and Matina (married), Rosie (3 months), and her older brother Mickey (4 years). Greg and Matina both work outside the home; however they shared that their income fluctuates as they both work contractual positions on a project-to-project or client basis. The family shared that they are covered under a privately purchased, individual health insurance plan through BCBS of Illinois. The plan premium is $800 a month, with a $2500 family deductible, and 100% coverage for eligible services once the deductible has been met.

Things to consider in Scenario 5:

- The family might be eligible for an exemption due to the fact that they reported that their health insurance is a privately purchased, individual health insurance plan.

- Verify the benefits through benefit verification to confirm that their plan is a privately purchased individual plan.
- If the family choses to use their insurance, EI services could help meet the family deductible, allowing for more healthcare coverage for other family members or future medical visits. The family could decide to sign the CFC Acknowledgement to Decline Exemption for Tax Savings Account of they choose to utilize their private health insurance that meets the Exemption .