

INSURANCE CONCEPTS & FAMILY PARTICIPATION FEES

Early Intervention Central Billing Office

Family Participation Fees

CFC Manual Chapter 11

Fees are calculated as an ANNUAL fee.

Fees are assessed based on household size and income.

The annual participation fee assessed is billed to families in monthly level payments for budgeting purposes.

Family Participation Fees

CFC Manual Chapter 11

- The fee period will begin within the IFSP period per the first authorization entered that is subject to fees. Each IFSP period is a separate account and is billed to families separately.
- If the start date of the authorization is on the 15th or before the fee period will begin immediately.
- If the start date of the authorization is the 16th or after the fee period will begin the following month.

Family Participation Fees

CFC Manual Chapter 11

- Once the fee period is established it remains in effect until the end date of the IFSP or case closure.
- Please note that closing a case before the IFSP ends will result in the IFSP ending one day before the case closure date.
- If the IFSP end date is the 15th or before this month is not included in the overall annual fee and therefore no monthly installment will be due or accrue for the final month.

Family Participation Fees

CFC Manual Chapter 11

- When families have multiple children in the program they will only have one Family Fee account. One sibling is the group head where the billing will occur and the other sibling's accounts are grouped or tied to this account. When applicable the accounts must be grouped in order for the CBO system to bill the family appropriately.

Family Participation Fees

CFC Manual Chapter 11

- When discussing fees with families it is important to stress that it is an annual fee and inform them of their maximum out-of-pocket amount that is found on the Family Fee report-HSPR0778 generated from the system. The annual amount assessed is their fee.
- It is best practice to have families that have been assessed a fee to sign the Fee Payment Agreement form.

Family Participation Fees

Common misconceptions regarding fees:

Q: "I did not receive service this month so I don't owe this month"

A: Family Fee is a participation fee. There is a max due and it is billed in monthly installments to reach that max. Payments should be made.

Q: "I only got one service this month so my fee should be prorated"

A: Family fee is not prorated, it is an annual participation fee.

Family Participation Fees

Common misconceptions regarding fees:

Q: "My insurance said they would pay for the service so why am I being billed?"

A: Insurance billing is required unless there are waivers, exceptions or exemptions. The family has the option of waiting to pay FF, but be advised if EI becomes the payer, they will have a FF.

Q: "My Service Coordinator said I would be charged \$20 but I received a bill for \$60"

A: Has the family paid their monthly fee? If not they are being charged \$20 per the number of billed months.

Family Participation Fees

- Since the fee is based on annual amount it incorporates all services paid for by EI within the fee period.
- Therefore it does not matter what month or how many services occur. What is taken into account is the cost of those services.
- If Early Intervention is the payer of the service(s) rendered the family is helping to pay for those services since they are participating in the program.
- The monthly installment is a payment toward the overall annual fee.
- Overall the family will not pay more than their annual fee assessed.

Family Participation Fees

- The month to month bill can display more than the monthly level payment amount due if payment from previous bills has not been made.
- Insurance billing and fees- The CBO processes claims with insurance EOBs unless there is an exception. Therefore any amounts paid by EI- CBO is beyond the insurance use. EI is payer of last resort.
- If the insurance EOB indicated deductible or service not covered the claim will be paid by EI.
- In some cases the insurance may have covered the service initially but there was a yearly max on the service that has now been met.

Family Participation Fees

CBO Family Fee Invoices

- An Invoice represents the current IFSP/ Fee period.
- Once the fee period has been established the CBO will send the family an Invoice each month.
- If the CBO has not made any payments yet, the Invoice will display the current billed charge as not due however this amount can become due later.

Family Participation Fees

CBO Family Fee Invoices continued:

- Amounts billed but not paid carryover to the balance column.
- It is very common for the initial invoices to display no payment from CBO and no payment due from the family per that billing cycle.
- Best practice for families is to make their monthly level pay or be prepared to pay more than the monthly level payment.

Family Participation Fees

CBO Family Fee Statements:

- A Statement represents a prior IFSP/ Fee period.
- Families with multiple IFSPs would receive an Invoice for the current IFSP and a Statement for the prior IFSP.
- Fee account refunds- 9 months after the IFSP has ended if a credit is displaying on the Statement the parent can request a refund.

Family Participation Fees

Fee Account Credits:

- Requests for credits must be submitted to DHS. If approved DHS will forward the information to the CBO.
- Credits are usually given for the following reasons:
 1. Services began in a later month than when the fee period started.
 2. Services were not rendered in the last month of the IFSP.
 3. The case was not closed timely.
 4. It has been determined that the family should not have been billed for fees.
 5. It has been determined that the incorrect amount was assessed initially.

Family Participation Fees

(Example Billing Scenario A: Amount due more than level payment)

Monthly level payment \$100
Fee period 8 months 2/5/16-9/25/16
Annual Fee \$800

First month billed \$100, CBO paid \$0, Amount due \$0

Family pd.\$0-Balance \$100
Second month billed \$100---CBO paid \$0---Amount due \$0

Family pd.\$0- Balance \$200
Third month billed \$100, CBO paid \$250, Amount due \$250

Family Participation Fees

(Example Billing Scenario B: Monthly level payment due)

Monthly level payment \$20
Fee period 12 months 1/10/16-12/17/16
Annual Fee \$240

First month billed \$20, CBO paid \$0, Amount due \$0

Family pd.\$20-Balance \$0
Second month billed \$20,CBO paid \$0, Amount due \$0

Family pd.\$40- Balance \$0
Third month billed \$20, CBO paid \$145.12, Amount due \$20

Benefit Verification Process

Questions?

Insurance Concepts

Understanding Insurance Use in Early Intervention

Benefit Verification Process

Review Fax Coversheet for accuracy before submitting to CBO

- Be sure to double check the name and EI number are accurate or this can result in a BV being returned.
- When siblings are involved be sure to submit the appropriate information for each child for each sibling has their own file and record.
- Be sure all appropriate boxes are checked and any required attachments or other documentation is submitted.

Benefit Verification Process

CHILD AND FAMILY CONNECTIONS
FAX COVER SHEET FOR INSURANCE BENEFITS VERIFICATION REQUESTS/UPDATES

| | |
|--|--|
| Section 1: Complete this section completely | |
| To: Central Billing Office/COB Unit | From (Name): |
| Fax Number Sent to: 1-217-492-5602 | CFC #: Total Pages including cover: |
| Date: | Senders Phone: |
| Child's Name: | Child's EId: Insurance Plan Owner's Name: |
| Primary Care Physician Name: | Primary Care Physician Phone #: |
| Section 2: Benefits Verification Request | |
| Insurance benefits check for (check only applicable services): <input type="checkbox"/> PT <input type="checkbox"/> PT Group <input type="checkbox"/> ST <input type="checkbox"/> ST Group <input type="checkbox"/> OT <input type="checkbox"/> OT Group <input type="checkbox"/> SW <input type="checkbox"/> SW Group <input type="checkbox"/> NU <input type="checkbox"/> NU Group <input type="checkbox"/> Psych <input type="checkbox"/> Psych Group <input type="checkbox"/> ALL/ALL | Required Attachments - Enlarged insurance card copy (front and back) <input type="checkbox"/> |
| Location Required for all services identified above. Choose appropriate location for each or all services as indicated under Required Attachments. | <input type="checkbox"/> All Offsite <input type="checkbox"/> All Onsite <input type="checkbox"/> Other (specify): |
| Assistive technology benefits check <input type="checkbox"/> | Partial Offsite (check services) <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> Other (specify): |
| | Partial Onsite (check services) <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> OT <input type="checkbox"/> Other (specify): |
| | Enlarged insurance card copy <input type="checkbox"/> Copy of AT request cover page <input type="checkbox"/> |

Benefit Verification Process

| | |
|--|--|
| Section 3: Change/Update to current IFSP insurance information (not for Initial/Annual) | |
| Existing insurance Ended <input type="checkbox"/> | Date insurance reportedly ended: AND Any letters from insurance company, if available. |
| New/Different insurance Obtained <input type="checkbox"/> | Complete Sections 1 and 2 and include copy of card (front and back). If no card is available, complete the CFC Change of Insurance Notification form and submit along with this request. |
| CFC TRANSFER INFORMATION: Receiving CFC must submit new BV request if changing providers. | Receiving CFC #: Sending CFC #: |

Benefit Verification Process

| Section 4: Waiver / Exemption Request | Required Attachments |
|--|--|
| Pre-billing Waiver request <ul style="list-style-type: none">• Provider not available <input type="checkbox"/> | - Case note of conversation with Payee/Provider(contact person, date of contact, phone/ email) - Pre-Billing Insurance Waiver Request form completed |
| Pre-billing Waiver request (if not discovered and approved during initial BV) <ul style="list-style-type: none">• Provider not enrolled <input type="checkbox"/> | - Case note of conversation with Payee/Provider (contact person, date of contact, phone/ email) - Pre-Billing Insurance Waiver Request form completed |
| Pre-billing Waiver request NOTE: This waiver type is not applicable for offsite services <ul style="list-style-type: none">• Travel time/distance <input type="checkbox"/> | - Family is primary mode of transportation <input type="checkbox"/> AND - Address the family is traveling from <input type="checkbox"/> - Pre-Billing Insurance Waiver Request form completed |
| Exemption request (if not automatically discovered and exempted during initial BV): <ul style="list-style-type: none">• Individual purchased/non-group plan <input type="checkbox"/> | - Written documentation from insurance company stating plan is privately purchased AND not part of a group <input type="checkbox"/> |
| Exemption request <ul style="list-style-type: none">• Lifetime cap <input type="checkbox"/> | - Written documentation from insurance stating amount of lifetime cap <input type="checkbox"/> OR - Written documentation from insurance showing remaining amount of lifetime cap <input type="checkbox"/> AND - Conestoga authorizations <input type="checkbox"/> |
| Exemption request <ul style="list-style-type: none">• Automatically withdrawing Tax Savings Plan <input type="checkbox"/> | - Completed CFC Tax Savings Account Information Sheet <input type="checkbox"/> |
| New Payee Waiver request (not due to change of insurance): <ul style="list-style-type: none">• Change of Provider <input type="checkbox"/> (new Payee only) | - Case note indicating reason for change - Complete Section 2 AND follow procedures to maximize insurance. |
| Responding to CBO request | - Other <input type="checkbox"/> |

Benefit Verification Process

- Fax requests to 217-492-5602 or
- Email requests to insurance@cquest.us
 - Can also email with questions about BVs or waivers.
 - Processors may not accept requests submitted to their individual email.
- All forms for the BV process can be found on our website
 - <http://www.eicbo.info/cfcs/cfcs.htm>

Benefit Verification Process

Review BV Form immediately when returned by the CBO.

- If waivers or exemptions are issued a copy of that document must be given to the family and the providers.
- Any discrepancies or issues found regarding the completed including parent refusal of exemptions should be brought to the attention of the CBO immediately.
 - If family wishes decline exemption the "Acknowledgement to Decline Exemption" form must be signed by the family and submitted to the CBO.

Benefit Verification Process

- The purpose of the CBO BV process is to assist the CFC with provider selection in order for appropriate authorizations to be created, if possible identify any need for waivers or exemptions upfront and assist in determining overall insurance status.
- The BV form that is submitted to the CFC from the CBO should not be given to the provider because it deters them from conducting their own BV call to insurance as required. However in certain instances there is information on it that should be relayed to the provider.

Benefit Verification Process

- If there will be a response for more than one insurance company the information will be documented on separate BV forms for the purpose of clarity.
- A BV should be submitted:
 1. During Intake
 2. Within 30 days of the annual
 3. Upon notification of new insurance
 4. Upon notification of possible insurance termination
 5. To requests waivers or exemptions
 6. To respond to CBO requests for information
 7. To inform CBO of unique circumstances

Benefit Verification Process

REVIEW CBO INSURANCE BENEFIT VERIFICATION FORM

- A. Child Information
- B. Policy Holder Information
- C. Insurance Information
- D. Policy Information

Benefit Verification Process

REVIEW CBO INSURANCE BENEFIT VERIFICATION FORM
Policy Information continued:

1. Plan Type- HMO, PPO, POS, EPO (Other)
2. Annual Max/ Lifetime Max
 - Annual Max- A specified number of services could be covered based on medical necessity
 - Lifetime Max- If informed of cap on all or some services an exemption would be issued
3. Benefit Year
 - Calendar or contract
4. PCP Referral Required
 - Yes- The PCP name and phone number will be listed

Benefit Verification Process

REVIEW CBO INSURANCE BENEFIT VERIFICATION FORM
Policy Information continued:

5. Individual Plan (not part of a group)
 - Yes- Exemption will be approved
6. Self funded Group Plan
 - Family may decline insurance billing only if plan is a self funded group
7. Out of Network Benefits
 - Yes- Any EI provider can render service
 - No- Only EI providers in network

Benefit Verification Process

REVIEW CBO INSURANCE BENEFIT VERIFICATION FORM
Policy Information continued:

8. Medical Necessity
8. Pre-Certification Required
 - Yes-Providers are required to pre-cert before rendering services
9. Pre-Certification Requirements
 - Yes- See provider restrictions and/or comment section
11. Provider Restrictions/ If yes list
 - EI providers the PCP will refer to
 - Pre-cert requirements, phone numbers etc.
 - In network provider and EI enrolled provider list

Benefit Verification Process

REVIEW CBO INSURANCE BENEFIT VERIFICATION FORM

Policy Information continued:

12. Comment Section

- Indicate if there was an HRA/HSA account or not
- Indicate if out of network providers have an enrollment requirement
- Other pertinent information obtained during benefit call

Benefit Verification Process

Questions?

Benefit Verification Process

Rpulver@Cquest.us

Email with questions or for a copy of this presentation
