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## 1.0 PURPOSE AND SCOPE

- 1.1.1. This procedure provides instruction for Connecticut Birth to Three Programs to assist in the billing of private insurances to maximize revenue from insurance coverage of families and children receiving Birth to Three support and services under the Individuals with Disabilities Education Act (IDEA), Part C per The Birth to Three State Statute 17a-248g.

## 2.0 REFERENCES

### 2.1 Associated Documents

- 2.1.1. Form 1-3, Insurance Data Collection Form
- 2.1.2. System of Payments Video

### 2.2 Source Information

- 2.2.1. Connecticut Birth to Three Insurance Procedure, Revised Oct. 1, 2021.


## 3.0 INSTRUCTIONS

### 3.1 Insurance Billing Requirements

#### NOTE

The Connecticut Birth to Three System contracts out the processing of all direct service billing (billing contractor) for children who are covered by Medicaid and commercial insurance coverage.

- 3.1.1. Early Intervention Services (EIS) Programs **WORK** with billing contractor:
1. For receipt of payment.
  2. To maximize revenue from Medicaid and commercial insurance.
- 3.1.2. **ENSURE** parents are aware they are responsible for paying their insurance premiums.

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### 3.2 Insurance Pre/Prior Authorization (PA)

#### NOTE

Because The Connecticut Birth to Three System is covered by a state insurance statute and the Affordable Care Act, the number of Pre/Prior Authorizations (PA) that will be needed is expected to be small. Public Consulting Group (PCG) can make the determination if a claim is rejected because a PA is required, and that information will appear in Early Intervention (EI) Billing.

3.2.1. **IF** a claim is rejected because pre-authorization (PA) is required, **THEN RECEIVE** notification in Early Intervention (EI) Billing and **PERFORM** the following:

1. **CONTACT** carriers to determine what information is needed.
2. **SEND** necessary information to carriers.
3. **CONTINUE** providing EI support and services while claim is in process.
4. **USE** escrow payments to pay for claims that are rejected until Pre/Prior Authorization (PA) process is complete.

3.2.2. Lead Agency **MONITOR** use of escrow funds.

### 3.3 Form 1-3, Insurance Data Collection and Consent to Release Information


3.3.1. Prior to completing any reimbursable services, Early Intervention (EI) programs accurately **COLLECT** required information on Form 1-3, Insurance Data Collection Form.

3.3.2. **ENTER** insurance data in a timely manner.

1. **FILE** original form in child's record.

3.3.3. Lead Agency **MONITOR** the following:

- Input and management of insurance data
- Billing
- Maintenance of records

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3.3.4. **UNDERSTAND** Form 1-3, Insurance Data Collection Form, secures:

- Billing contractors
- Centers for Medicare & Medicaid Services (CMS)
- Family's insurance carrier(s)

3.3.5. **KNOW** billing contractor validates insurance policies based on data entered in The Birth to Three data system (SPIDER).

1. **IF** additional information is required to validate the insurance policy,  
**THEN KNOW** notifications will be in the billing contractor's web portal.

3.3.6. **KNOW** some insurance plans require Pre/Prior Authorization (PA), if possible.

1. **IF** a claim is denied due to PA requirements,  
**THEN KNOW** Birth to Three billing contractor assists in notifying programs.

3.3.7. EI Programs **WORK** with insurance carriers directly to provide additional information upon request, such as:

- Copy of the evaluation.
- Copy of Form 3-1, Individualized Family Service Plan (IFSP).
- Contact note.


#### 3.4 **Informed Consent to Use a Health Reimbursement Agreement (HRA) or a Health Savings Account (HSA)**

**NOTE**

Many families may not know whether they have a Health Reimbursement Agreement (HRA) or a Health Savings Accounts (HSA) and will not bill HRAs/HSAs without a family's informed consent.

3.4.1. Birth to Three System **OBTAIN** families informed consent prior to billing Health Reimbursement Agreement (HRA) or Health Savings Account (HSAs).

1. **KNOW** HSA owner determines whether claim is paid out of HSA or their own pocket.

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**NOTE**

Some Health Reimbursement Agreements (HRAs) and Health Savings Account (HSAs) have automatic options to pay the deductible portion of the claim, which is not in line with the Birth to Three policy of not collecting the deductible from the family. This is problematic to the program as they would be required to return the money if it were, paying the deductible.

3.4.2. Programs **UNDERSTAND** Birth to Three policy denies collecting health insurance deductibles from families.

1. **IF** HRA or HSA pays the deductible portion of claim,  
  
**THEN RETURN** money.
2. **REVIEW** Form 1-3, Insurance Data Collection Form and **INFORM** parents of right to revoke consent.


**3.5 Flexible Spending Accounts**

**NOTE**

Flexible Spending Accounts are sponsored by the parent's employer. It allows the parent to set aside "pre-tax" dollars for medical expenses. The account is managed by the parent 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. The potential could be to totally deplete the flexible spending account prematurely or to accidentally charge the family for co-pays, deductibles or unreimbursed claims.

3.5.1. Programs **DISCUSS** automatic withdrawal option of Flexible Spending Accounts with parent.

1. **ENSURE** parents deactivate automatic payment option or be aware of potential possibilities of depleting the flexible spending account.
2. **IF** automatic withdrawals occur with negative consequences,  
  
**THEN** programs **REIMBURSE** families.

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### 3.6 Insurance Payments Received by Families

**NOTE**

State law requires Connecticut insurance companies to reimburse for early intervention services provided by Early Intervention (EI) programs.

3.6.1. **IF** family receives reimbursement from insurance company for Early Intervention Services (EIS),

**THEN** Programs **RECEIVE** reimbursement from families per Form 1-3, Insurance Data Collection.

3.6.2. Programs **RECEIVE** alert in the Explanation of Benefits (EOB) that a family received an insurance check and did **NOT** reimburse the program.

1. **KNOW** Billing contractor may also be alerted.

### 3.7 Discounts Requested by Insurance Companies through Claims Processing Companies

3.7.1. Immediately upon receipt **FORWARD** any forms received from claims processing companies (e.g. MultiPlan or OmniClaim) requesting Birth to Three program to accept a discounted payment for Birth to Three claims to the billing contractor.

### 3.8 International Classification of Disease Diagnosis Codes (ICD10)

3.8.1. **ENSURE** International Classification of Disease Diagnosis Codes (ICD10) diagnosis codes are up to date and accurate for insurance.

3.8.2. **IF** the ICD 10 code is **NOT** listed in the drop-down list for Individualized Family Service Plan (IFSP) ICDs,


**THEN EMAIL** CTBirth23@ct.gov and **REQUEST** for it to be added.

3.8.3. **IF** children entering Birth to Three have an ICD Code valid for specific timeframe for insurance purposes,

**THEN** program **ADD** a new additional ICD code into the data system.

- P07 (Gestational Age) auto-eligible condition has time sensitive ICD code.

**END of Instructions**

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#### 4.0 REVISION HISTORY

Revision #	Description of Change
Original	New Human Factored Upgrade in New Template.
1	Remove 1.1.1 bullet, 3.1.1, #3 and #3a, 2.1.2, 2.1.3, and box note