Connecticut's Birth to Three System

How Using Insurance Helps Everyone
Billing Private or Public (Medicaid) Insurance Helps the Birth to Three System to Support More Families

- You will not be required to sign up for or enroll in Medicaid or private insurance programs in order to receive early intervention service (EIS) supports from Birth to Three programs.
- No personally identifiable information (PII) for the purpose of billing commercial insurance will be released without your consent.
  - The consent to share PII with Medicaid was included as part of the process when you enrolled in Medicaid.

**It is very important that the required forms to document your consent are completed before the eligibility evaluation is completed so please have them ready along with copies of your card(s).**

- If your insurance plan is covered under state insurance laws, the billing for services will not decrease the available annual or lifetime limits.
- If your insurance plan is not covered under state insurance laws and your plan decides to provide coverage, the plan may apply such payments against the maximum annual or lifetime limits of the policy unless this is prevented by federal legislation.
  - Your program will only bill this kind of "non-regulated" plan with your consent.
- Enrollment in Birth to Three will not adversely affect the availability of health insurance to you, your child or to other members of your family.
- You will not be required to pay an insurance company’s deductibles or co-pays as a result of using public benefits or private insurance to pay for services. The State will cover the co-payments and deductibles for plans including high deductible plans.
• Connecticut's Birth to Three Programs do not pay your insurance premiums. You are responsible for these costs. Billing regulated insurance plans cannot result in any increase in premiums or discontinuation of benefits for your child or your family.

• If you or your child are dually enrolled with private insurance and Medicaid, Connecticut will bill your private insurance first and then Medicaid for any balance remaining.

• You can withdraw your consent to bill insurance.

• If you do not provide consent to share information for billing insurance this may not be used to delay or deny any EIS supports for your child.

**What is the Process for Billing our Health Insurance?**

There is at least one form you will be asked to sign. Form 1-3 provides the necessary information to be used for billing and is where you consent to sharing your PII.

**IMPORTANT:** You will be asked whether your insurance plan is "self-funded" or from a company that does not have to conform to the Connecticut statues. PLEASE DO YOUR BEST TO FIND THE ANSWER BEFORE THE EVALUATION.

Some Examples Include Plans:

• written by companies that do not sell health insurance in CT
• self-funded by an employer, also called ERISA plans such as the State of Connecticut, large school districts or large corporations with over 1,000 employees

One of the best ways to find out if your plan follows CT insurance laws is to call your employer or your insurance company. If your plan does not have to follow the Connecticut Birth to Three insurance laws, then they may not pay. This will not affect the supports you receive. If they do pay, they might apply the payments for Connecticut Birth to Three services against annual or lifetime policy maximums. This is important!
You receive one or more Explanation of Benefits (EOB) forms from your insurer indicating a balance owed to Birth to Three. No need to worry - programs bill usual and customary rates and you are not responsible for the balance.

You receive an insurance reimbursement check directly from your insurance company for Birth to Three visits. Some insurance plans will only issue checks directly to members. When this happens you must sign the check over to your Birth to Three program. The insurance company will notify Birth to Three that they have sent you the payment.

You have a flexible spending account through your employer. If your employer has an automatic withdrawal option it is recommended that it not be activated while your child is enrolled in Birth to Three, since Birth to Three covers all co-pays and deductibles and they are not the parent’s responsibility.

If your plan does not follow the Connecticut laws, you will be asked to complete Form 1-3a along with Form 1-3. This authorizes payment while acknowledging that it may affect your child’s annual limits for services.

If you have a Health Savings Account or a Health Reimbursement Agreements (HSA or HRA), you will be asked to fill out Form 1-3-HSA. Some HSAs or HRAs have automatic options that will pay the deductible. This is not in line with the Birth to Three policy. We do not collect deductibles from families. Form 1-3-HSA indicates that you understand that the funds in your HSA/HRA will be used and your deductible has already been met. This may mean that you will have to call your insurance company to be sure.

Will there be any problems with billing my insurance?
Maybe....here are some issues you might run into

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FREQUENTLY ASKED QUESTIONS ABOUT BILLING

Q: I already pay state and federal taxes, so why do I have to use insurance for early intervention supports?

A: It is important that the system can support all families like you who have an infant or toddler with developmental delays or disabilities. Using every possible resource like insurance helps us do that without putting a burden on taxpayers.

Q: My ERISA plan is interested in covering Early Intervention Services - how can I help convince them?

A: Share this brochure with them or the HR department at your employer! Explain that helping families benefits everyone in CT.

Q: I was told the evaluation for my child is at no cost. Why are you billing my insurance company?

A: The evaluation is provided at no cost to you as a family but with permission to share PII, EIS programs are required to bill for the evaluation as one of the part of early intervention services. Evaluations are often covered.

Q: Where does my money and insurance payments go? My insurance EOB’s make it seem like the people coming into my home are getting lots and lots of payments.

A: Birth to Three programs are paid on a fee for service model and those payments support staff time and travel and supplies. Often this real cost is more than the insurance payment.

Q: What can I do to encourage my private insurance to cover early intervention services?

A: Your employer (or you) are the customer for the insurance company. The benefits offered are part of the plan that is negotiated. Talk with who ever makes those decisions and tell them about your child. Help them to understand that early intervention supports help the family and the community as a whole and are worth the investment!