Is my child's health insurance an ASO*?

No

Is my child's health insurance a Commercial Insurance Plan or HMO issued in New York State?**

Yes:
Your child's health insurance is considered a **New York State Non-Regulated** health insurance plan.

See page 3 for more information on ASO.

Yes:
Your child's health insurance is considered a **New York State Regulated** health insurance plan.

Consent to Bill:
Written Consent to Bill is NOT required.
See page 2 for more information.

No

Are my child's benefits covered under a plan issued OUTSIDE of New York State?

No:
Your child's health insurance may be a Muni-coop/MCHBP and treated as **New York State Regulated** health insurance plan.

Yes:
Your child's health insurance is considered a **New York State Non-Regulated** health insurance plan.

Consent to Bill:
Written Consent to Bill IS required.
See page 2 and 3 for more information.

Work with your Service Coordinator to obtain the answers from your child's health insurance for the following questions:

1. **Do the benefits covered include *[insert specific therapy here]?*** *(Ask about specific benefits such as occupational, physical, or speech therapy, mental health, etc. rather than "Early Intervention" benefits)*
2. **Are there annual visit limits for these covered benefits and what are those limits? If YES, how will these limits impact my child's available visits during this plan year?**
3. **Are there any Lifetime Benefit Maximum Limits and what are they?** *(This can be either a monetary or visit limit, and may also be referred to as a "Lifetime Cap")*
4. **Are there annual dollar limits on my child's EI Benefits and what are they? If YES, will this limit impact available services for my child or anyone else in my family?** *(Under the ACA, common EI services such as OT, PT, and speech therapy cannot have annual and/or lifetime dollar limits)*
5. **Are there any benefits to me or my family if I grant consent to bill this insurance for my child's EI services?** *(For example, will the EI claims count towards my deductible so that my family may begin using our benefits sooner?)*

Should I provide Consent to Bill?

My child's health insurance is considered a **New York State *NON-REGULATED*** health insurance plan.

Consent to Bill:

Because your child's health insurance is a **NYS Non-Regulated** health insurance plan, your child's and family's non-EI benefits may or may not be affected when your plan is billed for EI services.

To determine if your child's or family's benefits would be affected by providing Consent to Bill, work with your service coordinator to speak with your child's health insurance plan.

If your child's plan is an ASO, you can check your plan documents and/or speak with your employer or your plan administrator to determine the effect providing Consent to Bill would have.

WRITTEN Consent to Bill is required to bill your **NYS Non-Regulated** health insurance plan.

*Please note: You should provide your Service Coordinator with your child's insurance information even if you do not provide Consent to Bill. Please be aware that this insurance cannot be billed unless **WRITTEN** Consent is provided. It is strictly for the purpose of accurate record keeping practices and billing of MEDICAID, if applicable.*

My child's health insurance is considered a **New York State *REGULATED*** health insurance plan.

Consent to Bill:

There are laws and protections in place to ensure your child's and family's health insurance benefits are not adversely affected when billed for EI services.

There is no requirement that you provide affirmative consent to bill your **NYS Regulated** health insurance plan.

There is no benefit to you declining to provide your insurance information to the Early Intervention Program via your Service Coordinator.

***ASO:** A group health self-insurance program often used by large employers. The employer assumes responsibility for all risk and purchases only administrative services from the insurer.*

****HMO:** An HMO is a form of managed care in which services are provided through a restricted network of providers. Enrollment in an HMO requires the selection of a primary care physician (pediatrician/family doctor) who may refer your child to specialists for health services.*

***** **Muni-coop/MCHBP:** Municipal Cooperative Health Benefit Plan often referred to as a muni-coop. These are plans funded by municipalities or school districts in order to share - in whole, or in part - the cost of self-funding employee health plans.*

More information about the Affordable Care Act (ACA) requirements:

The Affordable Care Act (ACA) requires non-grandfathered individual policies and small group health insurance plans to cover Essential Health Benefits (EHB) if they are sold through or outside of a Health Insurance Exchange.

Although self-insured, large group plans and grandfathered small group plans are not required to cover EHB, those that choose to cover EHB cannot impose any annual or lifetime dollar maximums on those benefits. However, these plans are permitted to impose non-dollar limits such as day or visit limits, consistent with other guidance, on EHB as long as they comply with other applicable statutory provisions. Additionally, plans may impose dollar limits on non-EHB.

The prohibition on annual and lifetime dollar limits on EHB applies to both grandfathered and non-grandfathered plans.

What Common EI Services may be Considered Essential Health Benefits?

Essential Health Benefits (EHB) as defined in New York State include:

- Habilitation services and devices – These help a person keep, learn, or improve skills and functioning for daily living. These services consist of physical therapy, speech therapy, and occupational therapy in the outpatient department of a facility or in a health care professional's office.
- Mental Health services/behavioral health treatment – This includes services related to the diagnosis and treatment of mental, nervous, and emotional disorders. Based on the State benchmark plan, this may include Applied Behavioral Analysis: the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.
- Rehabilitative services and devices – These help a person keep, learn, or improve skills and functioning for daily living that have been lost or impaired by sickness or disability. These services consist of physical therapy, speech therapy, and occupational therapy in an inpatient and/or outpatient setting.

Should I give consent to bill my Administrative Services Only (ASO) health plan?

While the rules for your ASO plan may be complex, you should consider the following as you decide whether to grant consent to bill your plan.

- The Affordable Care Act (ACA) does NOT require ASO plans to cover services or equipment that would be considered Essential Health Benefits (EHB).
  - However if your ASO plan chooses to cover EHB, your ASO CANNOT have any annual or lifetime dollar limits on these EHB. But your ASO may have annual or lifetime dollar limits on benefits that are not EHB.
  - And your ASO plan may choose to have visit limits on EHB if they comply with other ACA requirements including selecting a benchmark plan.
  - Is your ASO required to follow the benchmark plan requirements selected by the state where your ASO was issued? No. However, if your ASO plan chooses to cover any benefits defined as an EHB, your ASO must select a benchmark plan; for example, an employer based in New York could define EHB for its ASO—for purposes of lifetime and annual limits—in accordance with the EHB standards in any other state.