New York Department of Health
Bureau of Early Intervention
State Fiscal Agent

Training 103, Part 1:
Accurate Insurance Information Collection

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Purpose

To increase the understanding of the insurance collection and verification process for Early Intervention billing and claiming.

- Identify and discuss the steps to obtain a child’s insurance information
- Identify and describe resources available to obtain and verify a child’s insurance information
- Define New York State Regulated and Non-Regulated insurance
- Discuss how to determine if a child’s insurance plan is New York State Regulated or Non-Regulated
- Describe how to utilize the Service Coordination Tool Kit to capture a child’s insurance information for Early Intervention billing and claiming

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How to obtain a child’s insurance information…

Use the **Collection of Insurance Form** to assist in gathering accurate insurance information when meeting with a child’s family.

The **Collection of Insurance Form** should be reviewed at every Individualized Family Service Plan (IFSP) meeting and a new one completed when there has been a change to insurance information.

A **Notice of Parent Declination to Provide Insurance Information to the Early Intervention Program Form** must be completed by the Service Coordinator when a family declines to give insurance information.

The completed form must be sent to:

New York State Department of Health
Bureau of Early Intervention
Corning Tower, Room 287
Albany, NY 12237
Fax No: 518-486-1090

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How to obtain insurance information…

Important Questions

- Request to see all active medical coverage insurance cards
- Is insurance from a parent/guardian's employer?
    - If yes, ask the parent for their first and last name, date of birth, and name of the employer.
- Ask the child's family to verify the child's gender, date of birth and correct spelling of the child's first and last name.

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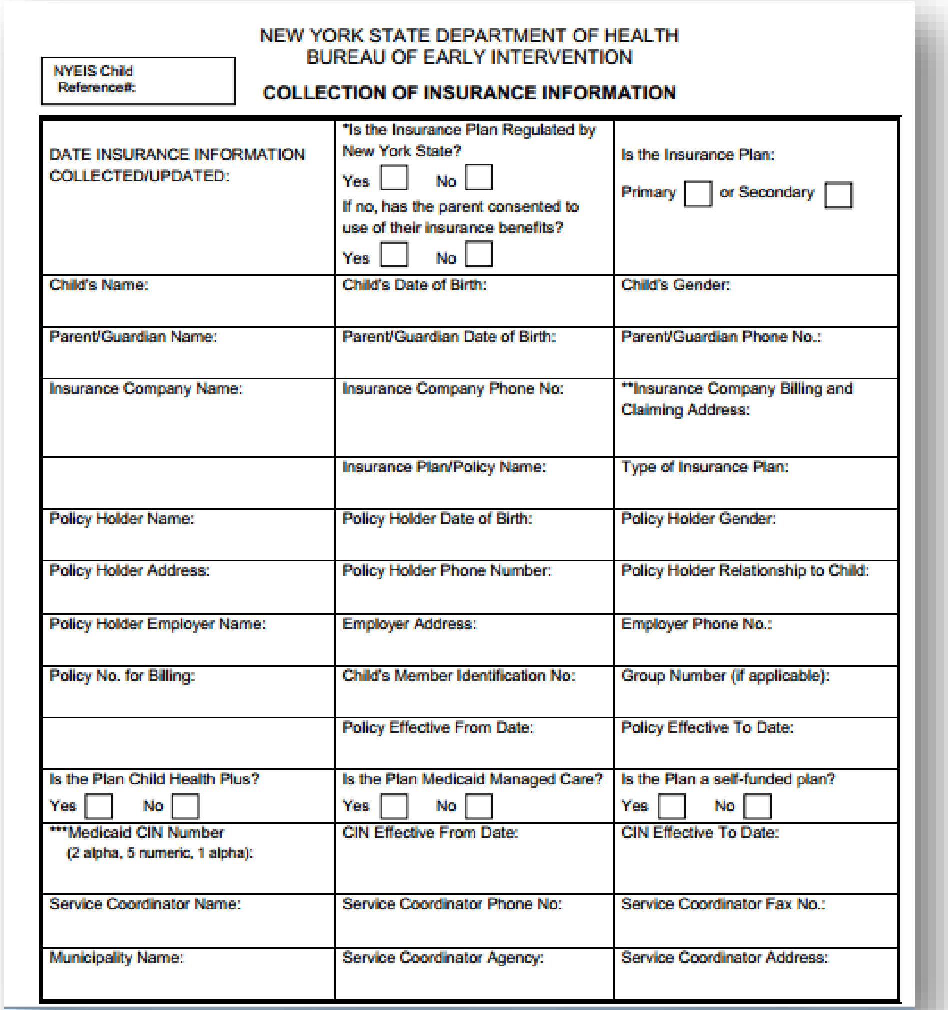
IMPORTANT

Please do not use smartphones, cell phones, tablets, portable scanners, or any other personal electronic devices to capture a child's personal and/or insurance information.

Email bei@health.state.ny.us for additional guidance.

Collection of Insurance Information



NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

NYEIS Child Reference#:

COLLECTION OF INSURANCE INFORMATION

DATE INSURANCE INFORMATION COLLECTED/UPDATED:	*Is the Insurance Plan Regulated by New York State? Yes ☐ No ☐ If no, has the parent consented to use of their insurance benefits? Yes ☐ No ☐	Is the Insurance Plan: Primary ☐ or Secondary ☐
Child's Name:	Child's Date of Birth:	Child's Gender:
Parent/Guardian Name:	Parent/Guardian Date of Birth:	Parent/Guardian Phone No.:
Insurance Company Name:	Insurance Company Phone No:	**Insurance Company Billing and Claiming Address:
	Insurance Plan/Policy Name:	Type of Insurance Plan:
Policy Holder Name:	Policy Holder Date of Birth:	Policy Holder Gender:
Policy Holder Address:	Policy Holder Phone Number:	Policy Holder Relationship to Child:
Policy Holder Employer Name:	Employer Address:	Employer Phone No.:
Policy No. for Billing:	Child's Member Identification No:	Group Number (if applicable):
	Policy Effective From Date:	Policy Effective To Date:
Is the Plan Child Health Plus? Yes ☐ No ☐	Is the Plan Medicaid Managed Care? Yes ☐ No ☐	Is the Plan a self-funded plan? Yes ☐ No ☐
***Medicaid CIN Number (2 alpha, 5 numeric, 1 alpha):	CIN Effective From Date:	CIN Effective To Date:
Service Coordinator Name:	Service Coordinator Phone No:	Service Coordinator Fax No.:
Municipality Name:	Service Coordinator Agency:	Service Coordinator Address:

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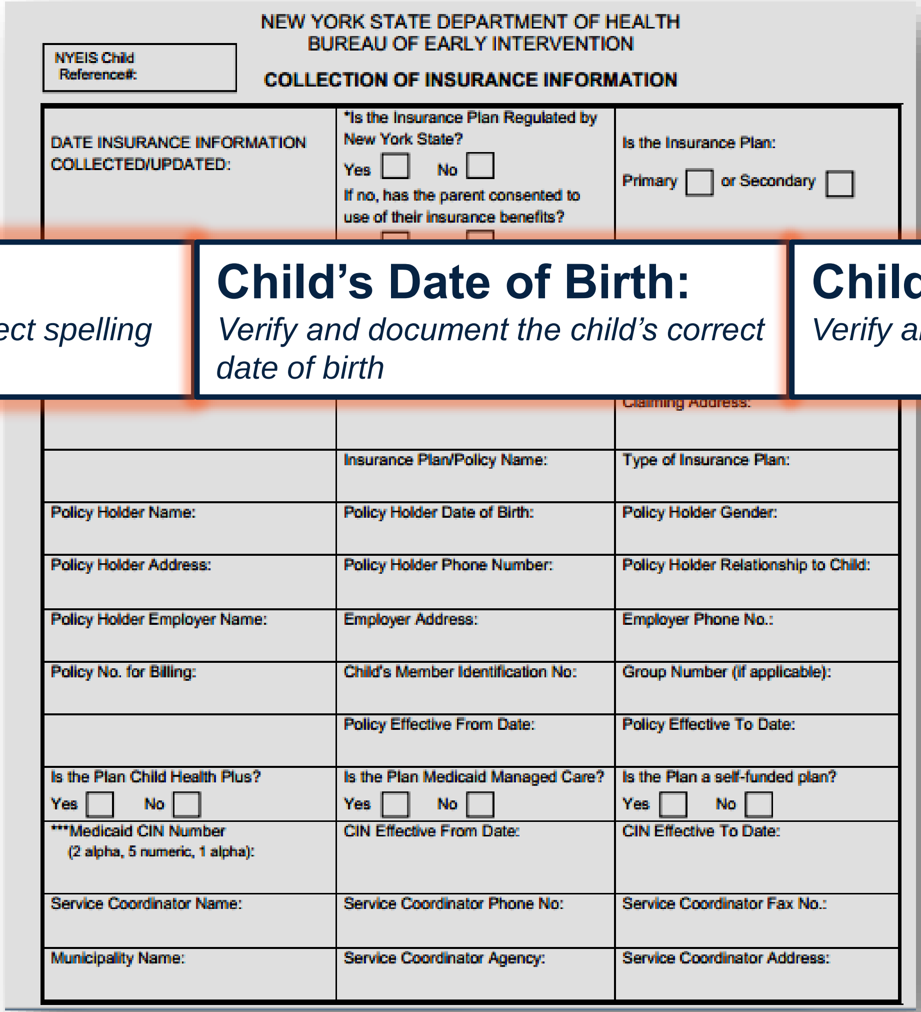
Collection of Insurance Information



NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

NYEIS Child Reference#:

COLLECTION OF INSURANCE INFORMATION

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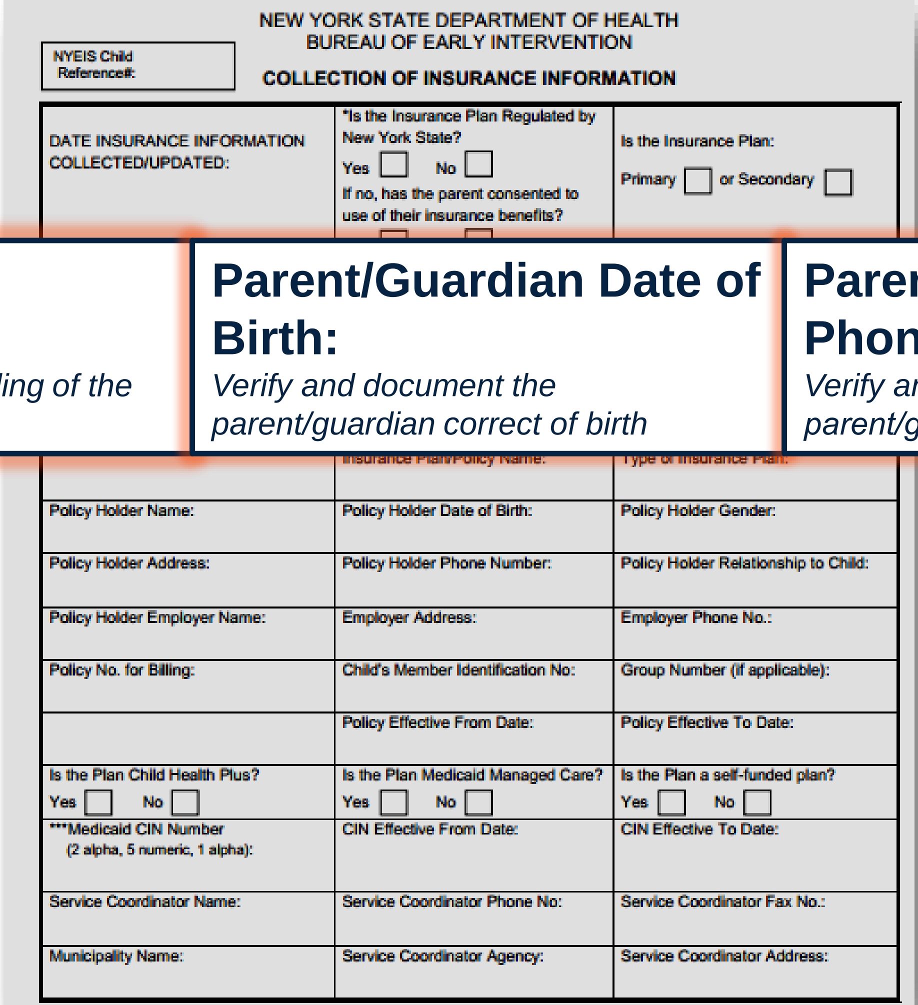
		Claiming Address:
	Insurance Plan/Policy Name:	Type of Insurance Plan:
Policy Holder Name:	Policy Holder Date of Birth:	Policy Holder Gender:
Policy Holder Address:	Policy Holder Phone Number:	Policy Holder Relationship to Child:
Policy Holder Employer Name:	Employer Address:	Employer Phone No.:
Policy No. for Billing:	Child's Member Identification No:	Group Number (if applicable):
	Policy Effective From Date:	Policy Effective To Date:
Is the Plan Child Health Plus? Yes ☐ No ☐	Is the Plan Medicaid Managed Care? Yes ☐ No ☐	Is the Plan a self-funded plan? Yes ☐ No ☐
***Medicaid CIN Number (2 alpha, 5 numeric, 1 alpha):	CIN Effective From Date:	CIN Effective To Date:
Service Coordinator Name:	Service Coordinator Phone No:	Service Coordinator Fax No.:
Municipality Name:	Service Coordinator Agency:	Service Coordinator Address:

Child's Name:
Verify and document the correct spelling of the child's full name

Child's Date of Birth:
Verify and document the child's correct date of birth

Child's Gender:
Verify and document female or male

Collection of Insurance Information



NYEIS Child Reference#:

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

COLLECTION OF INSURANCE INFORMATION

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	Insurance Plan/Policy Name:	Type of Insurance Plan:
Policy Holder Name:	Policy Holder Date of Birth:	Policy Holder Gender:
Policy Holder Address:	Policy Holder Phone Number:	Policy Holder Relationship to Child:
Policy Holder Employer Name:	Employer Address:	Employer Phone No.:
Policy No. for Billing:	Child's Member Identification No:	Group Number (if applicable):
	Policy Effective From Date:	Policy Effective To Date:
Is the Plan Child Health Plus? Yes ☐ No ☐	Is the Plan Medicaid Managed Care? Yes ☐ No ☐	Is the Plan a self-funded plan? Yes ☐ No ☐
***Medicaid CIN Number (2 alpha, 5 numeric, 1 alpha):	CIN Effective From Date:	CIN Effective To Date:
Service Coordinator Name:	Service Coordinator Phone No:	Service Coordinator Fax No.:
Municipality Name:	Service Coordinator Agency:	Service Coordinator Address:

Parent/Guardian Name:
Verify and document the spelling of the first and last name

Parent/Guardian Date of Birth:
Verify and document the parent/guardian correct of birth

Parent/Guardian Phone No:
Verify and document the parent/guardian's telephone #

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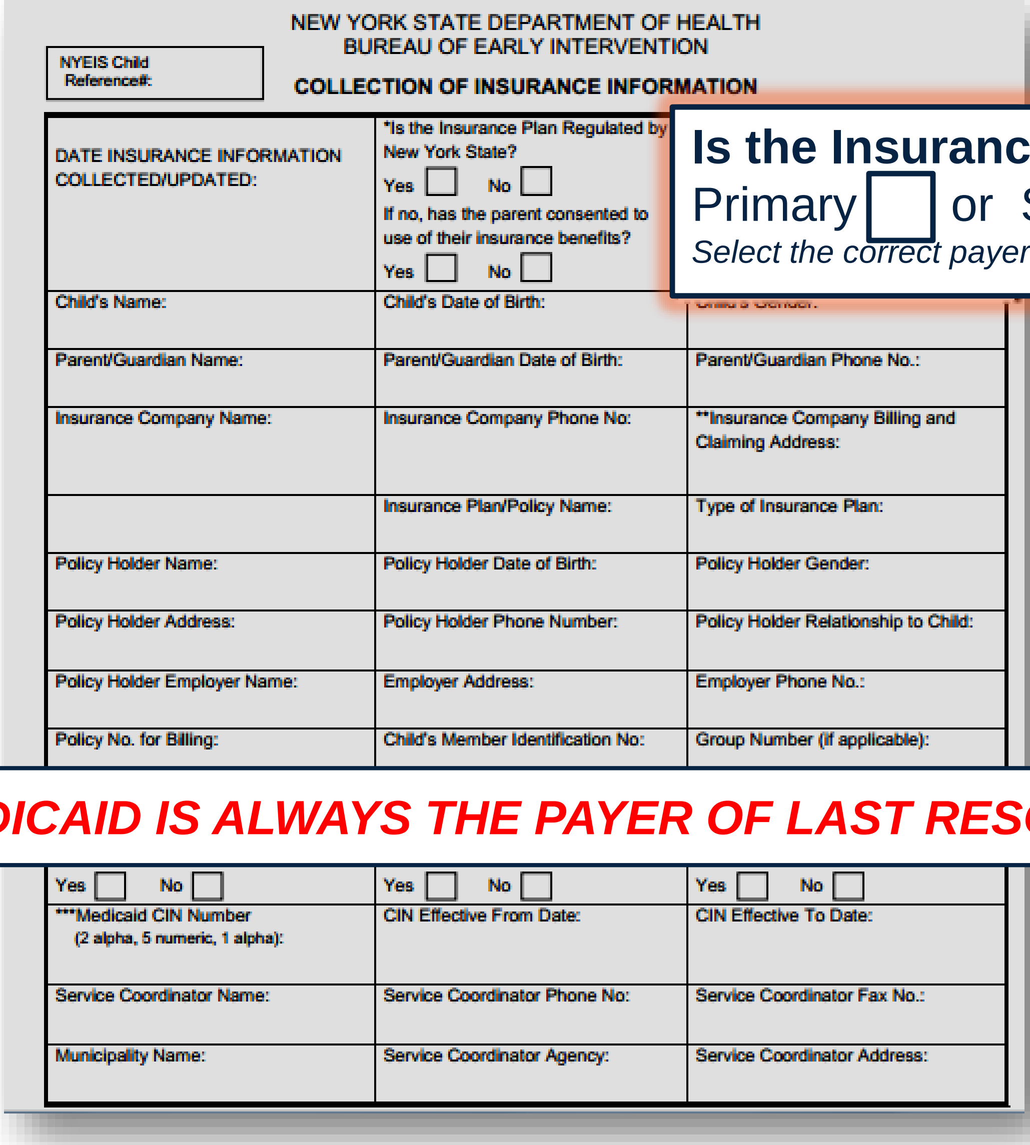
Collection of Insurance Information



NYEIS Child Reference#:

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

COLLECTION OF INSURANCE INFORMATION

DATE INSURANCE INFORMATION COLLECTED/UPDATED:	*Is the Insurance Plan Regulated by New York State? Yes ☐ No ☐ If no, has the parent consented to use of their insurance benefits? Yes ☐ No ☐	
Child's Name:	Child's Date of Birth:	Child's Gender:
Parent/Guardian Name:	Parent/Guardian Date of Birth:	Parent/Guardian Phone No.:
Insurance Company Name:	Insurance Company Phone No:	**Insurance Company Billing and Claiming Address:
	Insurance Plan/Policy Name:	Type of Insurance Plan:
Policy Holder Name:	Policy Holder Date of Birth:	Policy Holder Gender:
Policy Holder Address:	Policy Holder Phone Number:	Policy Holder Relationship to Child:
Policy Holder Employer Name:	Employer Address:	Employer Phone No.:
Policy No. for Billing:	Child's Member Identification No:	Group Number (if applicable):

Is the Insurance Plan:
Primary ☐ or Secondary ☐
Select the correct payer sequence

MEDICAID IS ALWAYS THE PAYER OF LAST RESORT

Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
***Medicaid CIN Number (2 alpha, 5 numeric, 1 alpha):	CIN Effective From Date:	CIN Effective To Date:
Service Coordinator Name:	Service Coordinator Phone No:	Service Coordinator Fax No.:
Municipality Name:	Service Coordinator Agency:	Service Coordinator Address:

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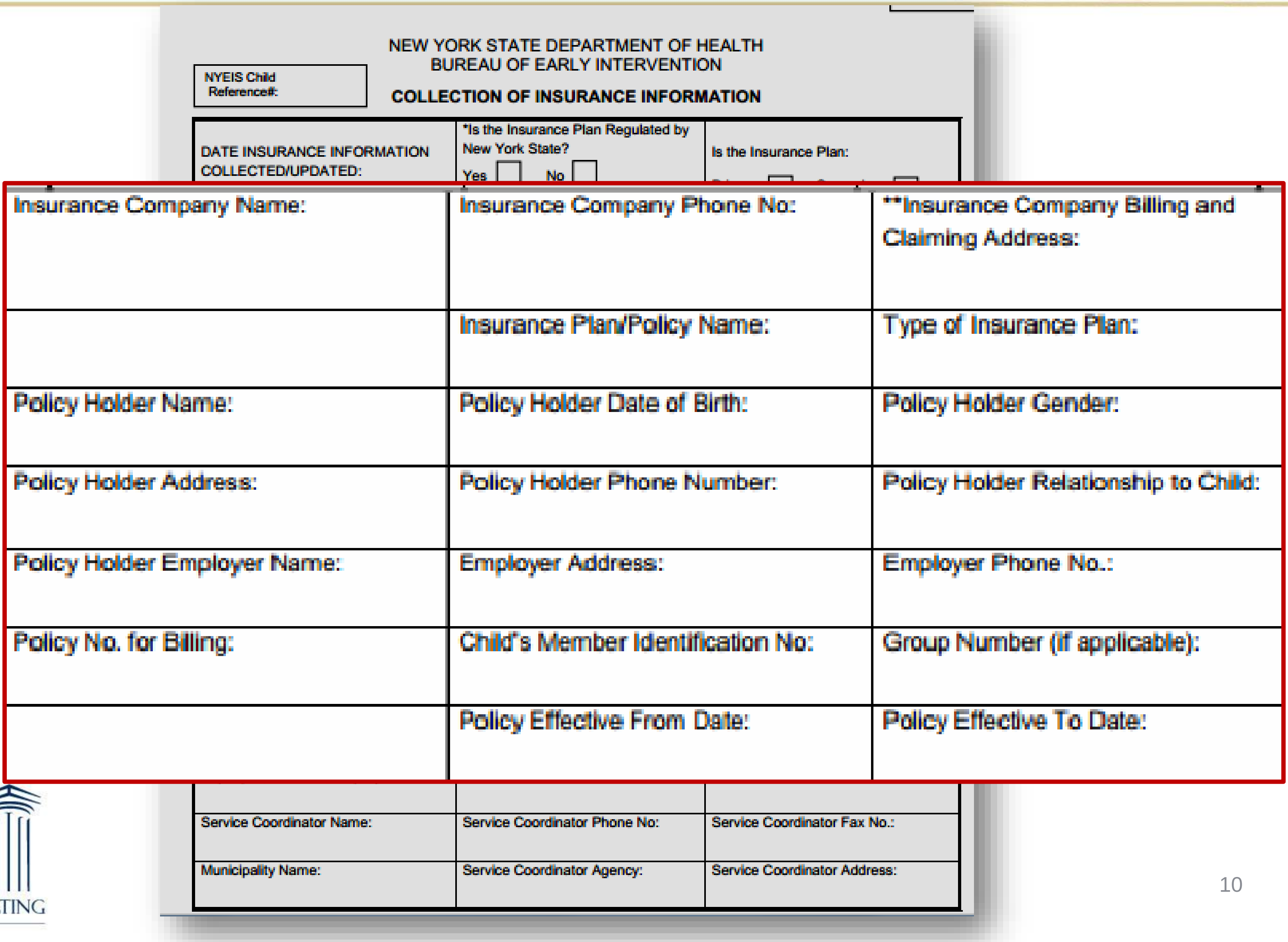
Collection of Insurance Information



NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

NYEIS Child Reference#:

COLLECTION OF INSURANCE INFORMATION

DATE INSURANCE INFORMATION COLLECTED/UPDATED:	*Is the Insurance Plan Regulated by New York State? Yes ☐ No ☐	Is the Insurance Plan:

Insurance Company Name:	Insurance Company Phone No:	**Insurance Company Billing and Claiming Address:
	Insurance Plan/Policy Name:	Type of Insurance Plan:
Policy Holder Name:	Policy Holder Date of Birth:	Policy Holder Gender:
Policy Holder Address:	Policy Holder Phone Number:	Policy Holder Relationship to Child:
Policy Holder Employer Name:	Employer Address:	Employer Phone No.:
Policy No. for Billing:	Child's Member Identification No:	Group Number (if applicable):
	Policy Effective From Date:	Policy Effective To Date:

Service Coordinator Name:	Service Coordinator Phone No:	Service Coordinator Fax No.:
Municipality Name:	Service Coordinator Agency:	Service Coordinator Address:

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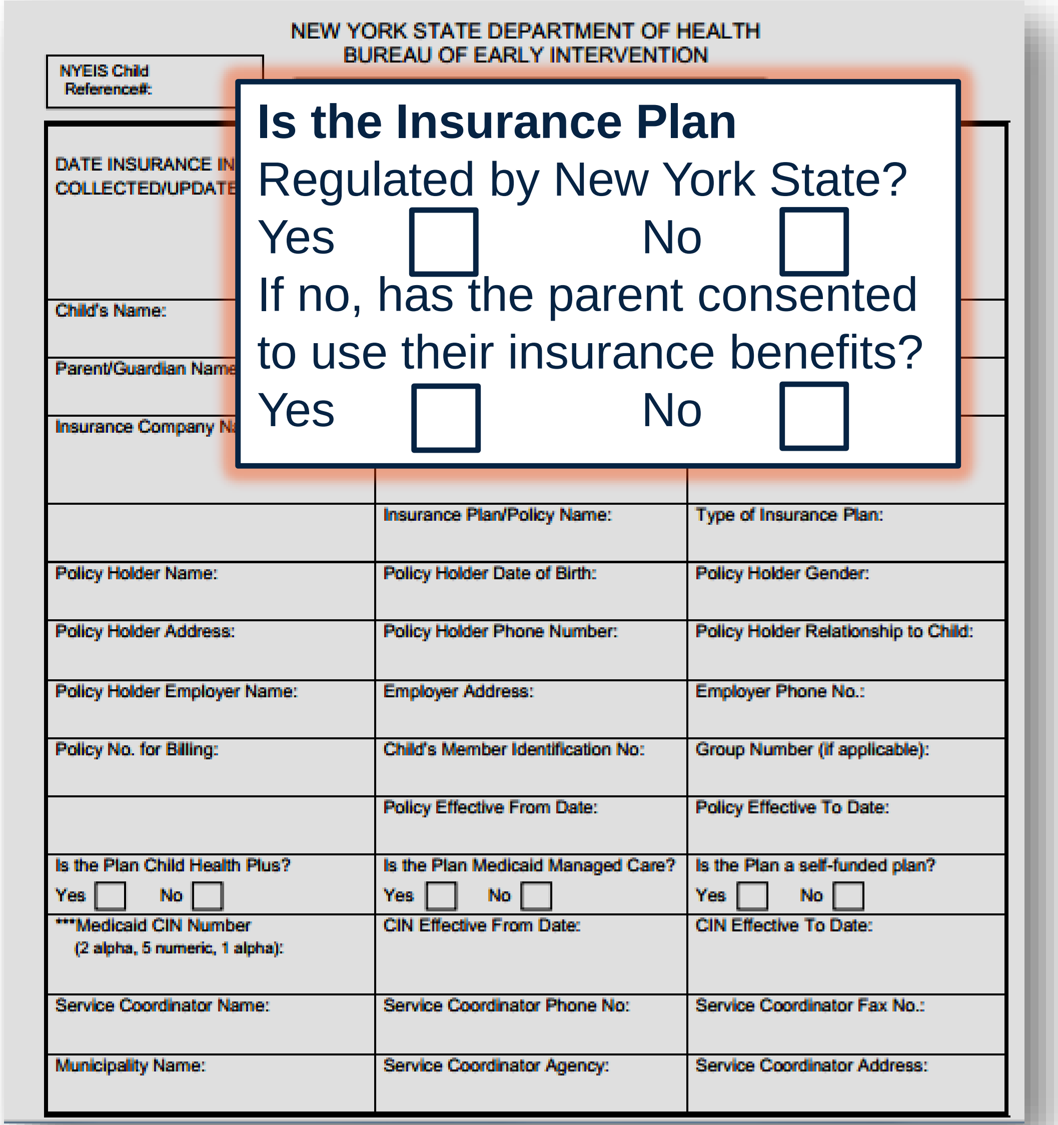
Collection of Insurance Information



NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EARLY INTERVENTION

NYEIS Child Reference#:

DATE INSURANCE IN COLLECTED/UPDATE		
Child's Name:		
Parent/Guardian Name		
Insurance Company N		
	Insurance Plan/Policy Name:	Type of Insurance Plan:
Policy Holder Name:	Policy Holder Date of Birth:	Policy Holder Gender:
Policy Holder Address:	Policy Holder Phone Number:	Policy Holder Relationship to Child:
Policy Holder Employer Name:	Employer Address:	Employer Phone No.:
Policy No. for Billing:	Child's Member Identification No:	Group Number (if applicable):
	Policy Effective From Date:	Policy Effective To Date:
Is the Plan Child Health Plus? Yes ☐ No ☐	Is the Plan Medicaid Managed Care? Yes ☐ No ☐	Is the Plan a self-funded plan? Yes ☐ No ☐
***Medicaid CIN Number (2 alpha, 5 numeric, 1 alpha):	CIN Effective From Date:	CIN Effective To Date:
Service Coordinator Name:	Service Coordinator Phone No:	Service Coordinator Fax No.:
Municipality Name:	Service Coordinator Agency:	Service Coordinator Address:

Is the Insurance Plan
Regulated by New York State?
Yes ☐ No ☐
If no, has the parent consented to use their insurance benefits?
Yes ☐ No ☐

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What is Regulated and Non-Regulated?

Regulated insurance plans are overseen by the New York State Department of Financial Services and are subject to New York State Insurance Law with regard to the Early Intervention Program.

Non-Regulated insurance plans are NOT overseen by the New York State Department of Financial Services and are NOT subject to New York State Insurance Law with regard to the Early Intervention Program.

For a list of NYS Regulated and Non-Regulated insurance plans: https://support.eibilling.com/KB/a131/regulated-insurers-list.aspx

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How to Determine if an Insurance Plan is Regulated or Non-regulated by NYS Insurance Law

Helpful Information Prior to Calling a Payer

- Plans that are issued or written outside of New York State are **NOT** regulated by NYS Insurance Law
- Blue Cross/Blue Shield plans that are issued or written outside of NYS are **NOT** NYS regulated insurance, even though the claims are sent to the local address for processing
- Health Saving Plans, Health Spending Accounts, Flex Spending Accounts, and Health Reimbursement Accounts are **NOT** insurance health plans
- Self-funded plans are **NOT** regulated by NYS Insurance Law (*except if listed on the NYS Regulated Health Insurance Providers List*)
- Child Health Plus Programs **ABIDE** by the protections of NYS Insurance Law

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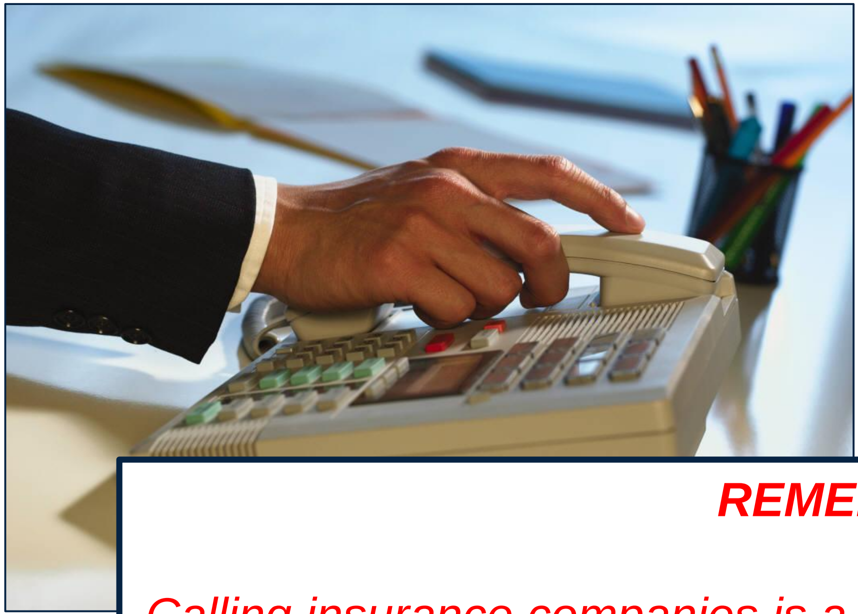
How to Determine if an Insurance Plan is Regulated or Non-regulated by NYS Insurance Law



When calling the insurance company select the “Non-Member” option or follow the prompts to speak to a representative.

REMEMBER!

Calling insurance companies is a billable service coordinator activity, as long as you speak to a representative.

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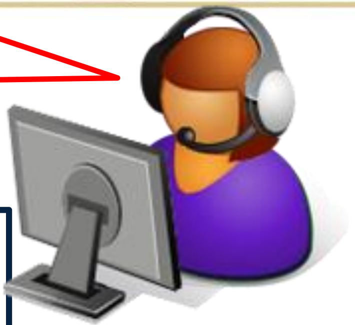
How to Determine if an Insurance Plan is Regulated or Non-regulated by NYS Insurance Law

“Is the insurance plan a fully insured policy issued in the State of New York?”



“Yes, the insurance plan is a fully insured policy issued in the State of New York.”

Insurance Plan is Regulated
Ask the representative for a correspondence address to send
Request for Coverage Form

“No, the insurance plan is NOT a fully insured policy issued in the State of New York.”

Insurance Plan is NYS Non-Regulated

Once again,

Calling insurance companies is a billable service coordinator activity, because you spoke to a representative.

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How to Determine if an Insurance Plan is Regulated or Non-regulated by NYS Insurance Law

The following is information received from some insurers regarding statements contained on their ID cards that would identify insurance plans that are self-funded and, therefore, NOT regulated.

Excellus – **For self-funded plans**, on the back of the ID card under the phone numbers is language that states Excellus BlueCross BlueShield, an independent licensee, provides Administrative Claims payment services only.

Empire – **For self-funded plans**, Healthchoice/Empire Healthchoice cards will have information similar to what is described above for Excellus.

MVP – **For self-funded plans**, an Employer group logo is included on the card along with the MVP logo. For example, the ID card will include the GE or IBM logo.

CDPHP – **For self-funded plans**, an Employer group logo is included on the card along with the CDPHP logo. ‘CDPHN’ is typically the sign indicating a self-funded plan.

United Healthcare – **For self-funded plans**, the ID card has the words “Administered by”. The ID card has the words “Insured by” for fully insured insurance plans.

Independent Health – **For self-funded plans**, the ID card describes coverage as “self-funded.”

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After Insurance Plan is Determined to be Regulated or Non-Regulated

REGULATED INSURANCE PLAN

- *Authorization To Release Health Insurance Information*
- *Parent Letter Regarding Regulated Insurance*

NON-REGULATED INSURANCE PLAN

- *Authorization To Release Health Insurance Information*
- *Parent Letter Regarding Non-Regulated Insurance*
- *Consent to Bill Non-Regulated Insurance*

All signed forms must be given to EI providers serving the child or uploaded into the NYEIS application.

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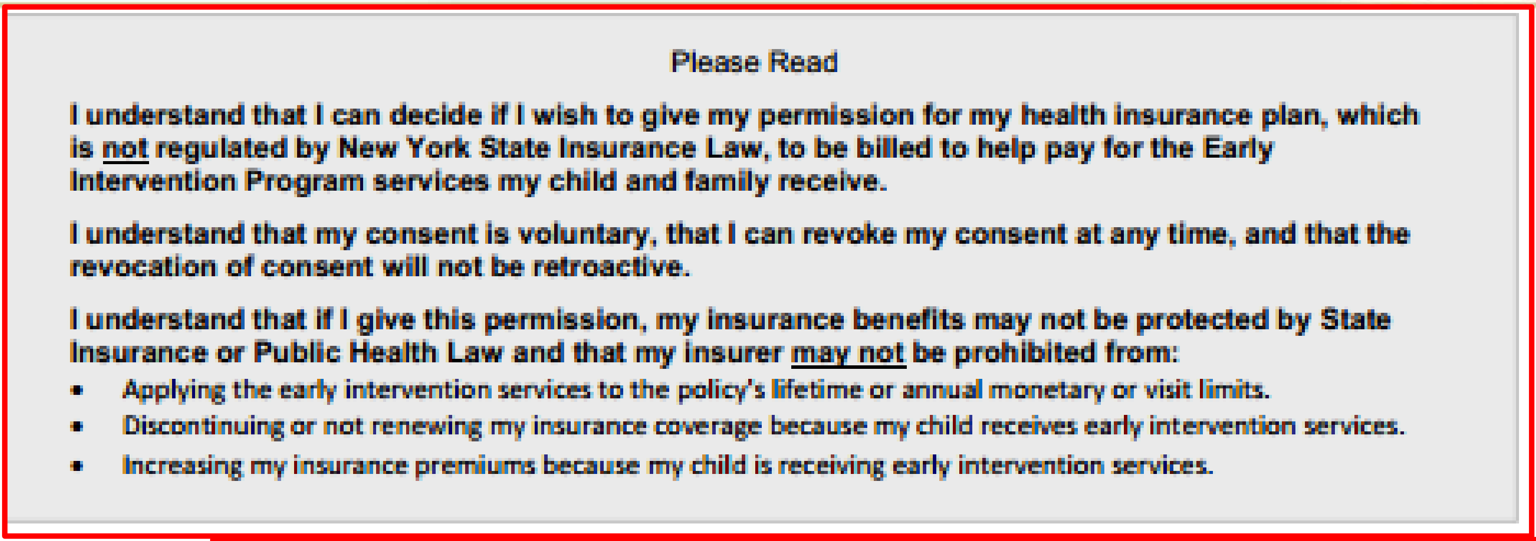
Consent to Bill Non-Regulated Insurance Form



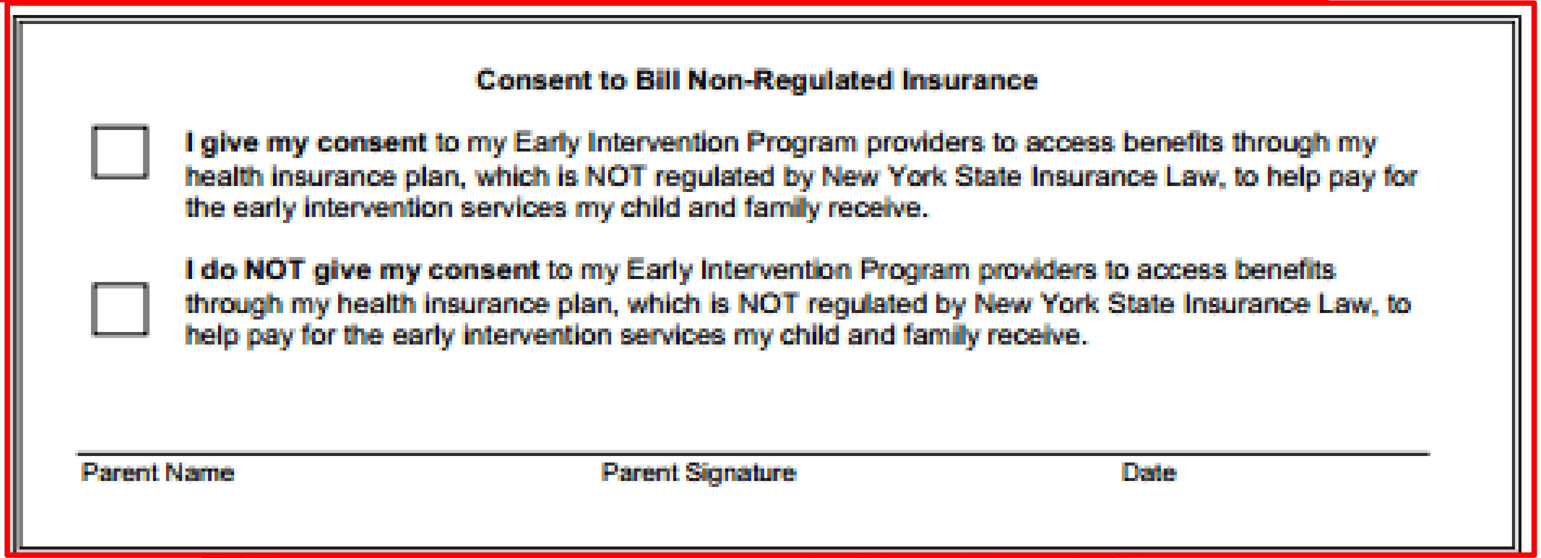
Please Read

I understand that I can decide if I wish to give my permission for my health insurance plan, which is not regulated by New York State Insurance Law, to be billed to help pay for the Early Intervention Program services my child and family receive.

I understand that my consent is voluntary, that I can revoke my consent at any time, and that the revocation of consent will not be retroactive.

I understand that if I give this permission, my insurance benefits may not be protected by State Insurance or Public Health Law and that my insurer may not be prohibited from:

- Applying the early intervention services to the policy's lifetime or annual monetary or visit limits.
- Discontinuing or not renewing my insurance coverage because my child receives early intervention services.
- Increasing my insurance premiums because my child is receiving early intervention services.



Consent to Bill Non-Regulated Insurance

☐ **I give my consent** to my Early Intervention Program providers to access benefits through my health insurance plan, which is NOT regulated by New York State Insurance Law, to help pay for the early intervention services my child and family receive.

☐ **I do NOT give my consent** to my Early Intervention Program providers to access benefits through my health insurance plan, which is NOT regulated by New York State Insurance Law, to help pay for the early intervention services my child and family receive.

Parent Name	Parent Signature	Date

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Verifying Insurance Information

Verify a child’s plan coverage dates, services covered, and confirm the accuracy of the spelling of the child’s full name, date of birth and gender.

If Early Intervention records and insurance records do not match, the service coordinator must contact the child’s family to determine which source is incorrect.

If the third party payer is the source of error the service coordinator must inform and assist the child’s family to follow-up with the insurance company to correct the information.

INCORRECT INFORMATION WILL AFFECT PROVIDER REIMBURSEMENT

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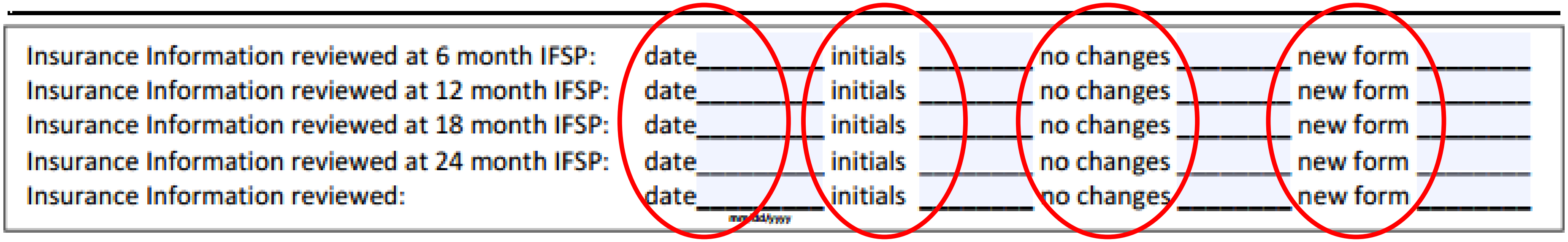
Verify Insurance Information

- Insurance information must be verified prior to or at the time of each IFSP review.
- The Consent to Bill Non-Regulated Insurance form must be re-signed at **every** IFSP review if the family chooses to continue giving permission to bill Non-Regulated insurance.
- New forms must be completed if a child’s insurance changes.
- The Collection of Insurance Information form must be updated to reflect when insurance information is reviewed at every IFSP meeting.



Insurance Information reviewed at 6 month IFSP: date________ initials ________ no changes ________ new form ________
Insurance Information reviewed at 12 month IFSP: date________ initials ________ no changes ________ new form ________
Insurance Information reviewed at 18 month IFSP: date________ initials ________ no changes ________ new form ________
Insurance Information reviewed at 24 month IFSP: date________ initials ________ no changes ________ new form ________
Insurance Information reviewed: date________ initials ________ no changes ________ new form ________
mm/dd/yyyy

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Questions?

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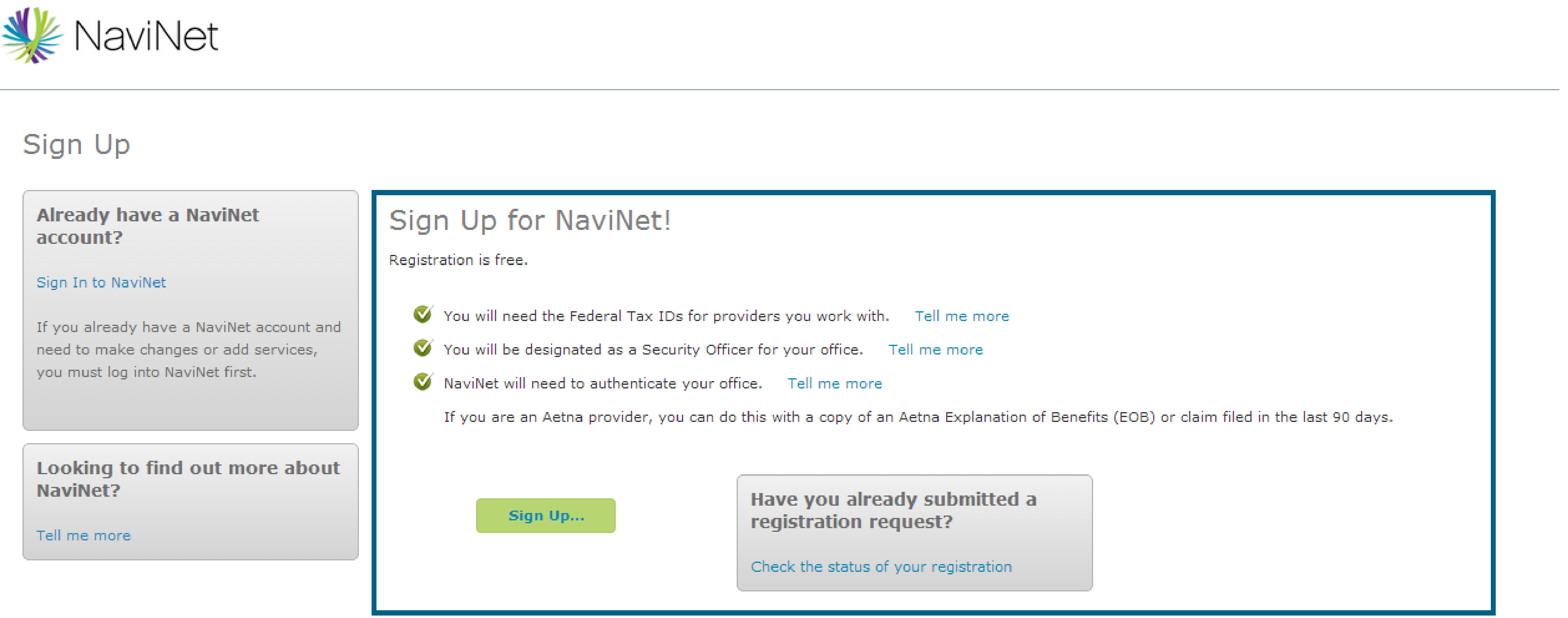
Helpful Insurance Eligibility Resources

EI Agencies or individual providers can use the websites listed below to verify a child's eligibility, medical plan coverage information, and billing and claiming address by registering and logging into the insurance's web portal.

Resources:

- Navinet- http://www.navinet.net/
- Availity- http://www.availity.com/
- WNYHealthenet - http://wnyhealthenet.com/
- Oxford - https://www.oxhp.com/
- GHI/Emblem Health - http://www.emblemhealth.com
- United Health Care - https://www.unitedhealthcareonline.com

How to create a NaviNet Account



NaviNet

Sign Up

Already have a NaviNet account?

Sign In to NaviNet

If you already have a NaviNet account and need to make changes or add services, you must log into NaviNet first.

Looking to find out more about NaviNet?

Tell me more

Sign Up for NaviNet!

Registration is free.

- ✓ You will need the Federal Tax IDs for providers you work with. Tell me more
- ✓ You will be designated as a Security Officer for your office. Tell me more
- ✓ NaviNet will need to authenticate your office. Tell me more

If you are an Aetna provider, you can do this with a copy of an Aetna Explanation of Benefits (EOB) or claim filed in the last 90 days.

Have you already submitted a registration request?

Check the status of your registration

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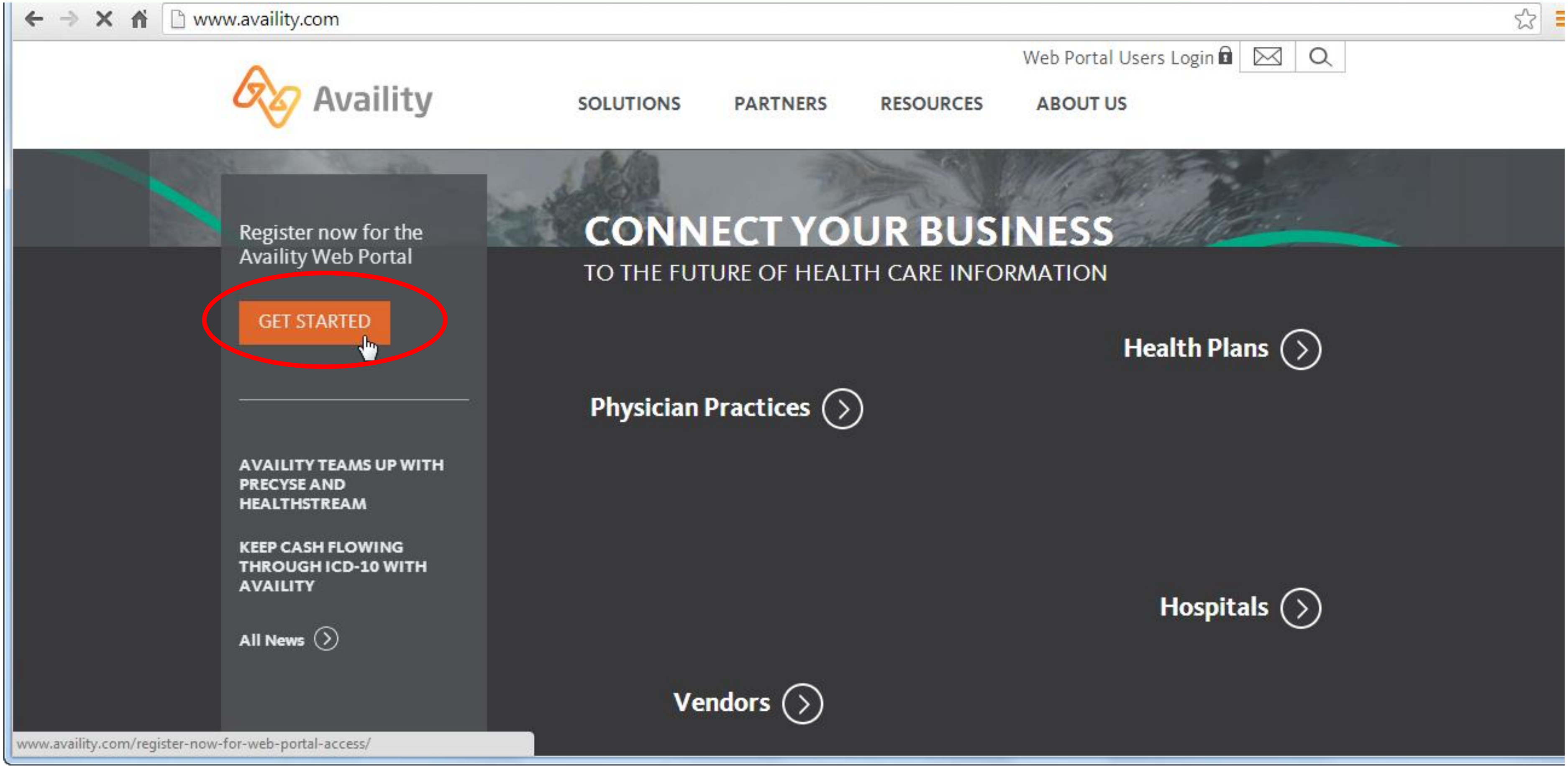
How to create an Availity account



www.availity.com
Web Portal Users Login
Availity
SOLUTIONS
PARTNERS
RESOURCES
ABOUT US

Register now for the Availity Web Portal

GET STARTED

AVAILITY TEAMS UP WITH PRECYSE AND HEALTHSTREAM

KEEP CASH FLOWING THROUGH ICD-10 WITH AVAILITY

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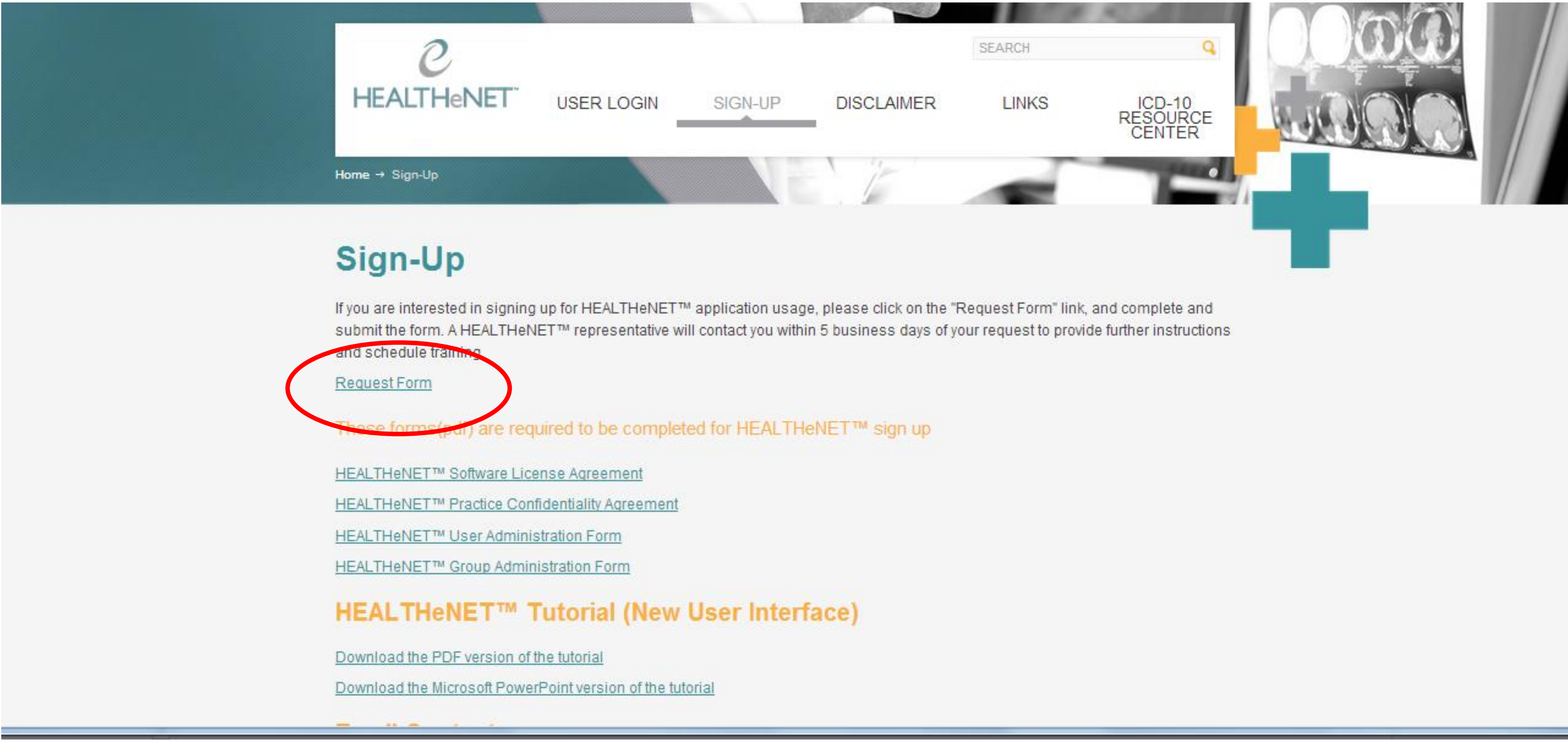
Health Plans
Physician Practices
Hospitals
Vendors
www.availity.com/register-now-for-web-portal-access/

How to create a WNYHealthenet account



Home → Sign-Up

Sign-Up

If you are interested in signing up for HEALTHeNET™ application usage, please click on the "Request Form" link, and complete and submit the form. A HEALTHeNET™ representative will contact you within 5 business days of your request to provide further instructions and schedule training.

Request Form

These forms(pdf) are required to be completed for HEALTHeNET™ sign up

HEALTHeNET™ Software License Agreement

HEALTHeNET™ Practice Confidentiality Agreement

HEALTHeNET™ User Administration Form

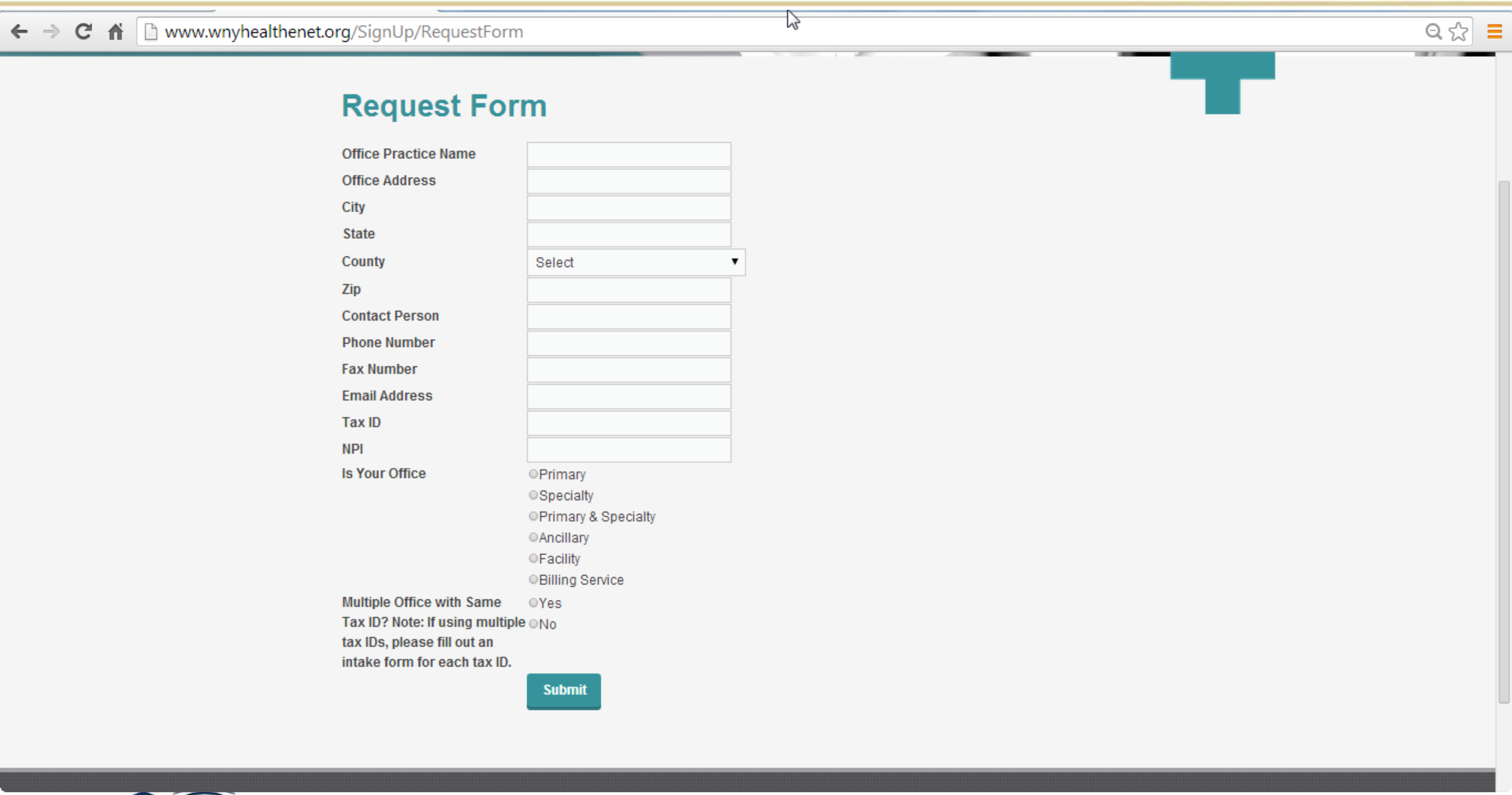
HEALTHeNET™ Group Administration Form

HEALTHeNET™ Tutorial (New User Interface)

Download the PDF version of the tutorial

Download the Microsoft PowerPoint version of the tutorial

How to create a WNYHealthenet account



www.wnyhealthenet.org/SignUp/RequestForm

Request Form

Office Practice Name	
Office Address	
City	
State	
County	Select
Zip	
Contact Person	
Phone Number	
Fax Number	
Email Address	
Tax ID	
NPI	
Is Your Office	○ Primary ○ Specialty ○ Primary & Specialty ○ Ancillary ○ Facility ○ Billing Service
Multiple Office with Same Tax ID? Note: If using multiple tax IDs, please fill out an intake form for each tax ID.	○ Yes ○ No

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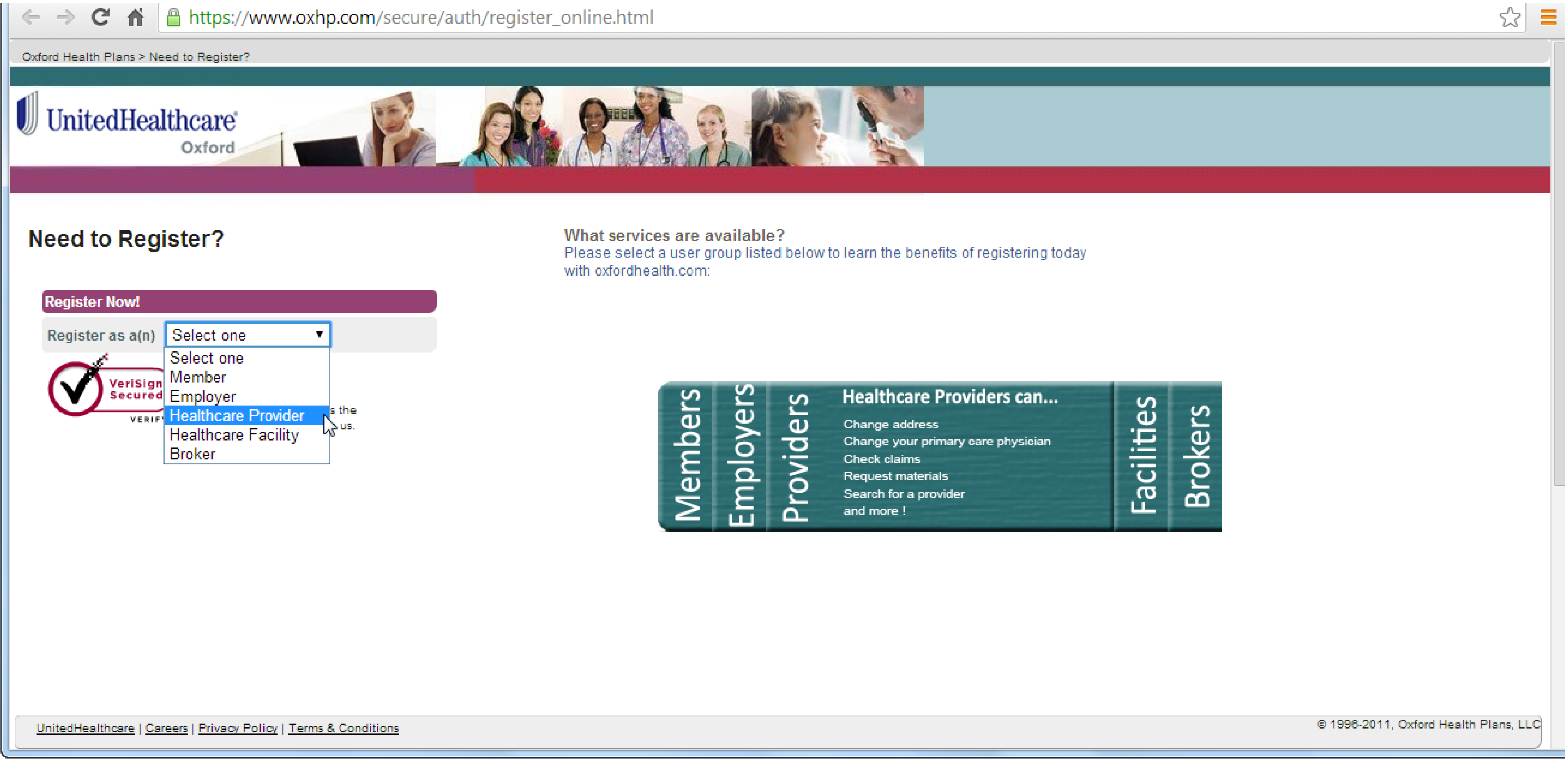
How to register for insurance specific websites-Oxford



https://www.oxhp.com/secure/auth/register_online.html

Oxford Health Plans > Need to Register?

UnitedHealthcare Oxford

Need to Register?

Register Now!

Register as a(n) Select one

Select one
Member
Employer
Healthcare Provider
Healthcare Facility
Broker
VeriSign Secured
VERIF
s the
us.

What services are available?

Please select a user group listed below to learn the benefits of registering today with oxfordhealth.com:

Members
Employers
Providers
Facilities
Brokers

Healthcare Providers can...

- Change address
- Change your primary care physician
- Check claims
- Request materials
- Search for a provider
- and more !

UnitedHealthcare | Careers | Privacy Policy | Terms & Conditions

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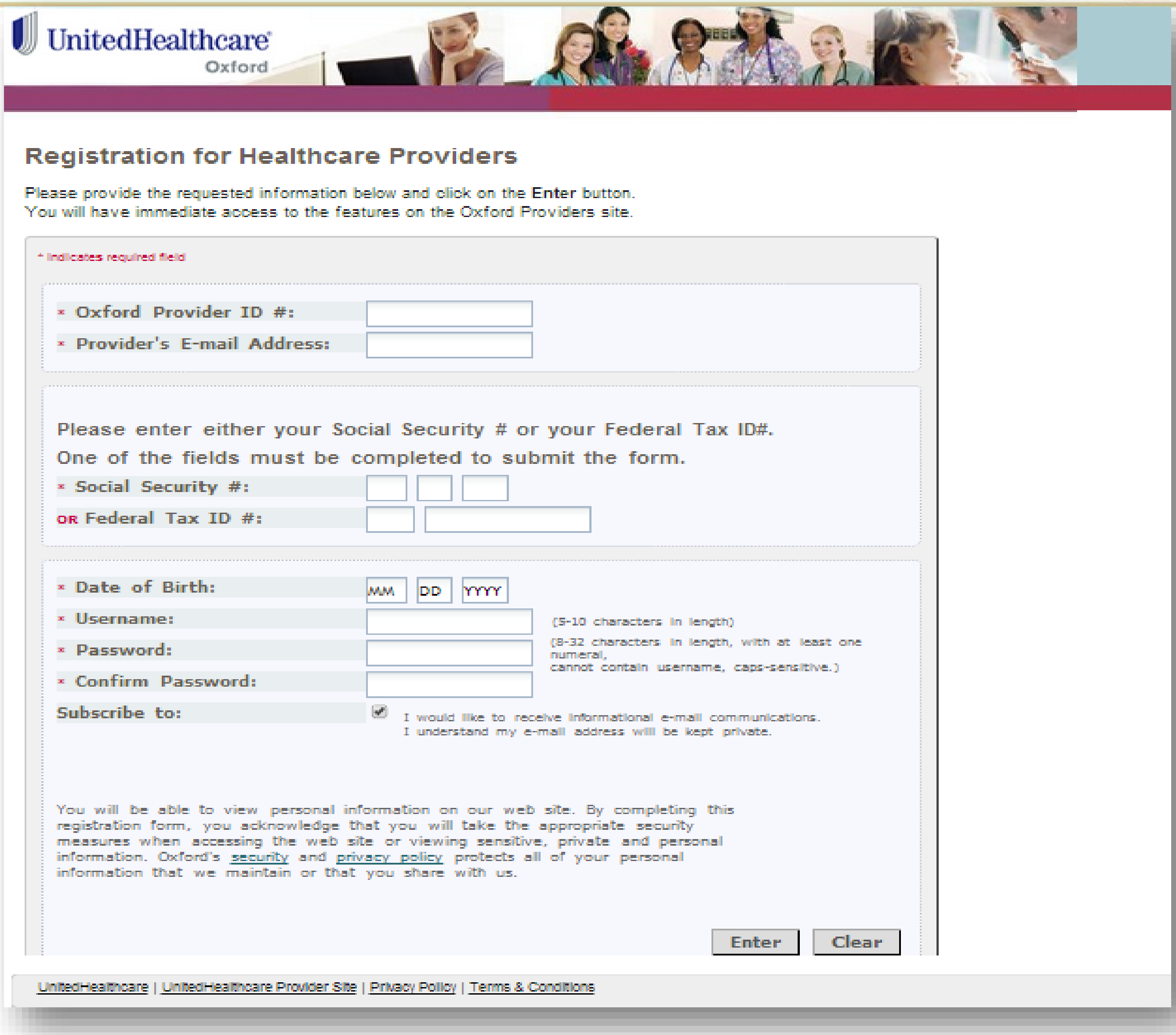
How to register for insurance specific websites-Oxford



Registration for Healthcare Providers

Please provide the requested information below and click on the **Enter** button.
You will have immediate access to the features on the Oxford Providers site.

* indicates required field

* Oxford Provider ID #:
* Provider's E-mail Address:

Please enter either your Social Security # or your Federal Tax ID#.
One of the fields must be completed to submit the form.

* Social Security #:
OR Federal Tax ID #:

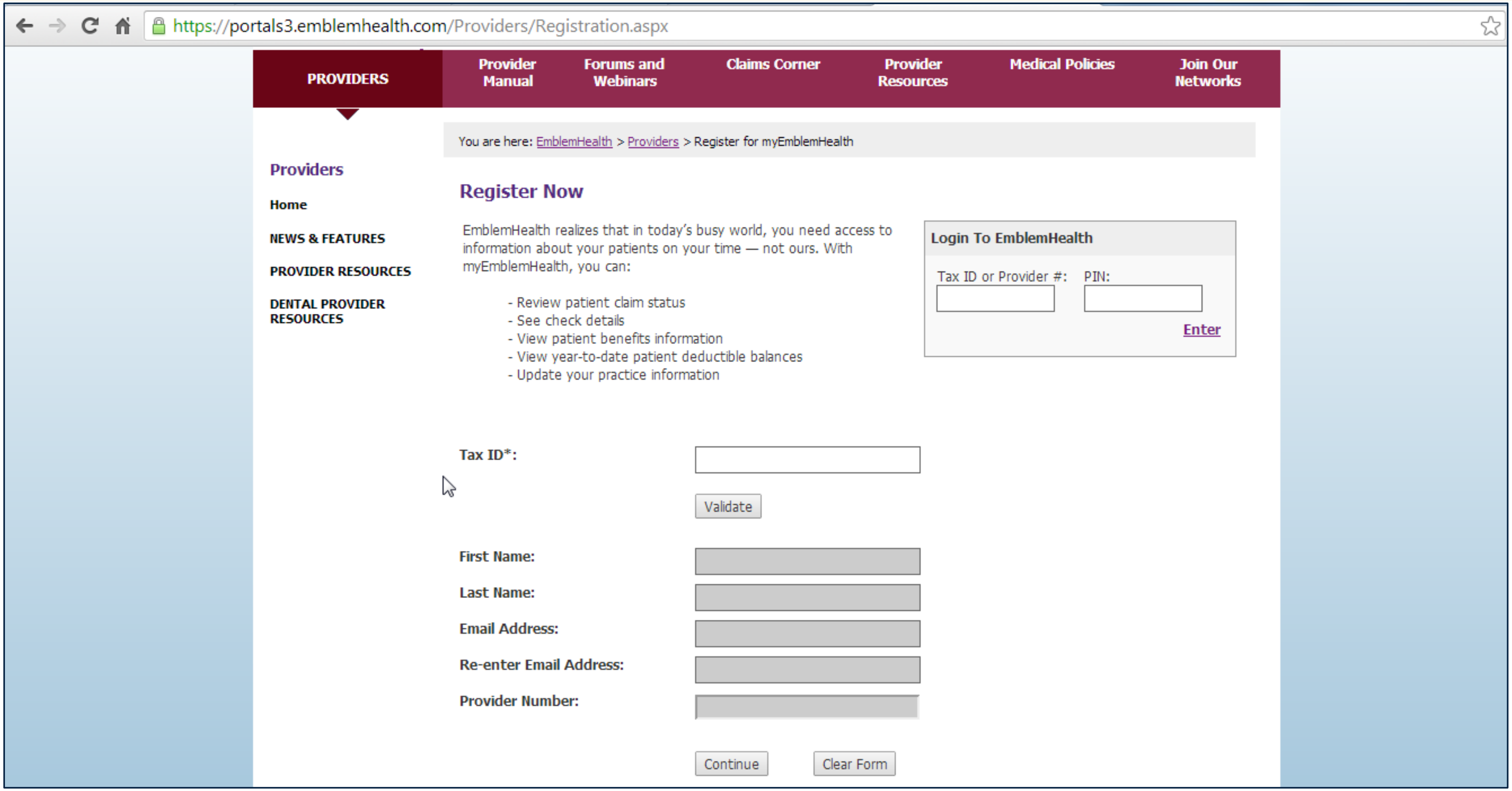
* Date of Birth: MM DD YYYY
* Username: (5-10 characters in length)
* Password: (8-32 characters in length, with at least one numeral, cannot contain username, caps-sensitive.)
* Confirm Password:

Subscribe to: ☑ I would like to receive informational e-mail communications. I understand my e-mail address will be kept private.

You will be able to view personal information on our web site. By completing this registration form, you acknowledge that you will take the appropriate security measures when accessing the web site or viewing sensitive, private and personal information. Oxford's security and privacy policy protects all of your personal information that we maintain or that you share with us.

UnitedHealthcare | UnitedHealthcare Provider Site | Privacy Policy | Terms & Conditions

How to register for insurance specific websites- GHI/Emblem


https://portals3.emblemhealth.com/Providers/Registration.aspx
PROVIDERS
Provider Manual
Forums and Webinars
Claims Corner
Provider Resources
Medical Policies
Join Our Networks
Providers
Home
NEWS & FEATURES
PROVIDER RESOURCES
DENTAL PROVIDER RESOURCES
Validate
Continue
Clear Form
Enter

You are here: EmblemHealth > Providers > Register for myEmblemHealth

Register Now

EmblemHealth realizes that in today's busy world, you need access to information about your patients on your time — not ours. With myEmblemHealth, you can:

- Review patient claim status
- See check details
- View patient benefits information
- View year-to-date patient deductible balances
- Update your practice information

Login To EmblemHealth

Tax ID or Provider #:

PIN:

Tax ID*:

First Name:

Last Name:

Email Address:

Re-enter Email Address:

Provider Number:

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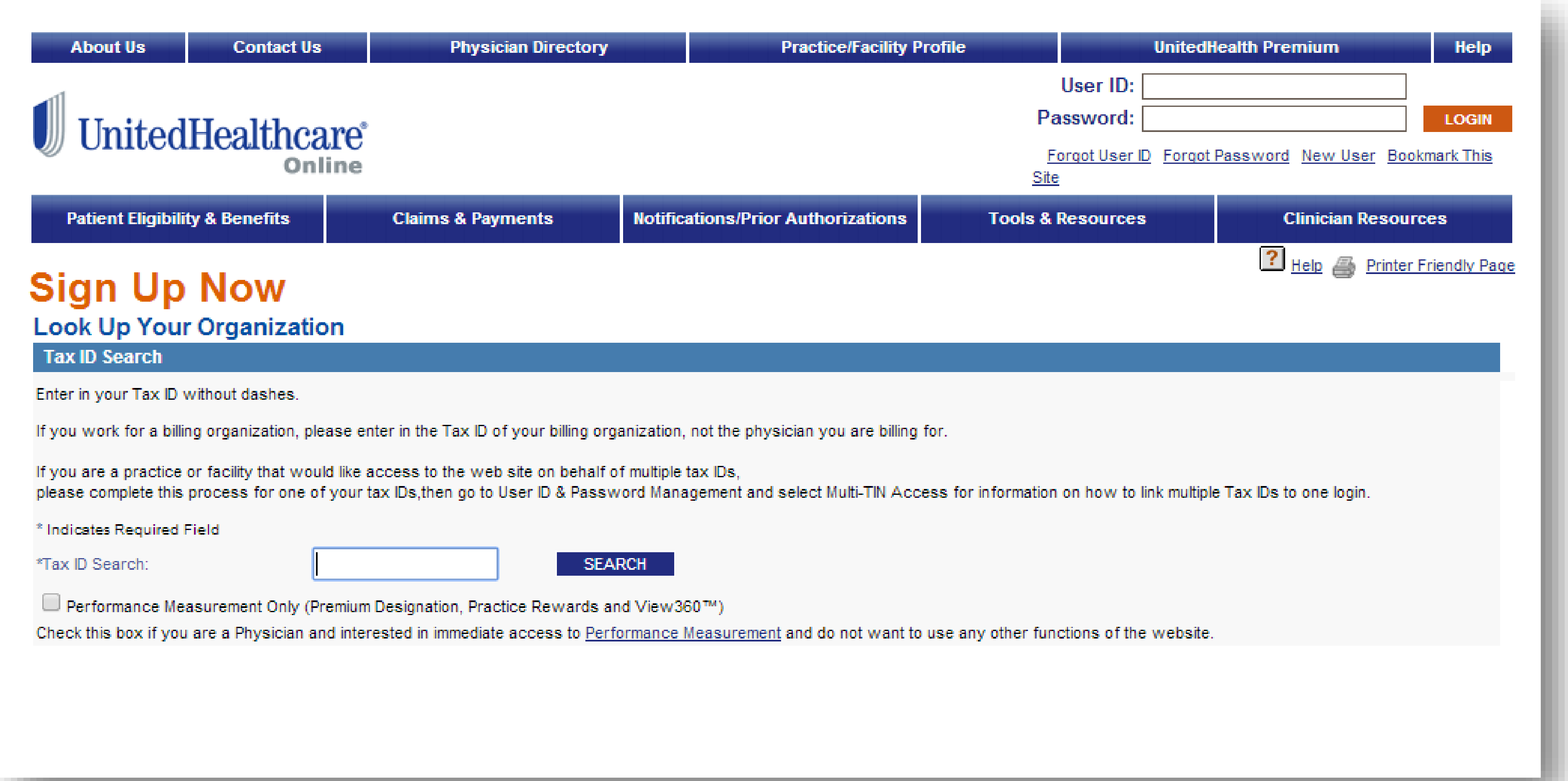
How to register for insurance specific websites-United Healthcare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SEARCH

User ID:

Password:

Sign Up Now

Look Up Your Organization

Tax ID Search

Enter in your Tax ID without dashes.

If you work for a billing organization, please enter in the Tax ID of your billing organization, not the physician you are billing for.

If you are a practice or facility that would like access to the web site on behalf of multiple tax IDs,
please complete this process for one of your tax IDs,then go to User ID & Password Management and select Multi-TIN Access for information on how to link multiple Tax IDs to one login.

* Indicates Required Field

*Tax ID Search:

☐ Performance Measurement Only (Premium Designation, Practice Rewards and View360™)

Check this box if you are a Physician and interested in immediate access to Performance Measurement and do not want to use any other functions of the website.

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Recap Questions

1. What form must be completed when a parent declines to provide insurance information?

A. Notice of HIPAA practices
[✓ B.] Notice of Parent Declination to Provide Insurance Information to the Early Intervention Program
C. Consent to Bill Non-Regulated Insurance
D. None of the Above

2. Why is it important to collect and enter a child’s insurance information in a timely and accurate manner, including verifying the child’s eligibility?

A. To reduce the need to make corrections to the claims later on
B. So payment can be made by the correct payer in the correct order
C. So payment can be made to the agency/provider quickly
[✓ D.] All of the Above

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Recap Questions

3. Health Savings Plans, Health Spending Accounts, Flex Spending Accounts, and Health Reimbursement Accounts are considered insurance plans.

- True
- [✓ False]

4. The two main characteristics that differ between a Regulated and Non-regulated Insurance Plan are whether the plan is self-funded and whether it was written or issued in NYS or not.

- [✓ True]
- False

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Recap Questions

5. What information must you have when calling the Insurance Company to verify a child’s eligibility and type of plan?

A. Subscriber ID #
B. Plan type/name
C. Patient’s name and DOB
D. Policy Holder’s name and DOB
[✓ E.] All of the above

Questions?

Contact Information

Schemicah Alexander
Instructional Trainer

Jessica Stephenson
Instructional Trainer

Bryan Funk
Instructional Trainer

NY Early Intervention Training Email

nyeitraining@pcgus.com

Customer Service Center

Monday-Friday, 7a-7p

1-866-315-3747

PUBLIC CONSULTING GROUP

Public Consulting Group, Inc.
148 State Street, Tenth Floor, Boston, Massachusetts 02109
(617) 426-2026, www.publicconsultinggroup.com