



Key for Central Billing Office Insurance Benefit Verificaiton Form

Each field listed on the CBO Insurance Benefit Verificaiton Form is listed below along with a discription. The key will help to inform the user and provide guidance. For the purpose of this document, the form has been split into two sections, Child Information and Policy Informaiton.

**CENTRAL BILLING OFFICE
INSURANCE BENEFIT VERIFICATION**

<i>Child Information</i>									
EI #	Last Name	First Name	DOB (mm/dd/yy)	CFC#	Service Coordinator				
					Click here to enter text.				
<i>Primary Care Information</i>					<i>Policy Holder Information</i>				
Primary Care Physician			Primary Care Physician Phone		Insurer Name				
Click here to enter text.			Click here to enter text.		Gerald Green				
<i>Insurance Information</i>									
Carrier Name			Carrier Phone		Primary Insurance, No Secondary	Primary Insurance, with Secondary	Secondary Insurance		
			Click here to enter text.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Member ID		Group #		Effective Date			Term. Date		
Representative Information:		Click here to enter text.							
Service(s) Requested	ST	PT	OT	PSY	SW	NU	NH	AR	AT
Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EI#: Participant’s six digit Early Intervention Number will display.

Last Name: The participant’s last name will display.

First Name: The participant’s first name will display.

DOB: The participant’s date of birth wills display.

CFC#: Child and Family Connections assigned regional office number will display in this field.





Service Coordinator: The name of the Service Coordinator listed on the Insurance Fax Coversheet forwarded to the CBO will be listed in this field.

Primary Care Physician: This field will display the name of the participant's primary care provider or pediatrician.

Primary Care Physician Phone: The phone number to the participant's primary care provider's office will be listed.

Insurer Name: The name of the parent the insurance policy is issued under (The primary policy holder) displays in this field.

Carrier Name: The name of the private insurance carrier whom the policy is issued by is listed in this field.

Carrier Phone: The customer service phone number for the private insurance carrier is listed in this field.

Primary Insurance, No Secondary: Checked when the private insurance policy listed on the form is the only insurance policy the family has or on file with the CBO.

Primary Insurance with Secondary: Checked when the private insurance policy listed on the form is the primary and there is a secondary policy on file with the CBO. The secondary insurance policy information will be provided on a second Insurance Benefit Verification form.

Secondary Insurance: Checked when the private insurance policy listed on the form is the secondary insurance policy on file with the CBO. The primary insurance policy information will be provided on a separate Insurance Benefit Verification form.

Member ID: The private insurance policy identification number displays in this field.

Group#: The private insurance policy group number displays in this field. Each policy group has a different number. All members in a policy group have the same insurance policy coverage.

Effective Date: The date a complete benefit verification request was received at the CBO. As of this date the insurance billing requirement will be enforced by the CBO unless there is an exception on file or the family has declined the use of their insurance. This date is not the effective date of the insurance policy.

Term. Date: The date the private insurance carrier has reported as the termination date of the policy.

Representative Information: The name of the Representative the CBO spoke to from the private insurance company when the benefit verification call was placed.

Services Requested: Identifies the Early Intervention services for which benefits have been verified.

Individual: Services performed with the participant and provider only.

Group: Services performed in a group setting with more than one child present.





Policy Information								
Plan Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Max \$/Sessions		
	HMO	PPO	POS	EPO	Other			
Benefit Year?						YES	NO	UNKNOWN
PCP Referral Required?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Plan (not part of group)?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Funded Group Plan?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Network Benefits?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Necessity?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Certification Required?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Savings Account?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Withdrawn Tax Savings Account?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Restrictions?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list:								
Comments:								
Verified by		Verified Date			Date forwarded to CFC			

IMPORTANT: Information listed on this form was obtained from a "quote only" telephone conversation with an insurance company representative. It was obtained for CFC information only in order to provide appropriate service referrals. It is not intended to be used in place of a provider's benefit verification with the insurance company regarding payment restrictions. Providers are responsible for knowing service delivery and provider enrollment requirements for each date of service prior to service delivery. Failure to comply with those requirements could result in loss of payment.

Plan Type: Identifies the type of policy issued by the private insurance carrier.

HMO: A health care plan that provides or arranges for basic and supplemental health care services. Requires a referral from the Primary Care Provider and generally no coverage for care received outside of the HMO network. (Out-of-network providers are not covered).

PPO: A health plan in which the policy holders (families) receives the highest level of benefits when they obtain services from a "preferred provider" (in-network provider). Policy holders may receive substantial, although reduced, benefits when they obtain care from a provider of their own choosing who is not designated as a "preferred provider" by their program.

POS: A health plan which combines features of an HMO and PPO service plan. Permits covered persons to choose providers outside the plan's network, yet is designed to encourage the use of providers in the network.

EPO: A health plan that is a variation of a PPO plan. The member must choose from in-network providers. If the patient decides to seek care outside the network, generally the provider will not be covered for the services rendered.

Other: checked when the policy is not one of the other popular policy types listed.

Annual Max \$/Session: The maximum or annual number of therapy sessions or dollar amount the policy will cover.

Benefit Year: The year of benefits coverage under the private insurance policy listed. May be a calendar year or a contracted year (e.g. July through June).





PCP Referral Required: Indicates if the plan requires a referral from the Primary Care Physician for services verified.

Individual Plan: An insurance policy that is purchased independently and is not covered under an employer group plan. The participant's family members are the only individuals on the plan.

Self-Funded Group Plan: A group health plan in which the employer assumes the financial risk for providing health care benefits to its employees. The employer often dictates the level of coverage and plan details. The insurance company performs administrative duties such as processing the claims.

Out-of-Network Benefits: Indicates if the plan will cover both in and out-of-network providers. When marked "Yes" the plan will cover services performed by both in and out-of-network providers. When marked "No", the plan will only cover services performed by an in-network provider. Out-of-network providers may need to contact the family or register with the insurance company to receive copies of their Explanation of Benefits from the insurance company.

If there are no out-of-network benefits the Central Billing Office will provide a list of up to ten (10) providers who are in the insurance network and enrolled in the Early Intervention program for the service(s) benefits were verified for. The list of providers will display in the Comments section of the form. Each provider's availability must be verified prior to applying for a waiver.

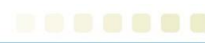
Medical Necessity: The services verified are covered by the plan listed only if the treatment is necessary for the patients' health.

Pre Certification Required: Indicates if the plan requires providers to pre-certify services being verified.

Tax Savings Account: Checked "Yes" when a family has a tax savings account. Checked "No" when the CBO has verified that the family does not have a tax savings account. Checked "Unknown" when the CBO was unsuccessful in identifying if a tax savings account exists. The account may be administered by a bank or organization separate from the insurance provider. If the family is confident an account exists, the administrator's information is required for verification. The administrator's information should be submitted to the CBO on the CFC Tax Savings Account Information Sheet with a fax coversheet.

Auto Withdrawn Tax Savings Account: Checked "Yes" if the family qualifies for an exemption. If an exemption is in place providers may not bill the participant's private insurance plan. If the provider bills and receives payment from the health savings or health reimbursement account they will be asked to refund the payment and provide proof prior to receiving payment from the EI Program. Checked "No" when the CBO has verified that the account is not auto withdrawn and the family doesn't qualify for an exemption. Checked "Unknown" when the CBO was unsuccessful in determining if the account is auto withdrawn. The account may be administered by a bank or organization separate from the insurance provider. The administrator's information should be submitted to the CBO on the CFC Tax Savings Account Information Sheet with a fax coversheet.

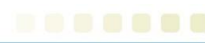
Comments: Any additional, relevant comments about the policy will be noted here.





Most Common Comments

Comments	Action to Take by Service Coordinator
PCP referral and group approval is required: Jane Doe 800-634-8540	SC should contact listed provider(s) to verify availability. If no listed providers are available to treat then a waiver request should be submitted to the CBO.
PCP referral and group approval is required: Jane Doe 800-634-8540 No services in the natural environment, pre-billing waiver has been approved.	Pre-billing waiver(s) have been approved. SC should notify the CBO when IFSP dates are posted (if they aren't already) and when providers are selected.
No EI enrolled providers available, pre-billing waiver(s) has been approved. Please remember it is your responsibility to notify the CBO with provider name and tax ID once selected.	Pre-billing waiver(s) have been approved. SC should notify the CBO when IFSP dates are posted (if they aren't already) and when providers are selected.
All providers must be in-network. SC please check the listed providers for availability. Please note that the list of providers generated is not all inclusive and is only intended to assist the SC in locating a provider. Any provider that is EI enrolled and in-network with the insurance may provide services.	SC should contact listed provider(s) to verify availability. If no listed providers are available to treat then a waiver request should be submitted to the CBO.
Per call to insurance this policy is an individually purchased plan and an exemption has been approved. You must inform the CBO immediately if the family does not want the exemption.	Explain to the family how the exemption works and how it will impact their family fee. If the family wishes to utilize the exemption no further action is needed. If the family wishes to decline the exemption the CFC Acknowledgement to Decline Exemption form must be completed and submitted to the CBO.
Per call there is an HRA/HSA affiliated with this policy that is auto withdrawn, an exemption has been approved. Inform the CBO immediately if the family does not want the exemption.	Explain to the family how the exemption works and how it will impact their family fee. If the family wishes to utilize the exemption no further action is needed. If the family wishes to decline the exemption the CFC Acknowledgement to Decline Exemption form must be completed and submitted to the CBO.





Verified by: The name of the Central Billing Office team member that completed the benefit verification is listed in this field.

Verified Date: The date the Central Billing Office team member completed the benefit verification.

Date forwarded to CFC: The date the Central Billing Office team member forwarded the completed Insurance Benefit Verification form to the Service Coordinator.

