

To: Service Providing Agencies and their Staff

Date: May 01, 2023

Subject: Updated Consent to Bill Health Insurance form (GCI-1041A) Guidance

Updated Consent to Bill Health Insurance form (3/2023)

The updated <u>Consent to Bill Health Insurance form (GCI-1041A)</u> and <u>Consent to Bill Health Insurance form (GCI-1041A-S)</u> (Spanish version) are available in the Document Center.

- The forms have been modified to:
 - Make them family friendly
 - Align with federal regulations
 - Correct imprecise or inaccurate wording

Consenting to Bill Health Insurance

- The Consent to Bill Health Insurance form is used to document the family's understanding of AzEIP's System of Payments and identify their decision to use or decline use of their public and/or private health insurance for services provided through the Arizona Early Intervention Program (AZEIP).
- Prior to requesting a family's consent to bill their private and/or public health insurance, it is the Service Coordinator's (SC) federal responsibility to explain and provide the family with a copy of Arizona's System of Payments.
 - Family guidance to Arizona's System of Payments
 - <u>A Family's Guide to Funding Early Intervention Services in Arizona</u> (GCI-1086A)
 - A Family Guide to Funding Early Intervention Services in Arizona (GCI-1086A-S) (Spanish version)
 - AzEIP Consent to Bill Video.
- Each time a new Consent to Bill Health Insurance form is completed, the SC must discuss with the family their rights within AzEIP and offer to provide the family with a copy of the <u>Child and Family Rights in the Arizona Early Intervention Program (GCI-1070A)</u> or <u>Child and Family Rights in the Arizona Early Intervention Program (GCI-1070A-S)</u> (Spanish version).

Completing the Consent to Bill Health Insurance form

- Prior to requesting family to begin initialing or signing, the SC:
 - Completes:
 - The child's full name
 - Date of Birth using 2 digits for month, 2 digits for day and 4 digits for year



- I-TEAMS ID
- SC's full name
- Fully explains and provides the family a copy of A Family's Guide to Funding Early Intervention Services in Arizona (GCI-1086A or GCI-1086A-S)
- Ensures all information and support identified on the form has been provided and the family's responsibilities have been fully explained
- Answers any questions the family might have
- Provides the family with the opportunity to review the form
- SC requests the family document on the form their decision to consent or decline to use their private and/or public insurance plans for early intervention services.
- Family selects one of the three (3) options below for each type of insurance plan:
 - Consent for AzEIP to bill their insurance plan
 - Decline for AzEIP to bill their insurance plan
 - If a family declines to use one or more of their insurance plans, the family enters their reason on the form.
 - Identify they do not have that type of insurance plan
 - N/A options should only be chosen if the family does not have that type of insurance plan.
- If the family does not have health insurance, the SC must offer their assistance to learn how to obtain health insurance and document the family's decision. It should be explained to the family that this is optional support and is not a requirement to receive AzEIP services.
- The Consent to Bill Health Insurance form is not valid until the family signs and dates the form.
- SC adds to the form the child's Primary Care Physician (PCP):
 - Name
 - Phone Number
 - Clinic Name, Address or Cross Streets
- Only if a family consents to bill their insurance, does the SC enter the insurance information on the form.
- SC selects the type of health insurance from the choice of Private, HSA, HRA or Public.
- Ensure all information required in I-TEAMS is completed in its entirety on the Consent to Bill Health Insurance form.
- If a family has a third insurance, the SC contacts the AzEIP Help Desk to request assistance.

Timelines for Completion of Consent to Bill Health Insurance forms



- A Consent to Bill Health Insurance form must be completed with the family at the Initial Visit and the Initial IFSP.
- **Public Insurance:** a new Consent to Bill Health Insurance form must be completed with the family annually at a minimum.
- Private Insurance: a new Consent to Bill Health Insurance form must be completed with the family when IFSP services increase in frequency, length, duration, or intensity.
- Changes in Public and/or Private Insurance Information or Consent Decision:
 - SC must regularly discuss with the family if there have been any changes to the family's public and/or private insurance or if they wish to update their consent decision.
 - If a family's insurance changes, the SC must complete a new Consent to Bill Health Insurance form with the family within 30 calendar days.
- Within 10 calendar days of any Consent to Bill Health Insurance form being signed by a family, it must be entered into I-TEAMS even if insurance information and/or consent decisions have not changed.

General Consent to Bill Health Insurance form Reminders

- If a family has both private and public health insurance, they must consent to use their private insurance if they are consenting to use their public insurance.
- SC must regularly discuss with the family if there have been any changes to the family's public and/or private insurance or if they wish to update their consent decisions.
- If a family does not know their health insurance information
 - SC may assist the family in contacting their health care plan to obtain the information
 - For public insurance health plan information, the SC may contact their agency to obtain the information through the AHCCCS Online portal
- If the family wishes to consent to use their insurance, but does not have their health insurance information, the form would be marked as declined to bill health insurance until the insurance information is obtained.
 - Complete the reason family declined section with a statement that health insurance was not available to complete the form and obtain the parent's signature.
 - SC must continue to follow up with the family to complete a new form once the health insurance information is obtained.
- Only complete forms can be entered into I-TEAMS, including the:
 - Family initials



- Consent decision
- Parent's signature
- The consent date is the date the form was signed by the parent
- The coverage end date should be left blank unless the family knows the expiration date or the provider has identified the end date in the health insurance portal. (The expiration date is NOT the date the consent form expires.)
- If the family declines the use of their insurance, the insurance type should still be entered in I-TEAMS. If they decline on multiple insurance types, all should be entered. This applies only for a response of decline and does not include N/A.
- As the information is being entered into I-TEAMS, information must be confirmed as being accurately entered as listed on the consent form.

Insurance Consents and DDD Eligibility

- To apply, be determined and remain eligible for DDD and/or ALTCS, a family must provide ongoing consent to the use of their child's private and/or public health insurance as required by state law.
- If the family has a high deductible health plan (HDHP) and/or a Health Reimbursement Arrangement (HRA) they must consent to use these plans for DDD eligibility.
- The use of a Health Savings Account (HSA) is not required for DDD Eligibility.

Additional information and Assistance

A Family's Guide to Funding Early Intervention Services in Arizona (GCI-1086A)

A Family's Guide to Funding Early Intervention Services in Arizona (GCI-1086A-S)

AzEIP Billing Manual (10/1/2022)

AzEIP Consent to Bill Family Video

AzEIP Policy Manual Chapter 5: Financial Matters (4/1/2022)

Child and Family Rights in the Arizona Early Intervention Program (GCI-1070A)

Child and Family Rights in the Arizona Early Intervention Program (GCI-1070A-S)

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Programmatic Monthly Meeting February 28, 2023