



**Early Intervention Central Billing Office**  
**Key to Central Billing Office Insurance Benefit Verification Form**

Each field listed on the EI-CBO Insurance Benefit Verification Form is listed below along with a description. The key will help to inform the user and provide guidance. The form has been split into two sections, Child Information and Policy Information.

<b>CENTRAL BILLING OFFICE INSURANCE BENEFIT VERIFICATION</b>									
<b><i>Child Information</i></b>									
EI #	Last Name	First Name	DOB (mm/dd/yy)	CFC#	Service Coordinator				
«EI»	«Child last name»	«Child first name»	«DOB»	«CFC»	Click here to enter text.				
<b><i>Primary Care Information</i></b>				<b><i>Policy Holder Information</i></b>					
Primary Care Physician	Primary Care Physician Phone			Insurer Name					
Click here to enter text.	Click here to enter text.			«Insured»					
<b><i>Insurance Information</i></b>									
Carrier Name	Carrier Phone		Primary Insurance, No Secondary	Primary Insurance, with Secondary	Secondary Insurance				
«Carrier»	Click here to enter text.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Member ID	Group #		Effective Date		Term. Date				
«Member_ID»	«Group_»		«Insurance_effective»		«Insurance_ended»				
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"/>		

EI#	Participant's six-digit Early Intervention Number will display.
Last Name	Participant's last name.
First Name	Participant's first name.
DOB	Participant's date of birth.
CFC#	Child and Family Connections assigned regional office number.
Primary Care Physician	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.
Insurer Name	The name of the parent the insurance policy is issued under (The primary policy holder).
Carrier Name	The name of the private insurance carrier to whom the policy is issued.



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<b>Carrier Phone</b>	The customer service phone number for the private insurance carrier.
<b>Primary Insurance, No Secondary</b>	Checked when the private insurance policy listed on the form is the only insurance policy the family has or is known by the EI-CBO.
<b>Primary Insurance with Secondary</b>	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.
<b>Secondary Insurance</b>	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 different Insurance Benefit Verification form.
<b>Member ID</b>	The private insurance policy identification number.
<b>Group #</b>	The private insurance policy group number. Each policy group has a different number. All members in a policy group have the same insurance policy coverage.
<b>Effective Date</b>	The date a complete benefit verification request was received at the CBO.
<b>Term. Date</b>	The date the private insurance carrier has reported as the termination date of the policy. Coverage terms at 12:00am of the term date and is not the last full date of coverage.
<b>Representative Information</b>	The name of the Representative the CBO spoke to from the private insurance company when the call was placed.
<b>Services Requested</b>	<p>Identifies the Early Intervention services the benefits have been verified for.</p> <p><b>Individual:</b> Services performed with the participant and provider only</p> <p><b>Group:</b> Services performed in a group setting with more than one child present.</p>



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<b>Policy Information</b>								
<b>Plan Type</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Max \$/Sessions		
	HMO	PPO	POS	EPO	Other	Click here to enter text.		
<b>Benefit Year?</b>	<b>Jan- Dec</b>					<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
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"/>
Comments:Click here to enter text.								
<b>Verification Requested Date</b>	<b>Verified by</b>			<b>Verified Date</b>		<b>Date forwarded to CFC</b>		
«Verification_Requested»	Click here to enter text.			Click here to enter text.		Click here to enter text.		

<b>Plan Type</b>	Identifies the type of policy issued by the private insurance carrier.  <b>HMO:</b> 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).  <b>PPO:</b> 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.  <b>POS:</b> 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.  <b>EPO:</b> 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.  <b>Other:</b> checked when the policy is not one of the other popular policy types listed.
<b>Annual Max \$/Session</b>	The maximum or annual number of therapy sessions or dollar amount the policy will cover.



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<b>Benefit Year</b>	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).
<b>PCP Referral Required</b>	Indicates if the plan requires a referral from the Primary Care Physician for services being verified.
<b>Individual Plan</b>	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.
<b>Self-Funded Group Plan</b>	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.
<b>Out of Network Benefits</b>	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 apply for a waiver.
<b>Medical Necessity</b>	The services verified are covered by the plan listed only if the treatment is necessary for the patients' health.
<b>Pre-Certification Required</b>	Indicates if the plan requires providers to pre-certify services being verified.
<b>Tax Savings Account</b>	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.
<b>Auto Withdrawn Tax Savings Account</b>	Checked 'Yes' if the family qualifies for an exemption. If an exemption is in place, providers may not bill the participant's



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	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.
<b>Comments</b>	Any additional, relevant comments about the policy will be noted here. (See 'Most Common Comments' section below for more details.)
<b>Verified by</b>	Central Billing Office team member that completed the benefit verification.
<b>Verified Date</b>	The date the Central Billing Office team member completed the benefit verification.
<b>Date forwarded to CFC</b>	The date the Central Billing Office team member forwarded the completed Insurance Benefit Verification form to the Service Coordinator.

**Most Common Comments**

Comments	Action to Take by Service Coordinator
PCP referral and group approval are 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. Requirements for waiver submission can be found at <a href="https://eicbo.info/child-family-connection-office/">https://eicbo.info/child-family-connection-office/</a> .
PCP referral and group approval are 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. The payee name, tax id and service type can be emailed to <a href="mailto:insurance@cquest.us">insurance@cquest.us</a> .
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. The payee name, tax id and service type can be emailed to <a href="mailto:insurance@cquest.us">insurance@cquest.us</a> .
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	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. Requirements for waiver submission can be found at <a href="https://eicbo.info/child-family-connection-office/">https://eicbo.info/child-family-connection-office/</a> .



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and in-network with the insurance may provide services.	
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.