

Early ACCESS Medicaid Authorization

This document supports the use of the **Parent/Guardian Authorization Form for Medicaid Reimbursement for Individualized Family Service Plan (IFSP) Services** available in ACHIEVE. The form is used as part of the reimbursement processes between agencies providing Early ACCESS services and Medicaid, as well as between Medicaid and private insurance companies. Sections of the form are explained in detail; commonly asked questions/responses are also provided.

Key Considerations:

- Federal Education laws provide funding to pay for early intervention services. Federal Medicaid laws allow agencies to bill lowa Medicaid for certain covered services in a child's IFSP.
- 2. Families in the Iowa Medicaid program provide consent on their initial Medicaid enrollment application for Iowa Medicaid to bill private insurance. The Early ACCESS form re-affirms the consent.

Form Section: Authorization to Provide Information to Iowa's Medicaid Agency

This section requests parent consent for Early ACCESS to bill Iowa Medicaid for early intervention services. Although Early ACCESS providers do not bill families, Iowa law allows Early ACCESS to bill Medicaid for the cost of the services. Although Early ACCESS services are not dependent on receiving this consent; the form should be explained to the parent(s) and a signature requested. At no time will early intervention services cease even if the family declines to sign this section of the form.

Form Section: Consent to Billing Private Insurance as Part of Medicaid Claiming

This section requests parent consent to bill any private health insurance, as applicable. Although Early ACCESS providers do not bill families for services, Early ACCESS does bill Medicaid for the cost of the services (see first section). Additionally, Iowa Medicaid laws permit billing to any private health insurance to recover costs for services. Although Early ACCESS services are not dependent on receiving this consent; the form should be explained to the parent(s) and a signature requested. At no time will early intervention services cease even if the family declines to sign this section of the form.

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Common Questions and Answers:

Question	Answer
Why do agencies bill Medicaid for early intervention services?	Medicaid is a program funded jointly by states and the federal government to support costs of health coverage for individuals, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. In lowa, early intervention services must be provided at no cost to families. Medicaid reimbursement of costs for early intervention services is available to Area Education Agencies and Child Health Specialty Clinics. When families provide consent for billing of Medicaid, these agencies may seek reimbursement for costs addressed by other funding.
2. A child has Medicaid and the parent(s) declines consent to bill Medicaid. Do we still provide early intervention services to the child?	Yes, all IFSP ordered early intervention services must and will be provided regardless of a signed parental consent on the Authorization to Provide Information to lowa's Medicaid Agency.
3. Do parent(s) have to sign the signature lines in both sections of the Medicaid Authorization Form ?	Parent(s) will sign both signature lines in each section unless they decline to consent to release information to Medicaid in the first section. First, they will indicate consent by marking the box and signing in the Authorization to Provide Information to Iowa's Medicaid Agency section. Second, they will indicate insurance status and/or consent by marking the appropriate box and signing the Consent to Billing Private Insurance as Part of Medicaid Claiming section.



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Question		Answer
4.	Why do families have to sign the Consent to Billing Private Insurance as Part of Medicaid Claiming when Early ACCESS never bills a child's private insurance?	Early ACCESS providers never bill private insurance; however Early ACCESS does bill Medicaid. Iowa law allows Iowa Medicaid to bill private insurance, so the Consent to Billing Private Insurance as Part of Medicaid Claiming should be provided to parents for signature(s).
5.	What do I do if a family consents to bill Medicaid, but they decline consent to bill private insurance?	If a family has Medicaid and private insurance and the family consents to bill Medicaid but declines consent to bill private insurance, then none of the services will be billed to Medicaid. All IFSP ordered early intervention services must and will be provided.
6.	For a child that has Medicaid and private insurance and the parent(s) declines to consent to both Medicaid and private insurance, do we still provide early intervention services to the family?	Yes. For children that have both Medicaid and private insurance and parent(s) declines to consent to both, all IFSP ordered early intervention services must and will be provided. Neither Medicaid nor private insurance will be billed.
7.	If a family receives an explanation of benefits (EOB) from their private insurance company informing the family they are responsible for any co-pay or for the early intervention service provided or the service is not a covered service, what do I tell the family? An example may be that a family receives an EOB for physical therapy service provided by AEA.	If a family receives an EOB informing them they owe a co-pay or EOB saying the service provided is not a covered service, tell them that Early ACCESS providers will not seek payment for early intervention services. You can also tell the family that on the back of the Authorization form, there is an item that reads "The Department does not require you to pay any costs that you would incur as a result of the state's use of the private insurance to pay for Early ACCESS services (such as copayments, premium increases or deductibles)". If the family gets an EOB, the agency can send the EOB to Jim Donoghue at the Dept. of Education (DE) and the DE will issue a letter informing the family that no co-pay is needed for the early intervention service.



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Qı	uestion	Answer
8.	What do I tell a family that asks about an insurance cap?	Federal rules currently prohibit health insurers from imposing lifetime limits on coverage. Health plans and insurance policies issued or renewed after September 23, 2010 are prohibited from having lifetime limits on most benefits. Federal rules prohibit health insurers from imposing annual limits on coverage.

Have more questions? Talk with your supervisor or contact Jim Donoghue, Medicaid Consultant at Iowa Department of Education at 515-281-8505.