Insurance

How To

1. Enter new insurance information
2. Enter insurance verification
3. Enter prior authorization
4. Enter declination
5. Enter scripts, orders, recommendation, and referrals

PUBLIC CONSULTING GROUP
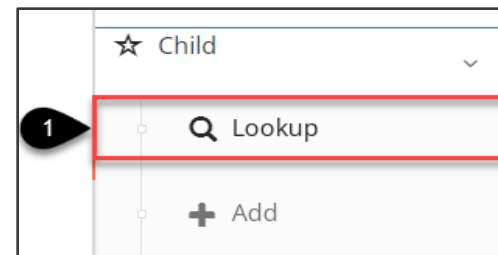
Solutions that Matter

Insurance
New Policy

How To

Enter new insurance information

Step / Action

1. Select **Child Lookup**.
2. Enter search criteria and select **Search**.
3. Locate the child and select **Edit**.

Continued on next page…

☆ Child	⌄
1 🔍 Lookup	
➕ Add	

Child Lookup Results

-Default Report- ⚙ ⤢

Report Filters

Filter For (Equal To)	Last Name (Equal To)	First Name (Equal To)	Name Lookup (Equal To)
All Children	Flowers		Name Lookup

EI Child ID (Equal To)	Lookup Begin Date (Equal To)	Lookup Thru Date (Equal To)	Address County (Equal To)
			- Select Item -

County of Residence (Equal To)	Child Status (Equal To)
- Select Item -	Active

2 Search

Exce

🔍 Search...

Rows per page

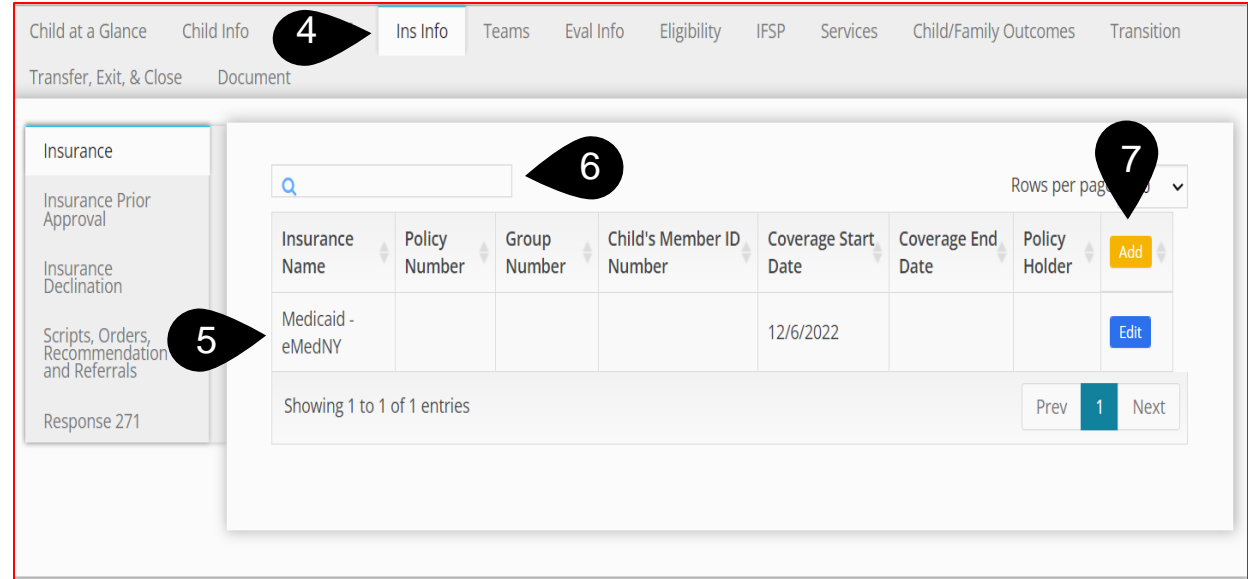| EI Child ID	Last Name	First Name	Birth Date	Phone	Address	City	State	Zip	County	County of Residence	EIOD Name	Service Coordinator	Child Status	
1640	Flowers	May											Active	**3** Edit

How To

Enter new insurance information

Step / Action

4. Select **Ins Info**.
5. Existing insurance will be shown in the grid.
6. Search for existing Insurance prior to entry.
7. If insurance is not listed and requires entry select **Add**.

Continued on next page…

Note

- **Insurance information must be updated every three (3) months**.

- **Every three (3) months, a notice will remind Service Coordinators to submit an insurance verification.**

How To

Enter new insurance information

Step / Action

8. Select the appropriate **Insurance Type** and **Insurance Carrier** from the dropdown menus.
9. Enter additional information.

Continued on next page…

Note

- Required fields are marked with an asterisk (*).

- **This information continues to be required even with the implementation of the Covered Lives legislation:**

  - **Insurance Type and Carrier**

  - **Coverage Start Date**

  - **Policy Holder**

  - **Policy Status**

  - **If Medicaid, the policy number required**

- Other fields are optional.

- Insurance address information will be prepopulated with insurance carrier selection.

Insurance
New Policy

How To

Enter new insurance information

Step / Action
10. Enter applicable fields.
11. Enter **Coverage Start Date**.

Continued on next page…

Note

- Policyholder must be entered as a member of the child's family on the family info tab, and the box "Insures Child" must also be checked for the name listed in the dropdown.

- The Policy Holder selection will prepopulate policy holder address

- An '**Active**' policy refers to a policy currently in effect.
  An '**Inactive**' policy refers to a policy no longer in effect.

- **Some Insurance Policies with an end date in the past may reflect an EI-Hub "Policy Status" of Active. This "Policy Status" allows providers to enter claims for services that have been rendered in the past (within the 90-day window) and are still being processed through billing and claiming.**

Policy Holder, if different from child

--- Select ---

Does the policy holder work for a school district?

--- Select ---

School District

--- Select ---

Policy Holder Address

Policy Holder Address 2

Policy Holder City

Policy Holder State

Policy Holder Zip

Policy Holder DOB

*Policy Status

--- Select ---

*Coverage Start Date

Coverage End Date

Policy Holder's Employer (if applicable)

Policy Holder's Employer Address 1

Policy Holder's Employer Address 2

Policy Holder's Employer City

Employer State

--- Select ---

Policy Holder's Employer Zip

Occupation

How To

Enter new insurance information

Step / Action

12. Enter **Policy Holder Employer Address**.
13. Select **Address Validate**.
14. Select **Change** to validate.
15. Address validation checkmark will automatically appear.

Continued on next page…

Note

- If the **Change** button is selected, address validation automatically replaces the previously entered 'Employer Address.'

Policy Holder's Employer (if applicable)

1220 NEW SCOTLAND RD

Policy Holder's Employer Address 1

Policy Holder's Employer Address 2

Policy Holder's Employer City

SLINGERLANDS

Employer State

NY

Policy Holder's Employer Zip

12159

Occupation

☑ Address has been Validated

Notes

Address Validate

City / State / Zip Lookup

Address Validation

USPS suggested valid address:
1220 NEW SCOTLAND RD
SLINGERLANDS, NY 12159-9396

Would you like to use this USPS address?

Change   Cancel

How To

Enter new insurance information

Step / Action

16. Select **Insurance Policy Priority**.
17. Enter additional fields if applicable.
18. Select **Submit**.
19. If required information is missing, an **Error Saving** message will indicate which field needs to be corrected.

Continued on next page…

Insurance Policy Priority dropdown:
--- Select ---
Primary
Secondary
Tertiary

Insurance Policy Priority
16 --- Select ---

Does the back of insurance card, indicate that some claims should be submitted to another Payer?
--- Select ---

Other Insurance Payer Name
17 --- Select ---

Other Insurance Payer Service Types
--- Select ---

Possible Preauthorization Needed for other Payer?
--- Select ---

18 Submit

19 Error saving
Policy Status is required.
This Policy Number is a duplicate of a previously entered Policy Number.

Insurance
New Policy

How To

Enter new insurance information

Step / Action

20. **Saved Successfully** will indicate a completed insurance entry.

21. Newly entered Insurance policies will be listed in the Insurance grid.

Saved Successfully! 20

Child at a Glance	Child Info	Family Info	Ins Info	Teams	Eval Info	Elig	IFSP	Services	Child/Family Outcomes	Transition	Transfer, Exit, Re-Open & Close

Document

Insurance

Insurance Prior Approval

Insurance Declination

Scripts, Orders, Recommendation and Referrals

Response 271

🔍 _____   10 ▾

Insurance Name	Policy Number	Group Number	Child's Member ID Number	Coverage Start Date	Coverage End Date	Policy Holder	Add
Aetna, Inc.	123456789	W001		1/1/2022	1/11/2022	Quest, Susie	Edit
Affinity Health Plan	123456789a32	11		1/10/2022		Quest, Susie	Edit

Showing 1 to 2 of 2 entries

Prev **1** Next
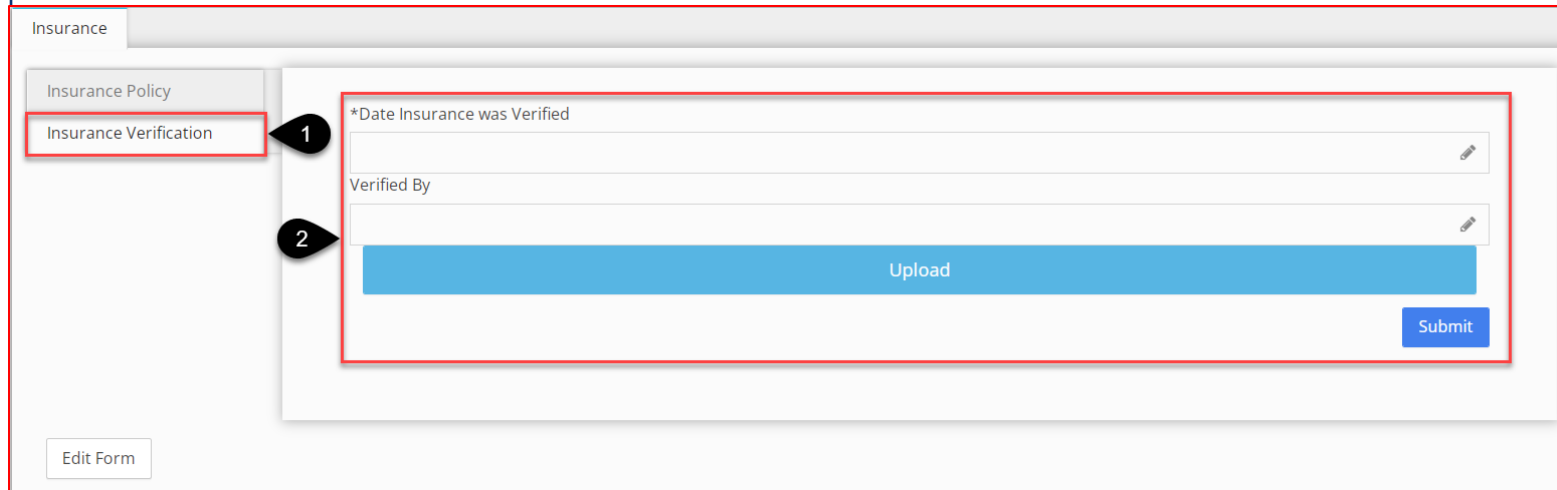
Insurance
Verification

How To

Verify insurance

Step / Action
1. Select **Insurance Verification**.
2. Enter **Date Insurance was Verified** and **Verified By.** Select **Submit**. If the child has coverage under multiple insurance plans, the verification must be done for each of the different policies.

Note

• **As Service Coordinators, your role in obtaining and updating insurance information is crucial. This verification, required every 3 months, ensures the child and family's current insurance status is verified and updated as appropriate, underscoring the importance of your work in this process. After verification, the next verification clock will reset to 3-months.**

• **Verification can take place before three (3) months.**

Insurance

Insurance Policy

Insurance Verification **1**

2

*Date Insurance was Verified

Verified By

Upload

Submit

Edit Form

Insurance
Prior Approval

How To

Submit an insurance prior approval

Step / Action
1. Select **Insurance Prior Approval***
2. Select **Add**.

Continued on next page…

Note

- *** For dates of service on and after January 1, 2022, a prior authorization is no longer needed.**

Child at a Glance | Child Info | Family Info | Ins Info | Teams | Eval Info | Elig | IFSP | Services | Child/Family Outcomes | Transition | Transfer, Exit, Re-Open & Close

Document

Insurance
Insurance Prior Approval
Insurance Declination
Scripts, Orders, Recommendation and Referrals
Response 271

1

10

Prior Authorization Number	From Date	To Date	Description	Service Type	U	Add
						Edit

2

Showing 1 to 1 of 1 entries

Prev | 1 | Next

Edit Form

EI-Hub
EARLY INTERVENTION SOLUTION

How To

Submit an insurance prior approval

Step / Action

3. Add **Prior Approval** information
4. Select **Submit**

Add Insurance Prior Approval ✕

Prior Authorization Number

From Date

3 To Date

Description

Service Type

--- Select ---

Units

4 Submit Cancel

Insurance
Declination

How To

Submit an insurance declination

Step / Action

1. Select **Insurance Declination**
2. Select **Add**

Continued on next page...

Note

- Service Coordinators **must** obtain and review a child's insurance coverage information, and the family **must** provide their insurance information or attest that they have no insurance. This attestation is recorded in case management under this Insurance Declination panel.

Insurance
Declination

How To

Submit an insurance declination

Step / Action

3. The policy must be updated in the insurance panel if the child has an active insurance policy. Select **OK** return and update the active policy.
4. Select the required checkbox if the Parent attests they have no insurance.
5. Date Declined will automatically populate to the current date.
6. Enter **Start Date** (d*ate family attested to no insurance).*
7. Select **Family Member** from the dropdown menu.
8. Select **Submit**.

Note

- The family member is prepopulated from the family members entered on the family tab in the case management.

Active Insurances ✕

This child has Active Insurance Policies, please update the Insurance panel.

OK 3

Add Insurance Declination

4 ☐ *Parent Attested that they have no Insurance/Medicaid

*Date Declined

5 06/24/2022

*Start Date

6

End Date

*Family Member

7 --- Select ---

8 Submit   Cancel

Insurance
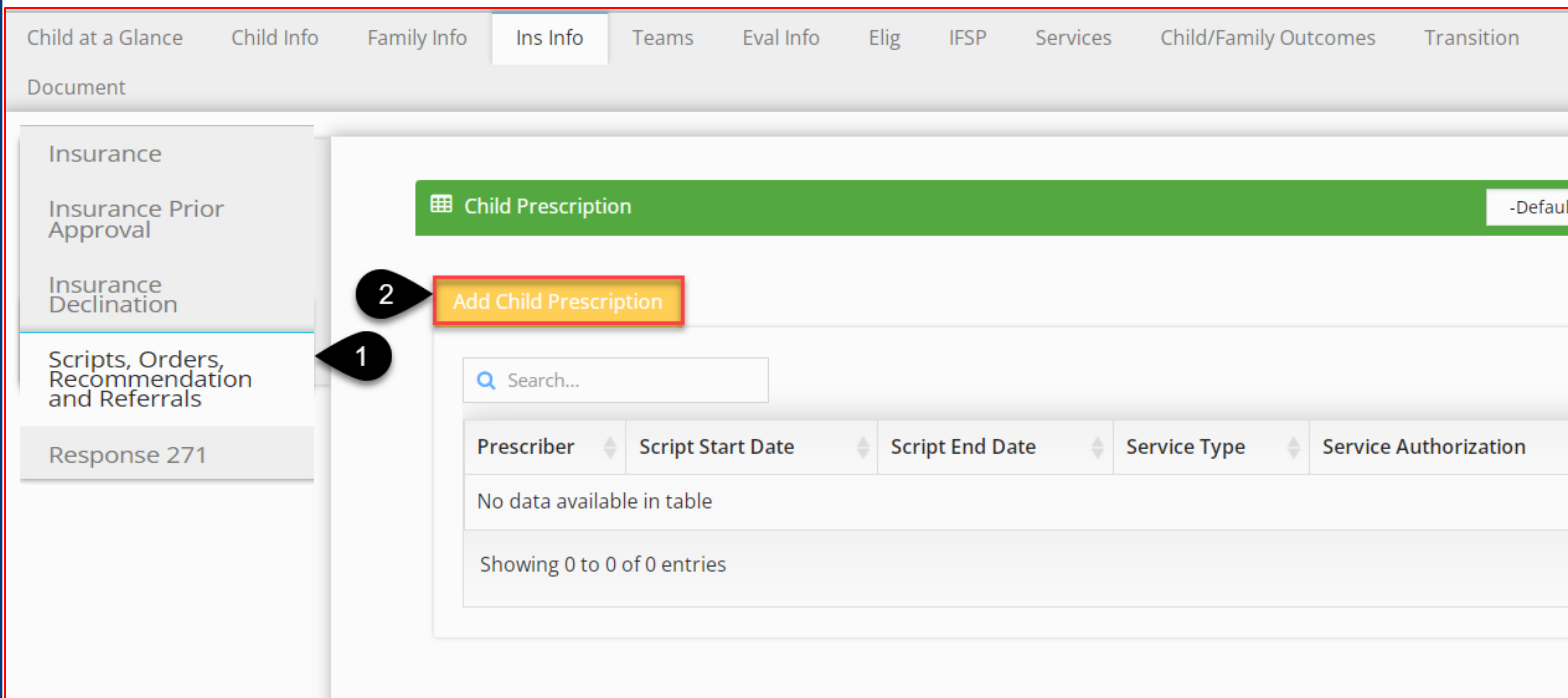## *Scripts, Orders, Recommendations, Referrals*

How To

Submit Prescriptions

Step / Action
1. Select **Scripts, Orders, Recommendations, and Referrals**.
2. Select Add Child Prescription.

Continued on next page…

Note

- **Written orders and scripts are still required after the Covered Lives implementation for services indicated in the OPRA matrix issued in 2015 by DOH.**

Child at a Glance | Child Info | Family Info | **Ins Info** | Teams | Eval Info | Elig | IFSP | Services | Child/Family Outcomes | Transition

Document

Insurance

Insurance Prior Approval

Insurance Declination

Scripts, Orders, Recommendation and Referrals   **1**

Response 271

⊞ Child Prescription   -Defaul

2   **Add Child Prescription**

🔍 Search...

Prescriber	Script Start Date	Script End Date	Service Type	Service Authorization
No data available in table				

Showing 0 to 0 of 0 entries

Insurance
Scripts, Orders, Recommendations, Referrals

How To

Submit Prescriptions

Step / Action

3. Enter **NPI Lookup** criteria to search for prescriber information. Select **Search** after adding search criteria.
4. Select the appropriate prescriber and choose **Select** to prepopulate information.
5. **Prescriber Name, NPI Number, and Taxonomy Code** will be prepopulated.
6. Select **Prescription Provided By**.
7. Select the **Service Prescribed**.

Continued on next page…

Note

- When conducting a **prescriber search**, please enter as many search criteria as possible. For example, if you only search the state (NY) as a search criterion, you will be asked to select an additional criterion (at least 1). The prescriber's first name, last name, and city are the most common additional search criteria entered.

- The **Organizational NPIs** searched on EI-Hub's Scripts, Orders, Recommendations, and Referrals panel, the search returns the name listed in the Authorized Official Information field for organizational NPIs in the 'NPPES NPI Registry and displays the declared name in the Prescriber's Name field on EI-HUB's Scripts, Orders, Recommendations and Referrals panel.

NPI Lookup

NPI	Prescriber's First Name	Prescriber's Last Name	City

State

--- Select ---

3 Search

NPI Registry Lookup

Displaying top 10 results.

CUTLER A

Select **4**

NPI : 1457354466
Taxonomy Code : 122300000X
Location : 13108 W PERSIMMON LN, BOISE, ID
Mailing Address : 13108 W PERSIMMON LN, BOISE, ID

*Prescriber Name

CUTLER A

5 *NPI Number

1457354466

*Taxonomy Code	*Prescription Provided By	Service Prescribed
122300000X	**6** --- Select ---	**7** --- Select ---

Insurance
Scripts, Orders, Recommendations, Referrals

🔍 How To

Step / Action

8. Select **Start Date**.
9. Select **Script End Date**.
10. Select **Prescription Received Date**.
11. Select **Prescriber Signature Date**.
12. Select **Active Service Information** from the dropdown.
13. The **Assistive Technology** and **Authorization** fields will prepopulate.
14. Enter **Notes** if applicable.
15. Select **Submit**.

ℹ️ Note

- The family member is prepopulated from the family members entered on the family tab in case management.

- Please only select one service per prescription. Choose the service that aligns with the prescription dates. For example, if the prescription is for June 2022 - November 2022, select the correct service that aligns with that date. When a new prescription is received, for example, for November 2022 - April 2023, a new service auto-populates as a selection, and users will create a new entry and match the prescription with the new service.

---

8 *Script Start Date

9 *Script End Date

10 Prescription Received Date

11 Prescriber Signature Date

12 Active Service Information
--- Select ---

13 Service Type
Assistive Technology

Authorization
A10011028

14 Notes

15 Submit

Revision History

Version Number	Release Date	Author	Revision Summary
v.1	2.08.2022	Matthew O'Brien	First Draft Release
v.2	3.15.2022	Matthew O'Brien	Reviewed Mike's Notes and Updated Accordingly
v.3	6.01.2022	Matthew O'Brien	Final review conducted. Approved.
v.4	6.24.2022	Courtney Pittman	Post-Final Review
v.5	7.19.2022	Courtney Pittman	Post-Final Review
v.6	9/19/23	Matthew O'Brien	Update Slide 15 TB40-In Process (PCG)' item 495.