

BIRTH TO 3 PROGRAM SYSTEM OF PAYMENTS

The Wisconsin Birth to 3 Program provides services for children who are under age three and have a developmental delay or disability. The Birth to 3 Program provides coordination of services and funding. Funding for the Birth to 3 Program comes from a variety of sources including private insurance, Medicaid, parental cost share and federal, state and local tax dollars.

Private insurance is the funding source billed first. Medicaid, for eligible children, is the second billed funding source. Prior to giving consent to access/bill a family's private or Medicaid insurance families need to understand the following:

Parents are not required to enroll in public benefits (Medicaid) in order to receive Birth to 3 Program services. However, Medicaid is an important source of public funds for this program.

Parents have a choice whether their insurance is billed. Private Insurance payments are an important part of the funding for Birth to 3 Program services. However, refusal to access private insurance does not alter the quality, type, or duration of services received. Any services outlined in the Individualized Family Service Plan (IFSP), with your consent, are provided.

By filing claims, some families may experience a financial impact such as a decrease in available lifetime health insurance coverage, increase in premiums, or out of pocket expenses such deductibles and co-pays. If there are deductibles or co-pays associated with the services the Birth to 3 Program is providing to the child, the family's Parental Cost Share (if applicable) are used to help cover the cost to the Birth to 3 Program. The family is not charged additionally for these costs.

By filing claims, families do not risk loss of Medicaid eligibility for home or community-based waivers based on aggregate health-related expenditures.

With your consent the Birth to 3 Program will share, for billing purposes, a child's personally identifiable information to the private insurance company and/or Department of Health Services Medicaid program responsible for administering the benefits coverage.

Each time your child's Individualized Family Service Plan (IFSP) adds a service or increases (in the frequency, intensity, duration or length) a service you will be asked to sign consent for billing the new level of service being provided.

Your consent remains in effect until withdrawn in writing to the Birth to 3 Program. You may withdraw consent to bill insurance or disclose your child's personally identifiable information at any time.

The types of services that the Birth to 3 Program can bill to private insurance or Medicaid include occupational, physical and speech therapy, and transportation. Evaluation procedures and the service levels described on your child's IFSP are billable. The actual amount billed will depend on the type and amount of services your child received and the services covered under your insurance plan. Core Birth to 3 Program services: evaluation, determination of eligibility, IFSP development, and service coordination; are provided to the child and family at no cost to the family. Therefore, insurance is not billed for these services.

You may also be asked to complete additional forms to obtain specific information about your insurance company/Medicaid plan and to authorize the insurance company and/or Medicaid to pay the appropriate benefits to the Birth to 3 Program providers.

If you have any questions regarding the impact on your specific insurance plan, please consult with your insurance agency or employer.

If you have any questions about giving consent to bill private insurance and/or Medicaid, contact your service coordinator. Your service coordinator cannot know each insurance policy, but may be able to help you with general questions or refer

you to someone who can help.

Some families may have an annual Parental Cost Share. The Wisconsin Birth to 3 Program Parental Cost Share System is a process where parents, if determined to have an 'ability to pay', share in the cost of the early intervention services for their child. The Parental Cost Share System, using a sliding fee scale based upon a family's gross income and family size, determines the annual amount a family contributes toward the cost of their child's early intervention services. Please discuss the sliding fee scale with your service coordinator. Funding received through the Parental Cost Share System is used to cover unpaid costs for billing Birth to 3 Program services to insurance (e.g., copays, deductibles).

Families are not charged more than the actual cost of services provided to their child and family. This includes factoring in the amount received from other funding sources such as private and public insurance. A family's 'ability to pay' through the Parental Cost Share System is based upon the federal poverty guidelines. A set amount, based upon the federal poverty guidelines, is adjusted from a family's gross income for each child in the family with a delay or disability. Your service coordinator can show you the Parental Cost Share System charts developed each year from the federal poverty guidelines that indicates a family's 'ability to pay' or 'inability to pay'. A family's annual parental cost share amount is established at the initial IFSP meeting and annually after that. The parental cost share can be changed whenever there are major changes for a family such as more or less income, or the birth of a child. A family may request a modification to their annual cost share amount through the county. A family may also choose to contest their annual Parental Cost Share amount through the processes of mediation, due process hearings and IDEA complaints. Please see Options for Resolving Conflict document for more information. An 'inability to pay', as determined by the Parental Cost Share System, will not result in a delay or denial of services. Families with insurance are not charged more than families without insurance. Refusal to provide income or family size information may result in a family being responsible for the maximum annual cost share amount. See attached "Cost Share Charts" for how to calculate participant fees under the Parental Cost Share System.

Please inform your Service Coordinator if your family participates in a pre-tax account or plan to reimburse medical expenses not covered by your insurance company. Your Service Coordinator needs to understand how your pre-tax account or plan will interface with any denials for Birth to 3 Program services that are billed to the insurance company.

Accounts or plans that need to be reported to your Service Coordinator include, but are not limited to:

- Health Savings Account (HSA);
- Health Reimbursement Account (HRA);
- Cost share fund;
- Cafeteria plan; and
- Section 125 plan.