

# Health Insurance Information Referral Form Consent to Use Insurance Resources Form

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BabyNet State Office  
December 2019

# Health Insurance Information Referral Form (HIRF)

# HIRF Purpose and Use

- To document and update private insurance information for BabyNet eligible children in BRIDGES.
- The **Intake Coordinator** completes this form for new referrals if there is no private insurance information in BRIDGES (MMIS) or incorrect private insurance information in BRIDGES (MMIS).
- The **Ongoing Service Coordinator** completes this form if private insurance coverage is added, changed, or dropped for any child regardless of Medicaid/Part C eligibility.
- Information submitted on the HIRF will be researched by SCDHHS and added/edited as needed in the MMIS. This information will automatically update in BRIDGES the next day.



# HIRF Section I

Provider or Department Name:  Provider ID or NPI:   
Contact Person:  Phone #:  Date:

**I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 25 DAYS**

Beneficiary Name:  Date Referral Completed:   
Medicaid ID#:  Policy Number:   
Insurance Company Name:  Group Number:   
Insured's Name:  Insured SSN:   
Employer's Name/Address:

Beneficiary Name: [Child's Name](#)  
Medicaid ID#: [Medicaid number](#)  
Insurance Company Name: [New Info](#)  
Insured's Name: [Policy Holder](#)  
Employer's Name/Address: [Policy Holder's info](#)

Date Referral Completed: [Date this form is submitted](#)  
Policy Number: [New Info](#)  
Group Number: [New Info](#)  
Insured SSN: [Policy Holder \(if available\)](#)

# HIRF Section II

**II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIVS SHALL WORK WITHIN 5 DAYS**

a. beneficiary has never been covered by the policy – close insurance.

b. beneficiary coverage ended - terminate coverage (date) \_\_\_\_\_

c. subscriber coverage lapsed - terminate coverage (date) \_\_\_\_\_

d. subscriber changed plans under employer - new carrier is \_\_\_\_\_  
- new policy number is \_\_\_\_\_

e. beneficiary to add to insurance already in MMIS for subscriber or other family member.  
(name) \_\_\_\_\_

**ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.**

Submit this information to Medicaid Insurance Verification Services (MIVS).

**Fax:** 803-252-0870      **or**      **Mail:** Post Office Box 101110  
Columbia, SC 29211-9804      **or Email:** MIVS@BCBSSC.com  
(please send securely)

- a. MMIS has incorrect information. Child does not have that insurance and never has.
- b. Family canceled the BabyNet eligible child's coverage
- c. Policyholder's plan ended for all who were covered (lost/changed jobs, etc.)
- d. Policyholder changed plans under the same employer (changed from BCBS to Cigna)
- e. Insurance info is already in MMIS for another family member and is adding for this new beneficiary (new baby born)

**Note: Check the best option. If it is incorrect, MIVS will research to find accurate information.**

# Consent to Use Insurance Resources Form

# Purpose and Use

- To document the health insurance resources available to the family and obtain consent for IDEA/Part C to access those resources to meet the payor of last resort requirements for IDEA/Part C Service Fun
- The Service Coordinator uses this form at:
  - Transfer from the Intake Coordinator at the initial IFSP team meeting
  - At each annual IFSP team meeting
  - Each time there is a change in payment sources for service(s)
  - Any time there is a change in the Service Coordinator
- It is the responsibility of the Service Coordinator to inform all EIS providers of the child's coverage and consent prior to initiation of services and to keep EIS providers informed of any changes in coverage or consents as they occur.
- The Service Coordinator will also ensure that consent is appropriately documented on Planned Services in BRIDGES.



# Sections 1-2: Demographics and Medicaid

SECTION 1: CHILD AND PARENT INFORMATION		
Child's Name:	Date of Birth:	BRIDGES ID #:
Parent's Name:	Initial Date:	Review Date:
SECTION 2: MEDICAID COVERAGE: <input type="checkbox"/> YES IF YES, COMPLETE SECTION 2 <input type="checkbox"/> NO IF NO, PROCEED TO SECTION 3		
The Individuals with Disabilities Education Act (IDEA) requires that Medicaid be billed for services on your Individualized Family Service Plan if your child is eligible both for IDEA/Part C and Medicaid benefits. You are not required to apply for Medicaid benefits as a condition of IDEA/Part C eligibility.		
Child's Medicaid Number:		
Eligibility Date:	Date of Application:	
Medicaid Managed Care Plan Name (if applicable):		
<i>Signature of Parent</i>		<i>Date</i>

- Enter child's legal first and last name, date of birth, and BRIDGES ID number.
- Enter parent's name, date the form is initially completed, and the date the form must be reviewed (not more than 364 days from initial completion).
- If the child is covered by Medicaid, check 'yes' and complete all requested information about the Medicaid coverage, including the Medicaid number, plan eligibility date, name of plan, and contact information for the plan.
- The parent must sign Section 2 only if the child is a Medicaid member.
- If the child is not a Medicaid member, check 'no' and go to Section 3.

# Section 3: Private Health Insurance

SECTION 3: PRIVATE HEALTH INSURANCE COVERAGE:		
<input type="checkbox"/> YES IF YES, COMPLETE SECTION 3 AND 4 <input type="checkbox"/> NO IF NO, PROCEED TO SECTION 5		
If you have private insurance <b>and</b> Medicaid, you <b>must</b> give consent to bill your private insurance for services on your Individualized Family Service Plan.		
Parent Initials		Acknowledgements and Consents
Yes	No	I have received a copy of the Written Notice Related to Private Insurance/Medicaid and System of Payment Policies, as well as the Parent Notice of Family Rights and Safeguards.
		I give permission for Early Intervention Service (EIS) Providers to bill the insurance company(ies) listed below for services on my child's Individualized Family Service Plan (IFSP), and to exchange information (e.g. diagnosis, service dates, types of service, etc.) necessary to secure payment for these services. I understand that IDEA/Part C will cover most co-payments, financial responsibility associated with any deductibles, and other co-insurance associated with the services on my child's IFSP but does not assume responsibility for payment of my health insurance premiums. I understand that this consent applies to all services on my IFSP unless otherwise noted.
		I understand that if an insurance payment is made directly to me for IDEA/Part C services, I am responsible for immediately sending such payments to the EIS provider who delivered the service.
		I will immediately notify my Service Coordinator of any changes to my child's health insurance or Medicaid coverage.
		I understand that my Service Coordinator is responsible for making sure the EIS providers on my IFSP receive a copy of this form and will update the data system to notify EIS providers of any changes to my child's health insurance/Medicaid coverage.
		<i>Signature of Parent</i>
		<i>Date</i>

- If the family has private health insurance coverage, check 'yes' and review each acknowledgement and consent with the parent prior to asking for parent's initials in the appropriate column.
- The parent must sign and date Section 3 only if the child is covered by the private health insurance policy.
- If the family does not have private health insurance, check 'no' and proceed to Section 5.

# Section 4: Private Health Insurance

SECTION 4: PRIVATE INSURANCE INFORMATION AND CONSENT EXCEPTIONS			
<b>PRIMARY INSURANCE</b>		<b>SECONDARY INSURANCE</b>	
Policy Holder Name:		Policy Holder Name:	
Relationship to Child:		Relationship to Child:	
Policy Holder's Address:		Policy Holder's Address:	
Insurance Company:		Insurance Company:	
Phone Number:		Phone Number:	
Claim Address:		Claim Address:	
Member Number:	Plan Name:	Member Number:	Plan Name:
Group Number:	Effective Date:	Group Number:	Effective Date:
Employer:		Employer:	
Address:		Address:	
<b>PRIVATE INSURANCE ONLY: If there are any services you do <u>not</u> want billed to your private insurance, please list the service(s) and initial below.</b>			
<b>IDEA/PART C SERVICES ON MY IFSP</b>			<b>PARENT INITIALS</b>

- If the parent has given consent for IDEA/Part C to use the private health insurance policy, the Service Coordinator must complete all the requested information regarding the primary insurance policy and any secondary insurance policy if applicable.
- If there are any services the parent does not want billed to private insurance, please list the service(s) in this section and ask the parent to initial the exceptions.

# Sections 5-6: No Insurance, SC Signature

<b>SECTION 5: NO INSURANCE:</b>	
My child <b>is not covered by private health insurance or Medicaid at this time</b> and I agree to inform my Service Coordinator of any changes to my child's health insurance or Medicaid coverage as they occur. Not Applicable: (initial here.) _____	
<i>Signature of Parent</i>	<i>Date</i>
<b>SECTION 6: SERVICE COORDINATOR SIGNATURE</b>	
<i>Signature of Service Coordinator</i>	<i>Date</i>
<i>Service Coordination Agency</i>	

- Coverage by either private insurance or Medicaid is not a condition of IDEA/Part C eligibility, nor can IDEA/Part C require a family to purchase or apply for such coverage. Section 5 is completed only if the family has neither private health insurance nor Medicaid. The Service Coordinator will review the statement in Section 5 with the family prior to asking for the parent's signature and date.
- The Service Coordinator will sign and date the form and enter the name of their service coordination agency.
- Following completion and signature of the form, the Service Coordinator will:
  - Document the payor source in BRIDGES
  - Copy or scan and send the completed consent to the family and each EIS provider on the IFSP team
  - File the hardcopy of the form in the child's record.

# Summary

## Intake Coordinator

- Completes new HIRF at intake if private insurance information needs to be updated or added in BRIDGES.
- No longer completes the Consent to Use Insurance Resources form.

## Ongoing Service Coordinator

- Completes the Consent to Use Insurance Resources form prior to the initial and each annual IFSP.
- Completes the HIRF if private insurance coverage is added or changed and BRIDGES needs to be updated.

