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COORDINATORS ASSOCIATION
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Finance Survey:

Use of Private and Public Insurance

2008

The ITCA has conducted a national survey of Part C Coordinators for over 5 years. The goal of the survey is to gather relevant information and make it available to members on a regular basis. The initial survey was lengthy, detailed and required substantial time on the part of State Coordinators to complete. As a result, participation in survey completion never achieved the level that was intended. In 2008, the Data Committee was charged with revising the survey, eliminating data that was already being collected by other sources and streamlining the process to facilitate a higher level of participation. The survey has been divided into four topic areas. The first topical area to be distributed for completion was Finance and the survey was distributed in late 2008. Included in the Finance Survey were questions that related to the use of private and public insurance.

The survey data represent the 38 state and territory members who completed the survey by January 2009. The data is reported by frequency as well as cross tab analyses by type of Lead Agency, the OSEP eligibility category and the Regional Resource Center geographic alignment. The frequency tables were produced in SPSS and include frequencies of no responses. The charts in the report reflect the responses of those states who answered the questions. The “no responses” are excluded from the charts. ITCA draws no conclusions from the data analysis but simply reports the data. All data are aggregated and the individual state responses are kept confidential.

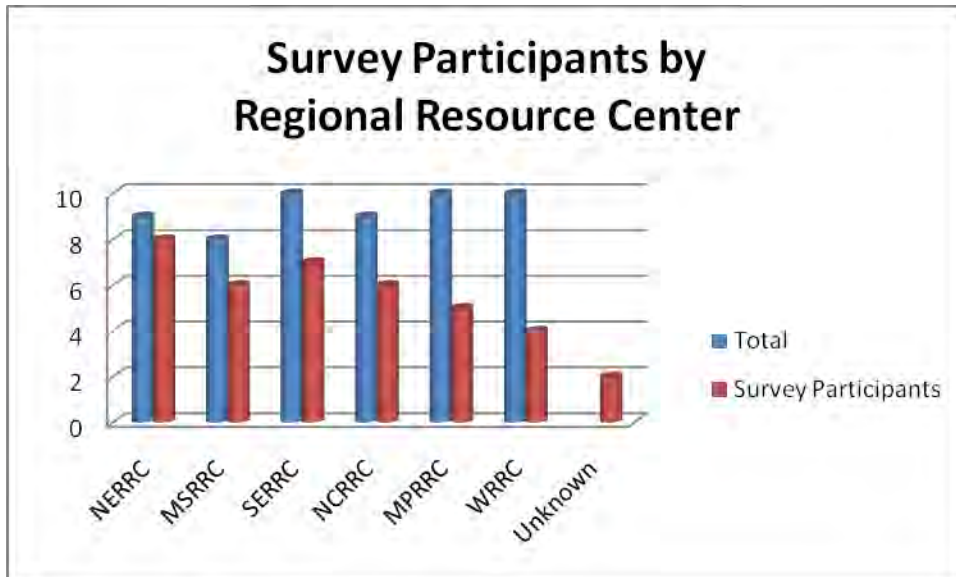
Survey Participant Demographics

		State Participation			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Alaska	1	2.6	2.6	2.6
	American Samoa	1	2.6	2.6	5.3
	Arkansas	1	2.6	2.6	7.9
	California	1	2.6	2.6	10.5
	Colorado	1	2.6	2.6	13.2
	Connecticut	1	2.6	2.6	15.8
	Florida	1	2.6	2.6	18.4
	Hawaii	1	2.6	2.6	21.1
	Illinois	1	2.6	2.6	23.7
	Indiana	1	2.6	2.6	26.3
	Iowa	1	2.6	2.6	28.9
	Kansas	1	2.6	2.6	31.6
	Kentucky	1	2.6	2.6	34.2
	Louisiana	1	2.6	2.6	36.8
	Maine	1	2.6	2.6	39.5
	Maryland	1	2.6	2.6	42.1
	Massachusetts	1	2.6	2.6	44.7
	Michigan	1	2.6	2.6	47.4
	Minnesota	1	2.6	2.6	50.0
	Missouri	1	2.6	2.6	52.6
	Montana	1	2.6	2.6	55.3
	Nebraska	1	2.6	2.6	57.9
	New Hampshire	1	2.6	2.6	60.5
	New Jersey	1	2.6	2.6	63.2
	New Mexico	1	2.6	2.6	65.8
	New York	1	2.6	2.6	68.4
	North Carolina	1	2.6	2.6	71.1
	Northern Marianas	1	2.6	2.6	73.7
	Oklahoma	1	2.6	2.6	76.3
	Rhode Island	1	2.6	2.6	78.9
	South Dakota	1	2.6	2.6	81.6
	Tennessee	1	2.6	2.6	84.2
	Texas	1	2.6	2.6	86.8
	Utah	1	2.6	2.6	89.5
	Virginia	1	2.6	2.6	92.1
	West Virginia	1	2.6	2.6	94.7
	No response	2	5.3	5.3	100.0
	Total	38	100.0	100.0	

Participation by RRC region

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Northeast	8	21.1	21.1	21.1
Mid South	6	15.8	15.8	36.8
Southeast	7	18.4	18.4	55.3
North Central	6	15.8	15.8	71.1
Mountain Plains	5	13.2	13.2	84.2
Western	4	10.5	10.5	94.7
No response	2	5.3	5.3	100.0
Total	38	100.0	100.0	

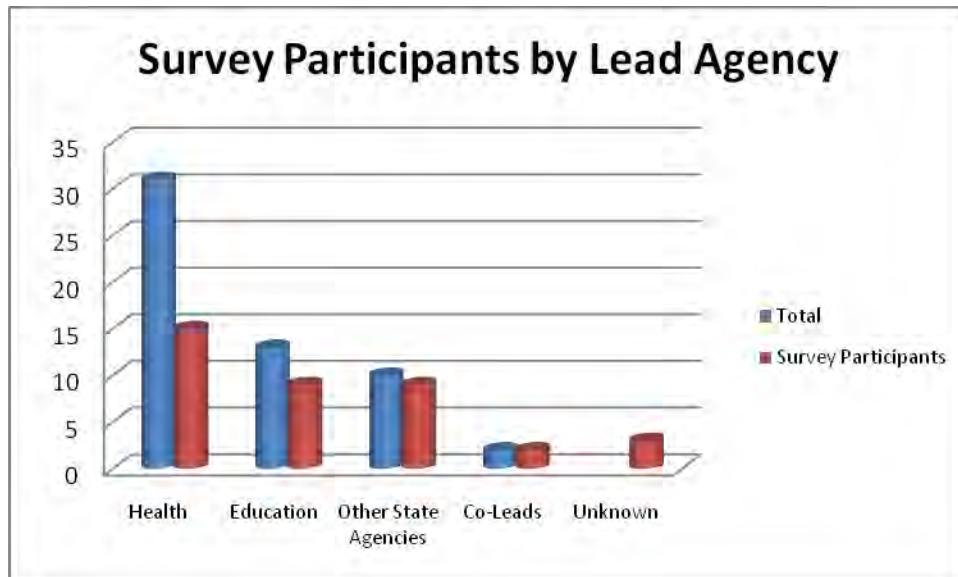
Survey participants ranged from a high of eight states (89%) in the Northeast region to a low of four states (40%) in the Western region. Two states completed the survey but did not identify themselves so their regional categorization cannot be determined. This will also be the case for Lead Agency and Eligibility Status.



Participation by State Lead Agency

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Health	15	39.5	39.5	39.5
	Education	9	23.7	23.7	63.2
	Other	9	23.7	23.7	86.8
	Co-Lead	2	5.3	5.3	92.1
	No response	3	7.9	7.9	100.0
	Total	38	100.0	100.0	

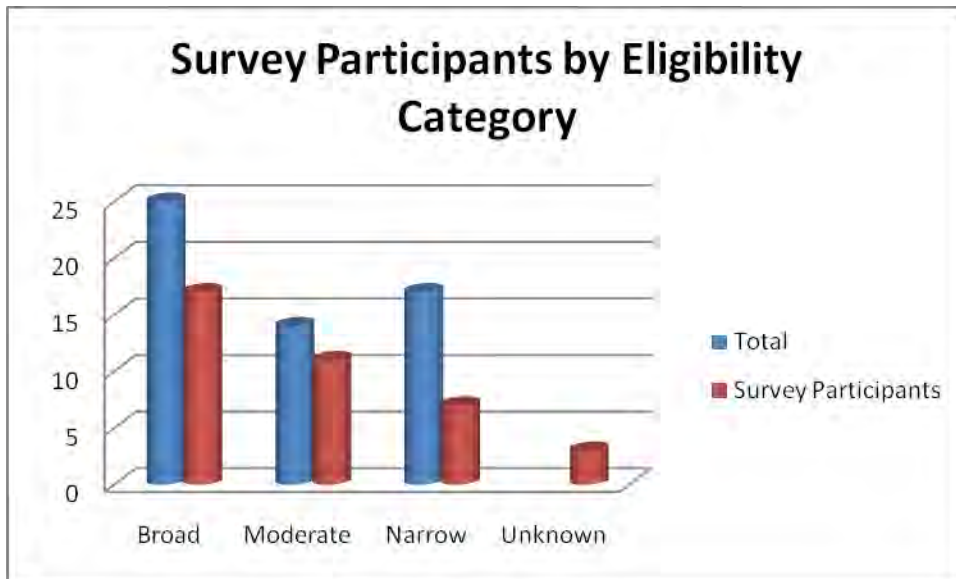
Fifteen states (48%) with Health as the Lead Agency participated in the survey. Nine states (69%) with Education as the Lead Agency and nine states (90%) with "Other State Agencies" as the lead participated in the survey. Both states that have co-lead agencies participated in the survey.



Participation by OSEP Eligibility Status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Broad	17	44.7	44.7	44.7
Moderate	11	28.9	28.9	73.7
Narrow	7	18.4	18.4	92.1
No response	3	7.9	7.9	100.0
Total	38	100.0	100.0	

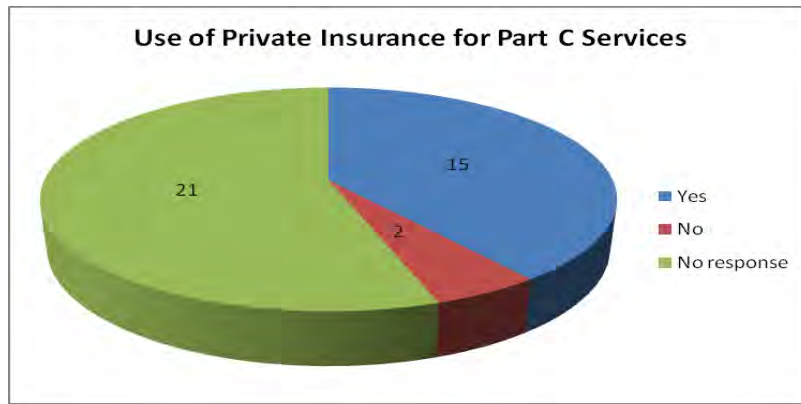
For the purpose of analysis, the OSEP eligibility categories were used. Seventeen states (68%) identified as having broad eligibility criteria completed the survey. Eleven states (79%) identified as having moderate eligibility and seven states (41%) of states identified as having narrow eligibility completed the survey.



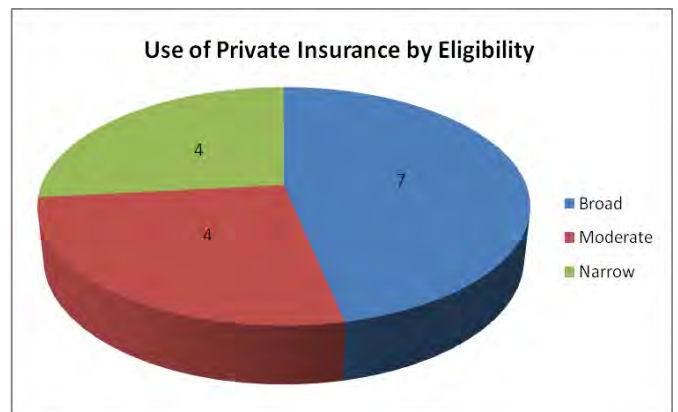
Survey Questions

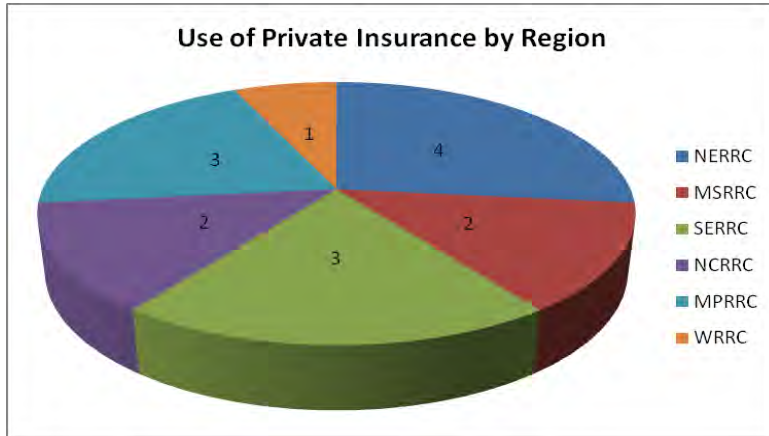
Is private insurance used to pay for all or a portion of Part C services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	39.5	39.5	39.5
	No	2	5.3	5.3	44.7
	No response	21	55.3	55.3	100.0
Total		38	100.0	100.0	



Fifteen (39.5%) of the thirty-eight states responding to the survey indicate that they bill private insurance for all or a portion of services provided through Part C. Of the fifteen states, six were Health Lead Agencies, six were Other State Agency Lead Agencies and three were Education Lead Agencies. Seven states with broad eligibility accessed insurance compared to moderate and narrow eligibility states with four each.

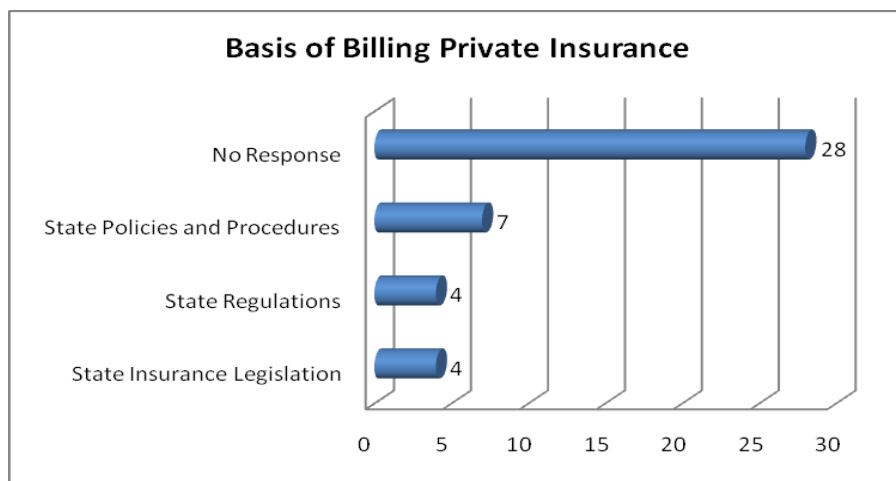




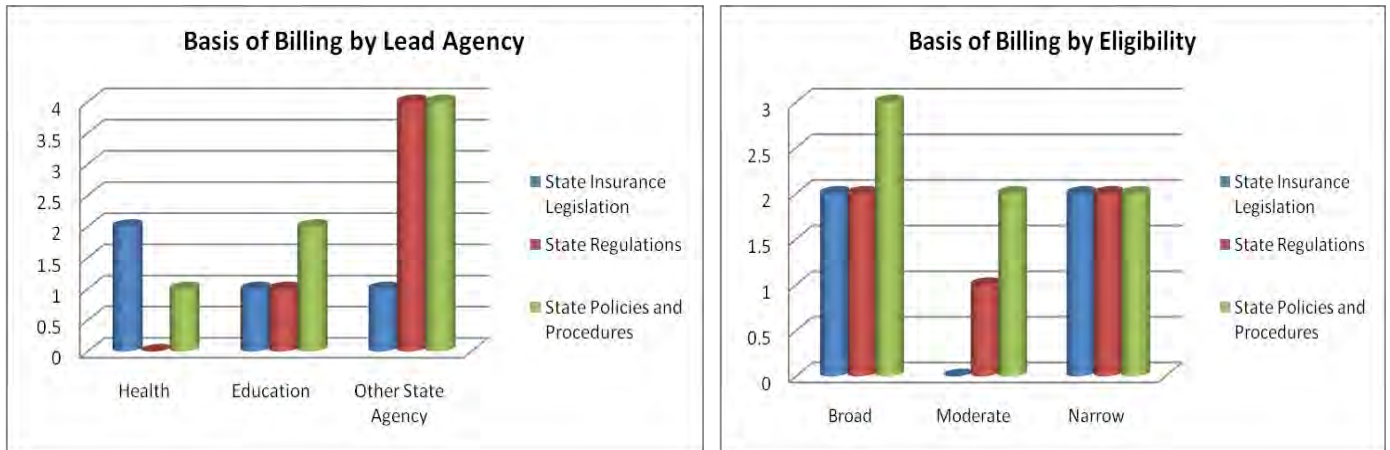
The Northeast region had the largest number of states (4) that identified they utilized insurance. The Western region had only one state that indicated it was using private insurance.

On what basis does your state bill private insurance?

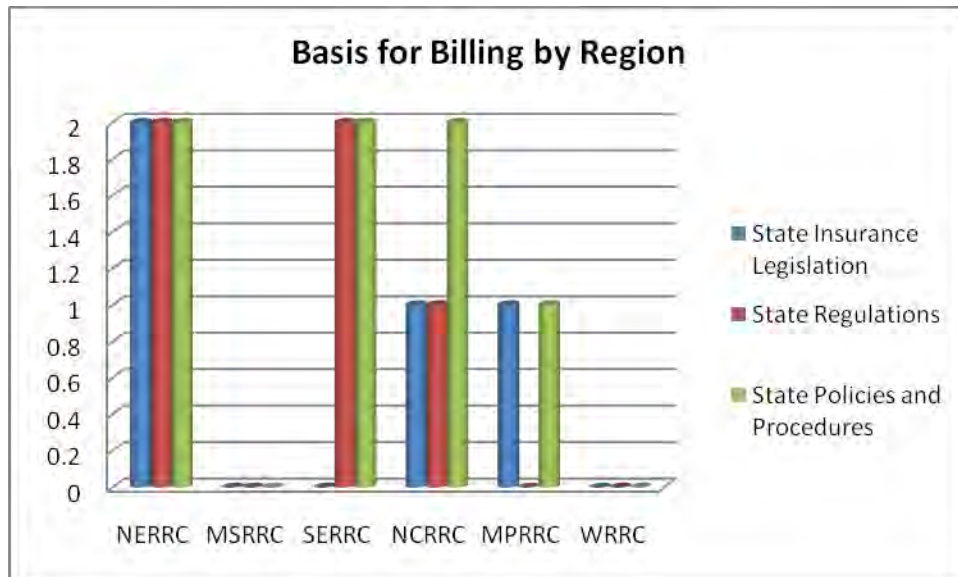
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid State Insurance Legislation	2	5.3	5.3	5.3
State Regulations	1	2.6	2.6	7.9
State Policies and Procedures	3	7.9	7.9	15.8
Regulations, Policies and Procedures	2	5.3	5.3	21.1
All	2	5.3	5.3	26.3
No Response	28	73.7	73.7	100.0
Total	38	100.0	100.0	



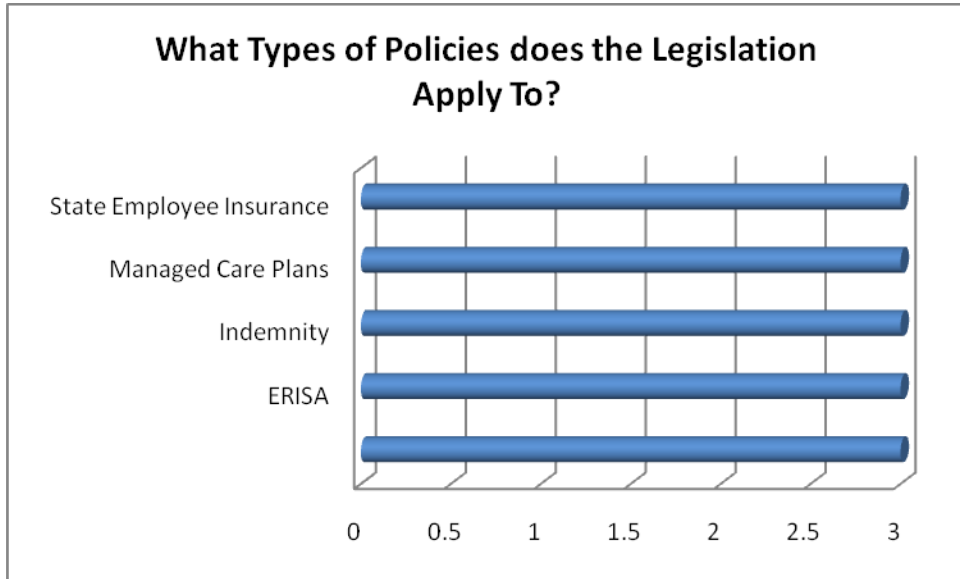
Of the ten states that answered this question, the majority (7) indicated that state policies and procedures are the basis by which they bill private insurance. The remaining eight states are equally split between state regulations and insurance legislation.



Health Lead Agencies had a higher use of insurance legislation while policies and procedures were the basis for billing when looking at eligibility categories.



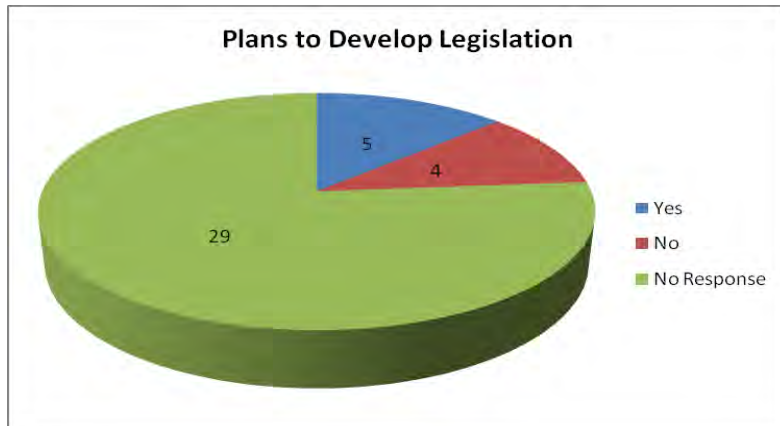
The Mid-South region and western region had no states that answered this question.



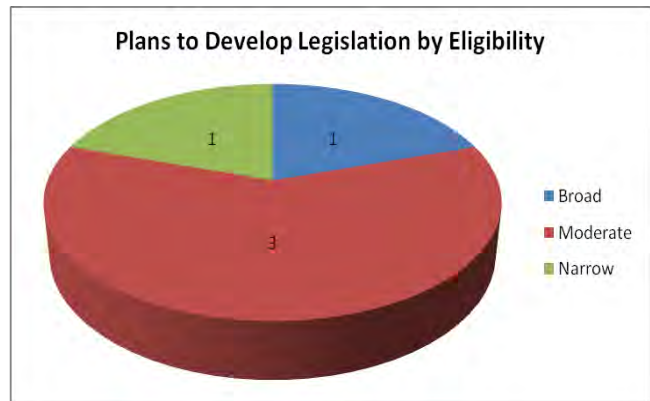
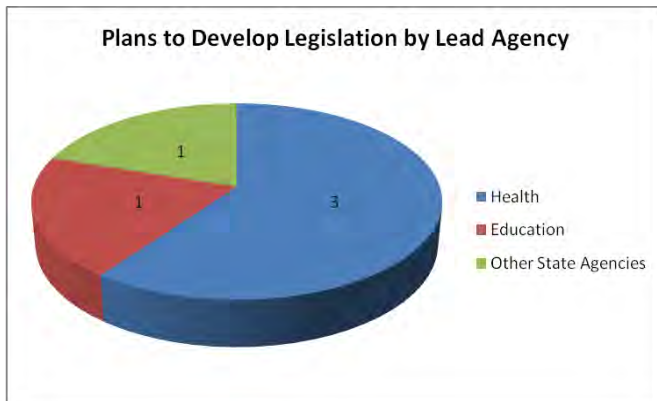
Three states responded to this question and indicated their legislation covered all of the identified categories.

If you do not currently have legislation, are there plans to develop insurance legislation?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	5	13.2	13.2	13.2
No	4	10.5	10.5	23.7
No response	29	76.3	76.3	100.0
Total	38	100.0	100.0	



Of the fifteen states that access private insurance, five states currently without legislation indicated they were planning to develop insurance legislation. Of those five, three states were from Health Lead Agencies and three states had moderate eligibility.



With the exception of the Western region, one state in each of the other regions indicated that it was planning to develop insurance legislation.



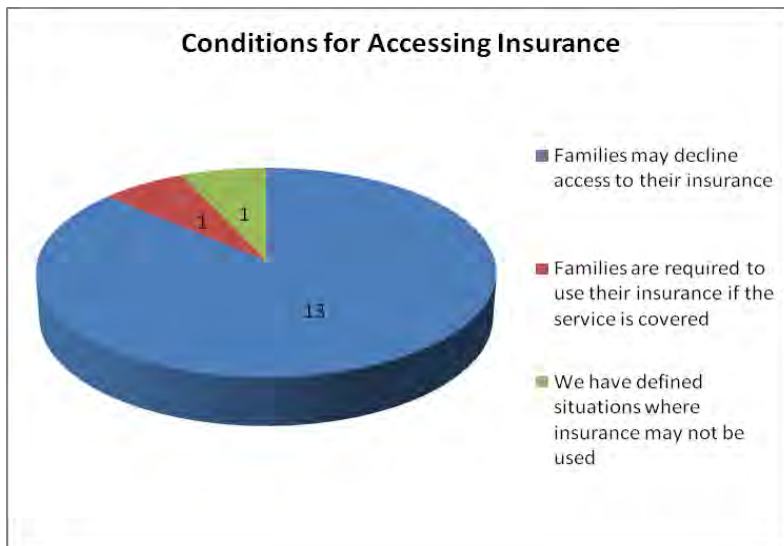
Are changes to existing legislation being considered?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	7.9	7.9	7.9
	No	8	21.1	21.1	28.9
	No response	27	71.1	71.1	100.0
Total		38	100.0	100.0	

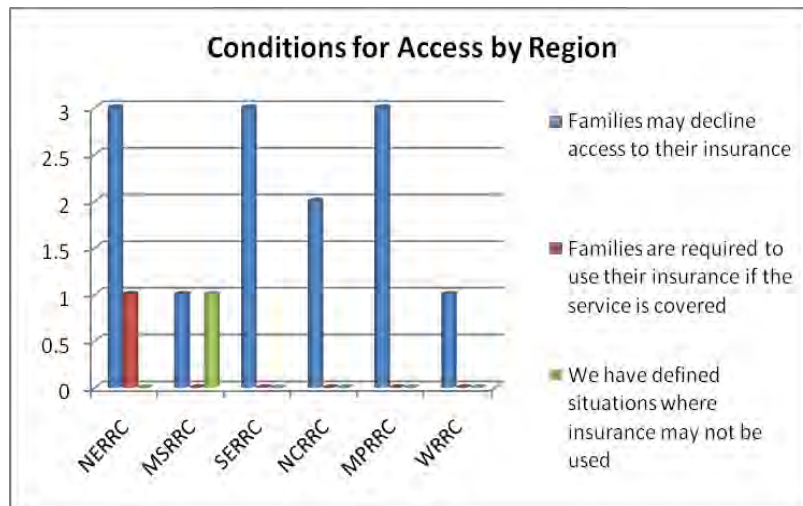
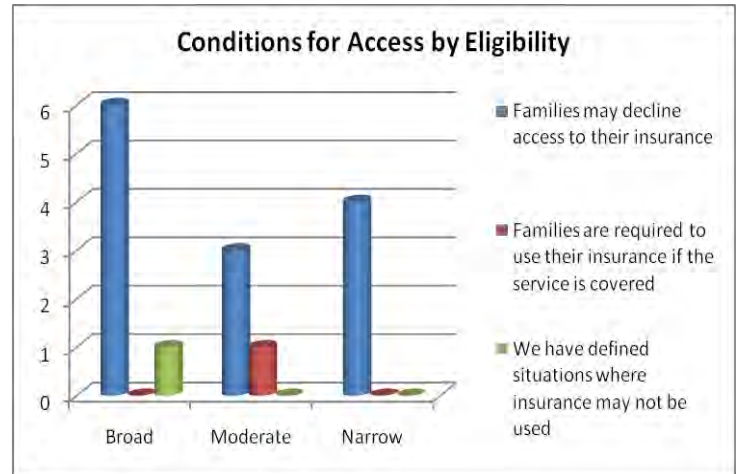
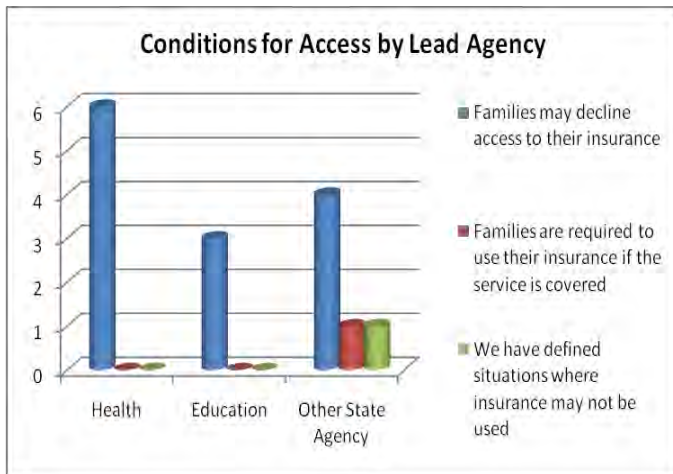
Of the four states with existing insurance legislation, three indicated they were considering changes.

What are the conditions for accessing a family's insurance?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Families may decline access to their insurance	13	34.2	34.2	34.2
	Families are required to use their insurance if the service is covered	1	2.6	2.6	36.8
	We have defined situations where insurance must not be used	1	2.6	2.6	39.5
	No response	23	60.5	60.5	100.0
	Total	38	100.0	100.0	

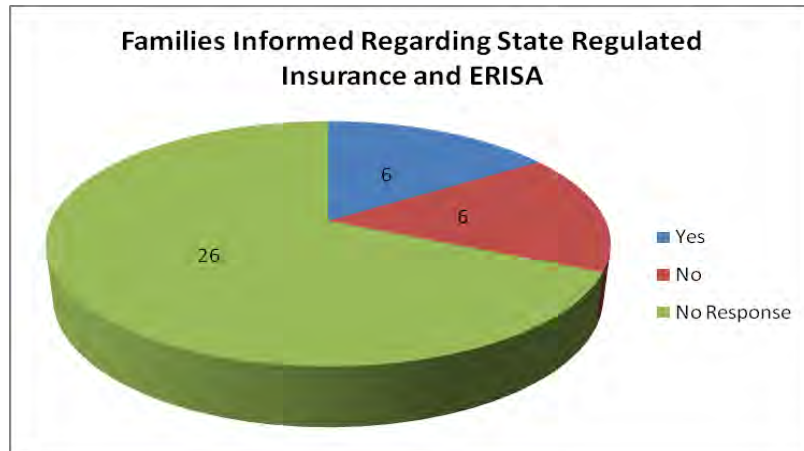


Of the fifteen states that access insurance, thirteen indicate that the family may decline access to their insurance. All states with Health and Education as Lead Agencies support the ability of families to decline access to their insurance. One state with Other State Agency as the lead indicated that families must use their insurance if the service is covered. Findings are similar for eligibility and for region. The Northeast region is the only region where a state has indicated families are required to use insurance if the service is covered.

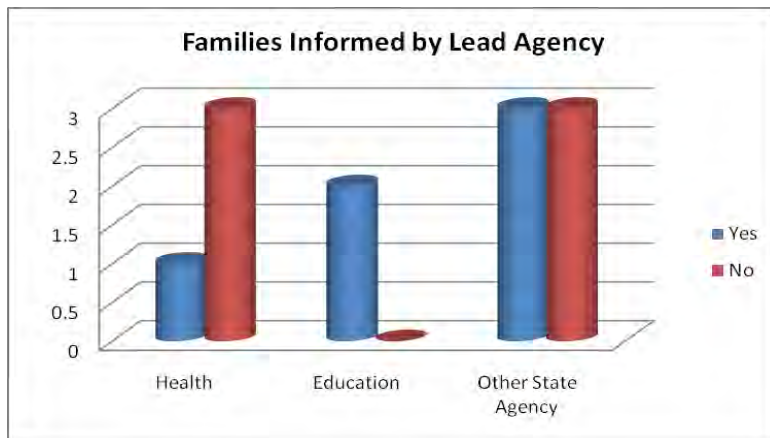


Are families informed about differences between state regulated insurance and ERISA policies?

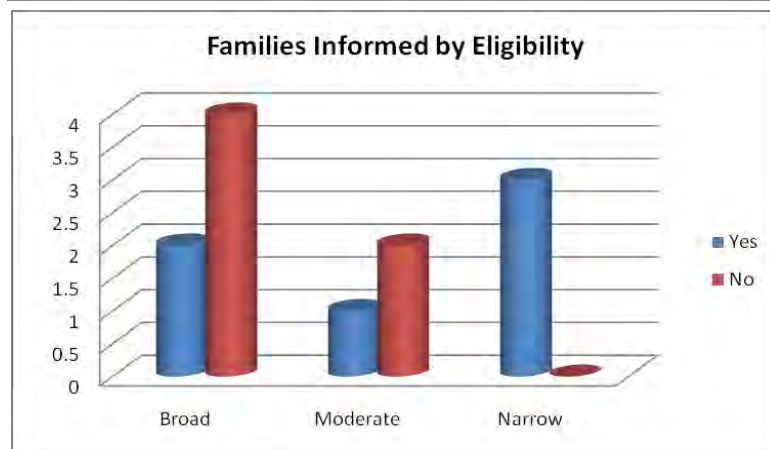
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	15.8	15.8	15.8
No	6	15.8	15.8	31.6
No response	26	68.4	68.4	100.0
Total	38	100.0	100.0	



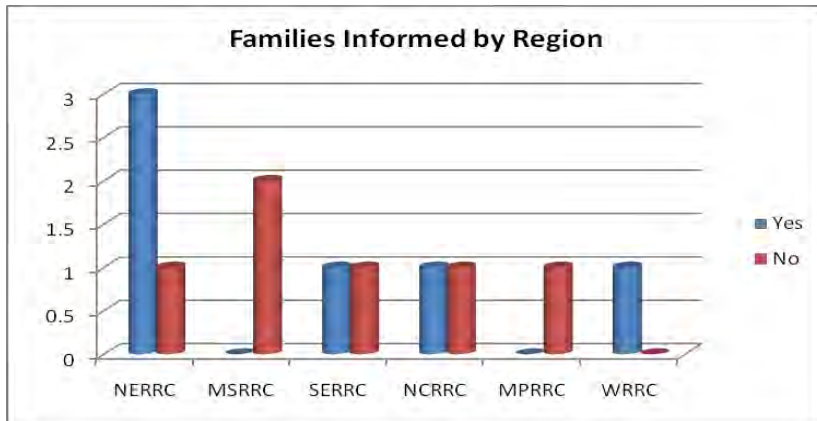
Twelve of the states that utilize insurance answered this question. Six states indicated that families were informed about the differences between state regulated insurance and ERISA policies.



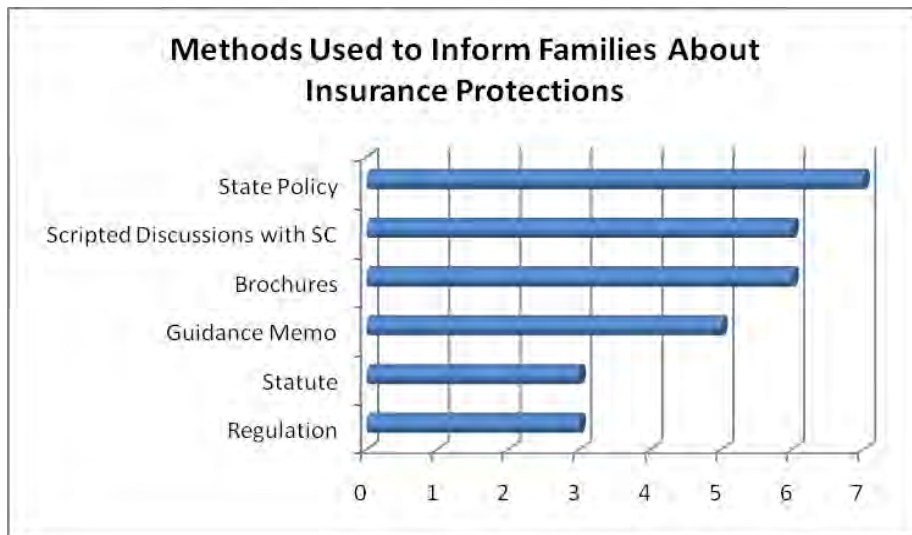
States with Education as the Lead or Other State Agency as the Lead have a higher rate of informing families than states with Health as the Lead Agency.



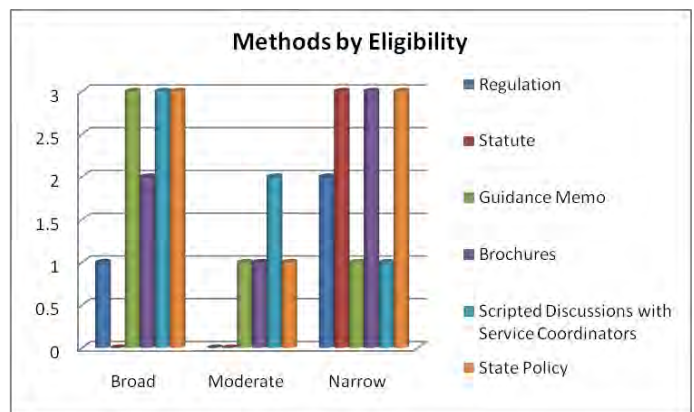
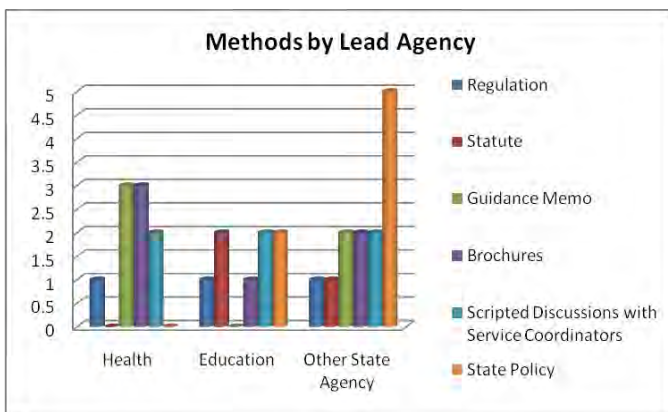
All states with narrow eligibility reported they informed families of the differences between state regulated insurance policies and ERISA.



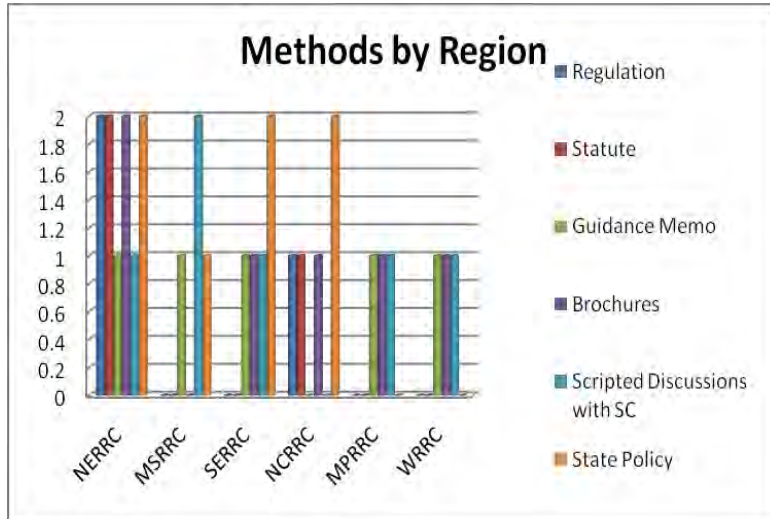
The Northeast region has the highest number of states that inform families of the difference in policy. There were no states in the Mid South region that informed families of the difference.



Coordinators were asked to identify the methods used to inform families about their insurance protections. States used a variety of methods to inform families.



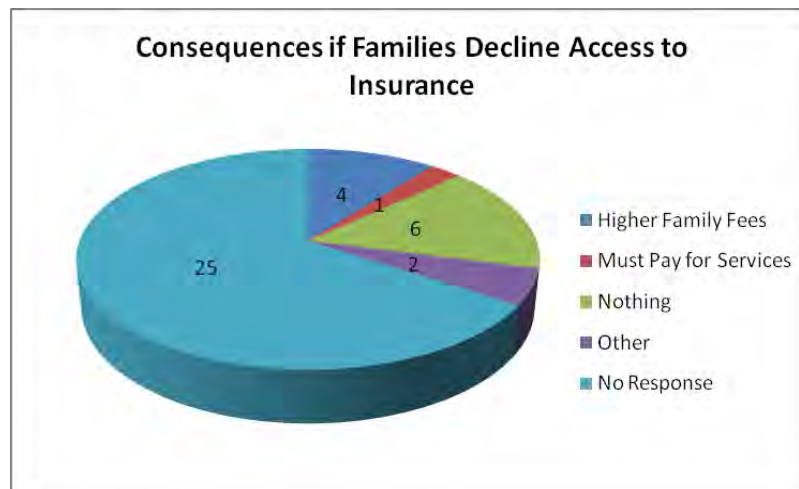
Health Lead Agencies used Guidance Memos and Brochures as their primary tools. Three Broad eligibility states reported they used scripted discussions with service coordinators. All six regions



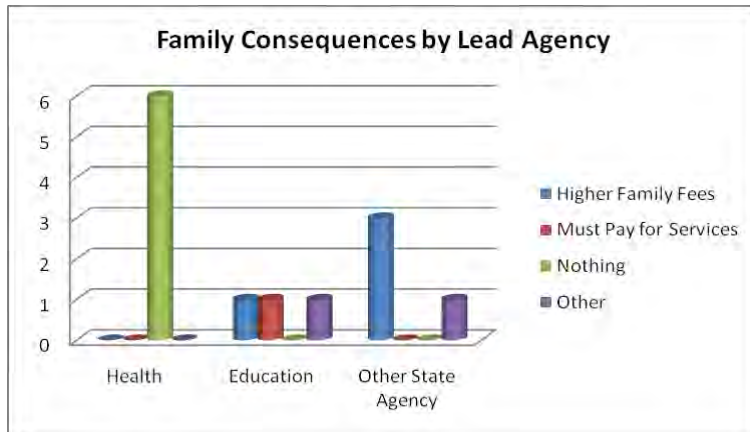
employ a variety of methods to inform families. The Northeast region is the only region to employ all of the identified methods.

What happens if the family declines access to their insurance?

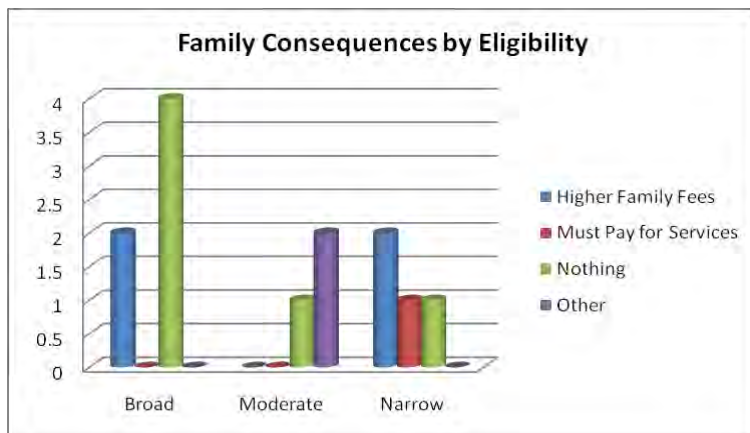
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Higher family fees	4	10.5	10.5	10.5
	Must pay for services	1	2.6	2.6	13.2
	Nothing	6	15.8	15.8	28.9
	Other	2	5.3	5.3	34.2
	No response	25	65.8	65.8	100.0
	Total	38	100.0	100.0	



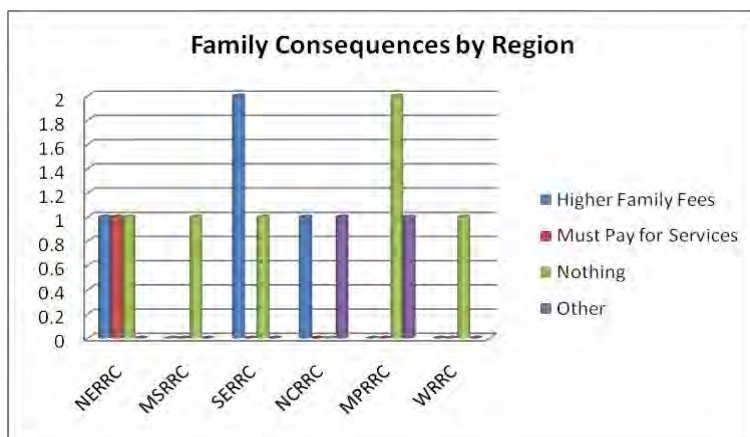
Thirteen states responded to this question. The majority of states (6) responded that there were no consequences if the family declined the use of their private insurance. Four states require the family to pay higher fees if the family declines access.



All six of the states that indicated nothing would happen if the families refused access to insurance were in Health Lead Agencies. Three states in Other State Agency and one state in Education indicate they would charge the family higher fees. One Education Lead state indicated that the family would be required to pay for the services.



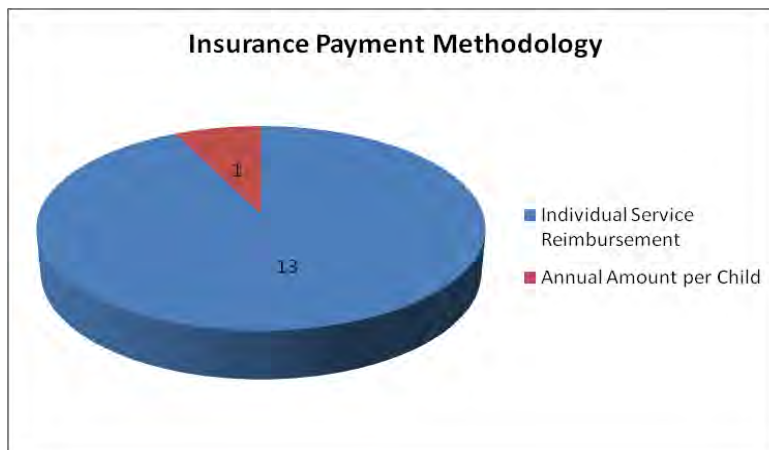
The majority of states (4) with Broad eligibility indicated there would be no consequences for a family's refusal. Two states with narrow eligibility indicated that families would pay higher fees and one state with narrow eligibility would require the family to pay for services.



Regional differences are comparable to the differences seen with type of Lead Agency and Eligibility criteria.

What is the methodology for insurance payments for Part C services?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Individual service reimbursement	13	34.2	34.2	34.2
	Individual service reimbursement, annual per child, annual lump sum	1	2.6	2.6	36.8
	No response	24	63.2	63.2	100.0
	Total	38	100.0	100.0	

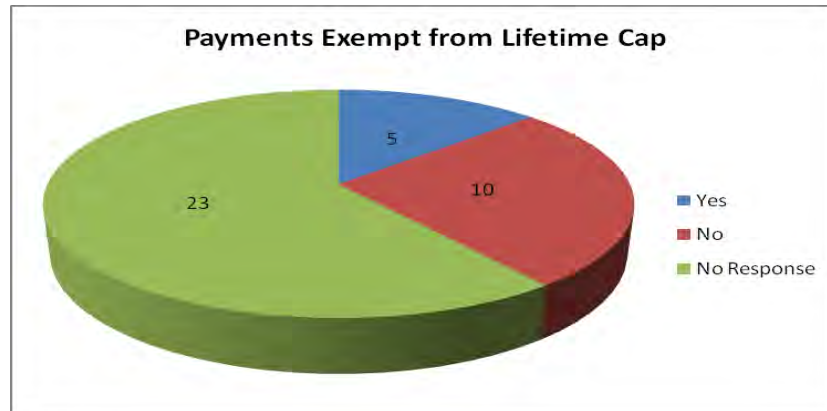


Thirteen of the fourteen states that answered this questions are reimbursed by insurance companies on an individual service basis. Only one state receives an annual amount per child.

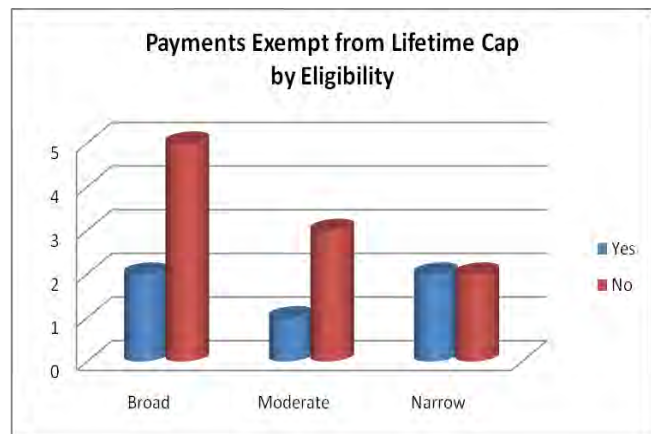
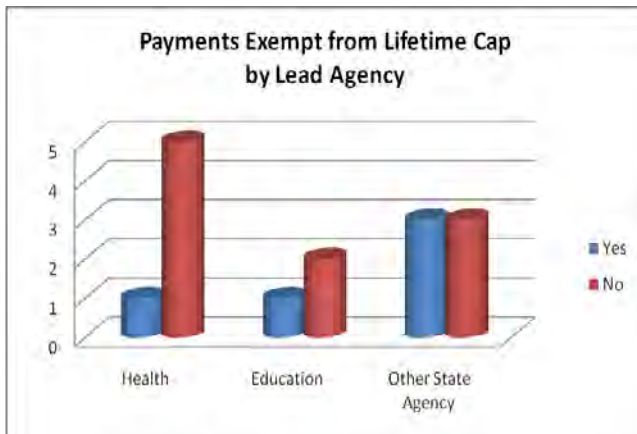
Because of the unanimity of response, no crosstab analysis is presented.

Are payments made by private insurance exempt from a lifetime cap?

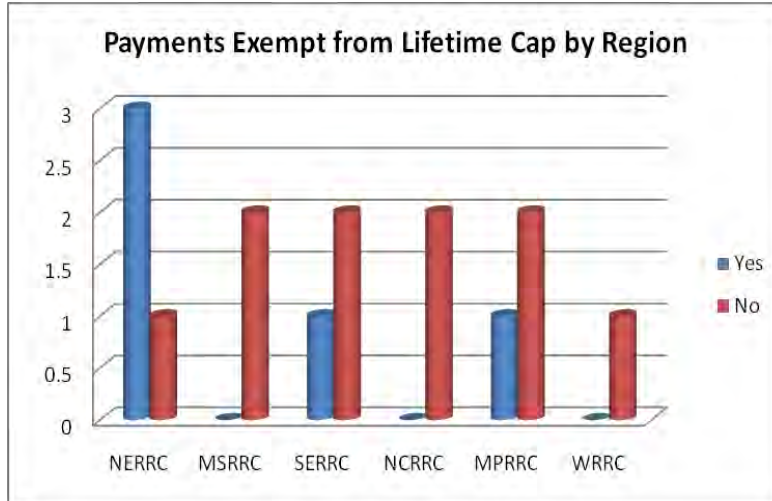
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	13.2	13.2	13.2
	No	10	26.3	26.3	39.5
	No response	23	60.5	60.5	100.0
	Total	38	100.0	100.0	



Fifteen states responded to this question. Five states indicated that payments made by private insurance for Part C services were exempt from the lifetime cap. Three of those states were from Other State Agency leads. Education and Health each had one states with exemption from lifetime caps. With the exception of narrow eligibility states, more states in Broad and Moderate did not have exemptions from lifetime caps.

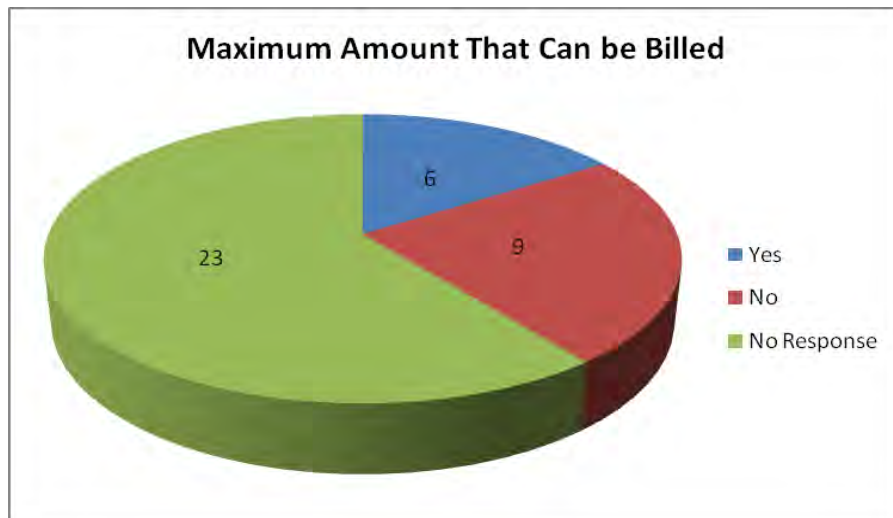


The Northeast region had the highest number of states with lifetime cap exemptions.

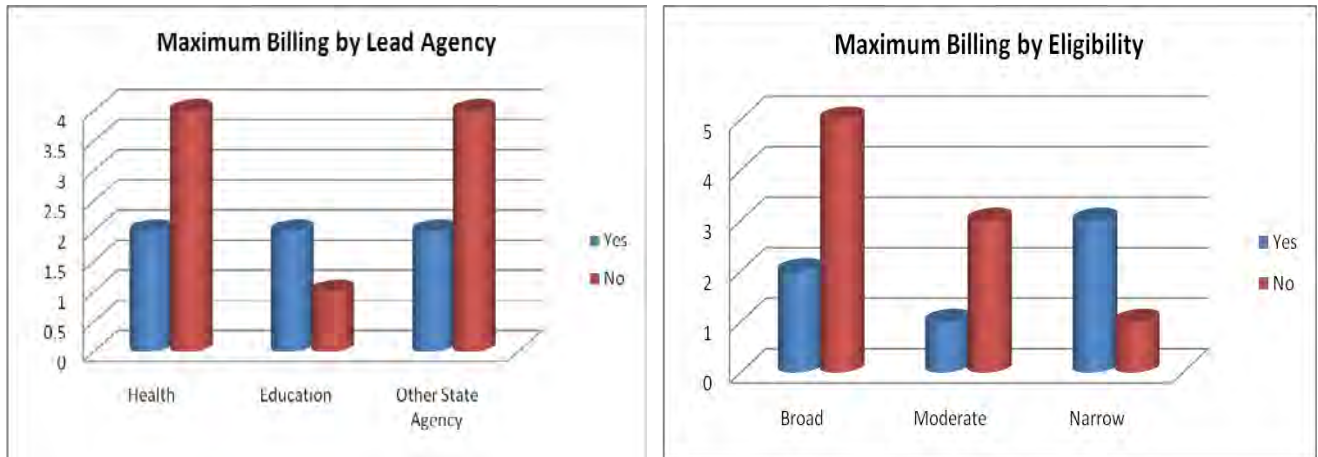


Is there a maximum amount that can be billed on an annual basis?

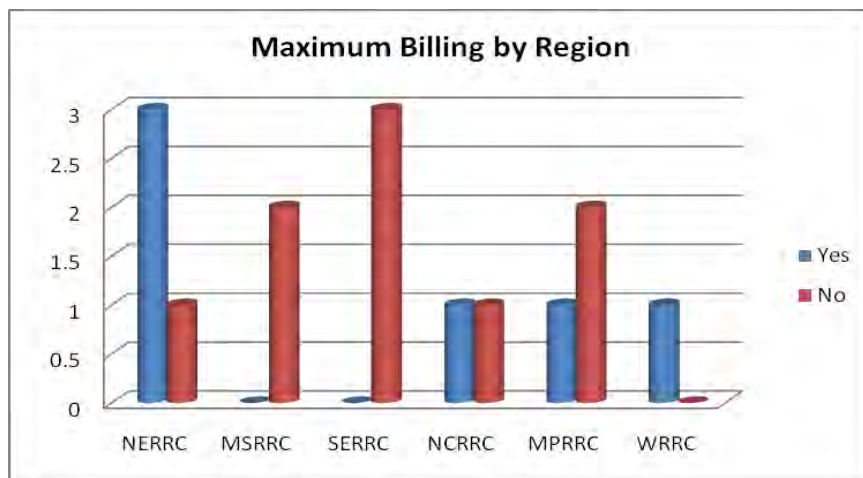
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.8	15.8	15.8
	No	9	23.7	23.7	39.5
	No response	23	60.5	60.5	100.0
Total		38	100.0	100.0	

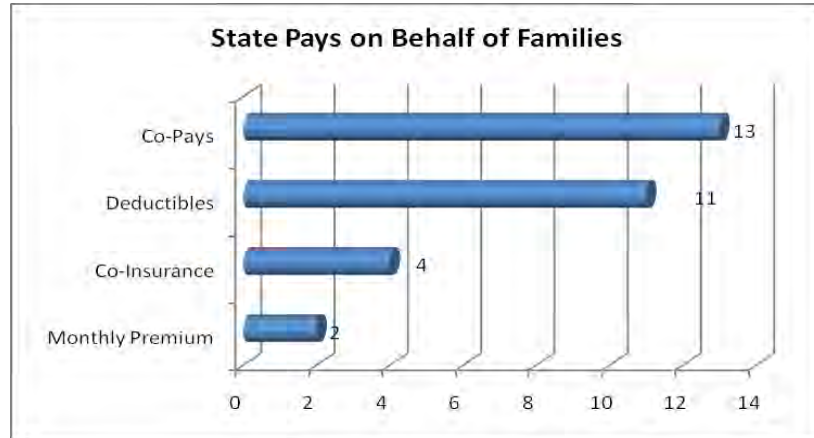


Fifteen states responded to this question. Six states have a maximum amount that can be billed in a year. States with Education as the lead agency are the only ones where there is a higher number of states with maximum billing. States with narrow eligibility have a higher number with maximum billing.



The Northeast region has the highest number of states with a maximum billing amount.

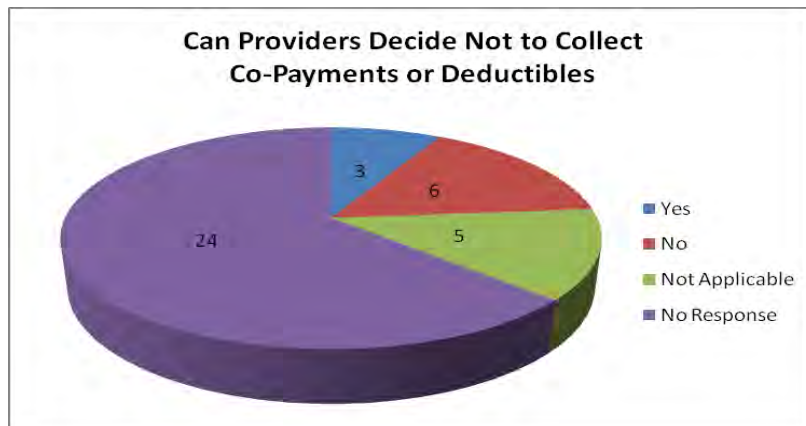




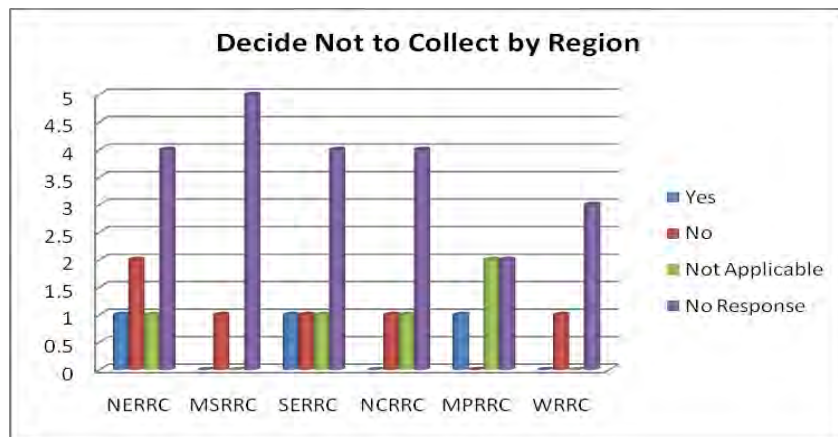
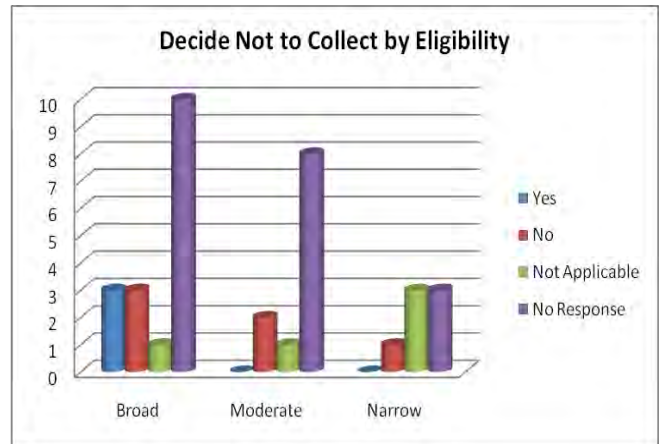
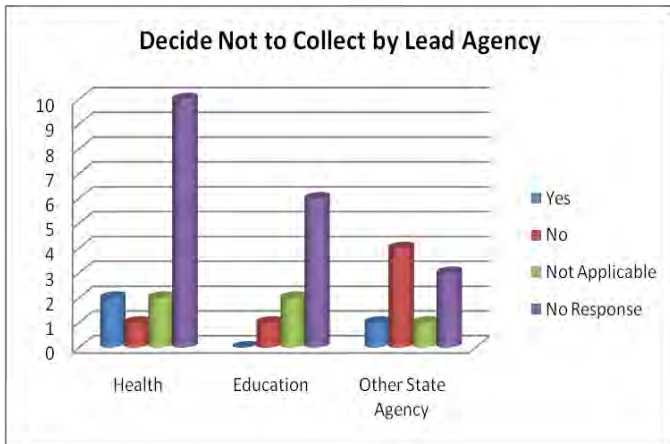
This question focused on what components a state offers to pay for on behalf of the family if granted access to the family's insurance. Fifteen states responded to this question. Co-pays and deductibles are the most frequently cited support provided by the state regardless of lead agency, eligibility status or geographic region.

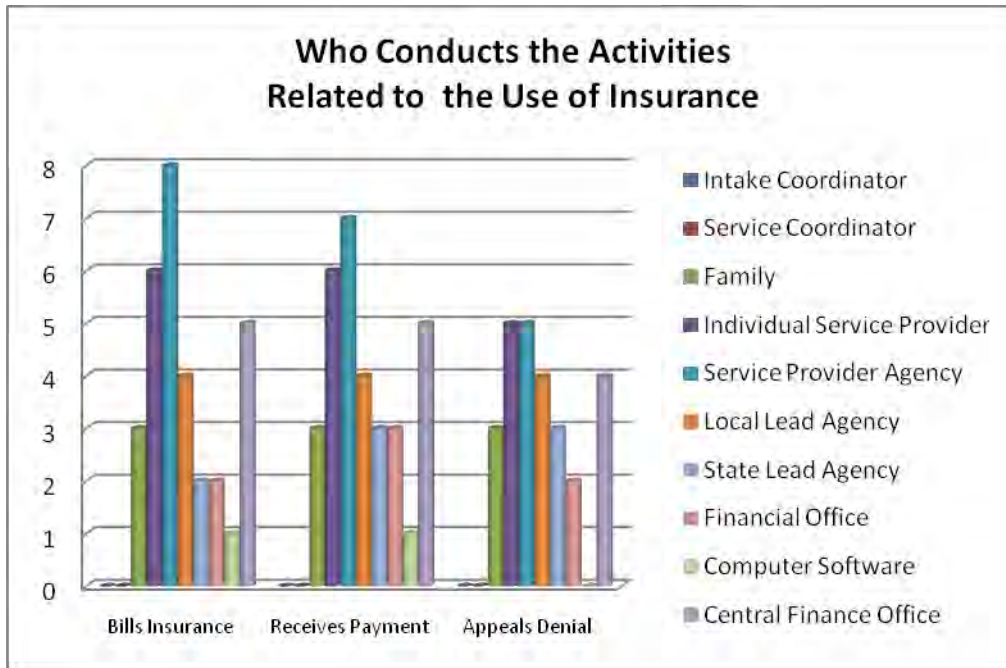
Can individual providers decide not to collect co-payments or deductibles?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	3	7.9	7.9	7.9
No	6	15.8	15.8	23.7
Not applicable	5	13.2	13.2	36.8
No response	24	63.2	63.2	100.0
Total	38	100.0	100.0	



Nine of the fifteen states that access private insurance answered this question. Only three states indicated that providers have the ability to decide whether to collect co-pays or deductibles from families. Two of the three states are from Health Lead Agencies and all three states have broad eligibility. The three states represent the Northeast, Southeast and Mountain plains regions.

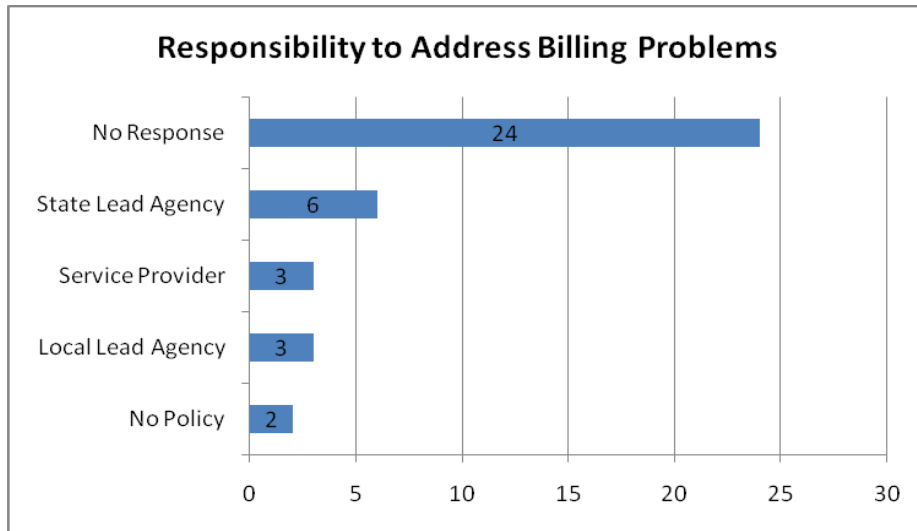




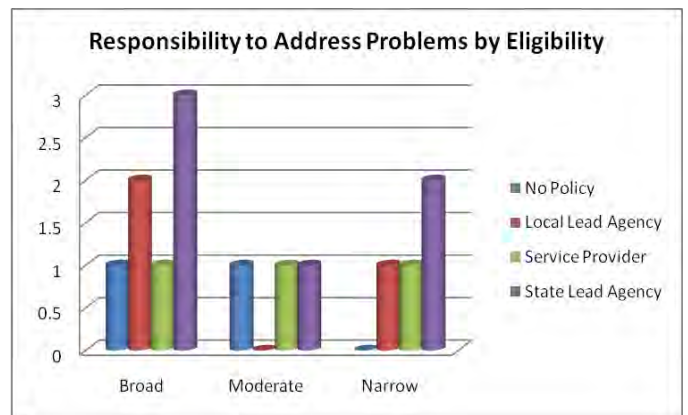
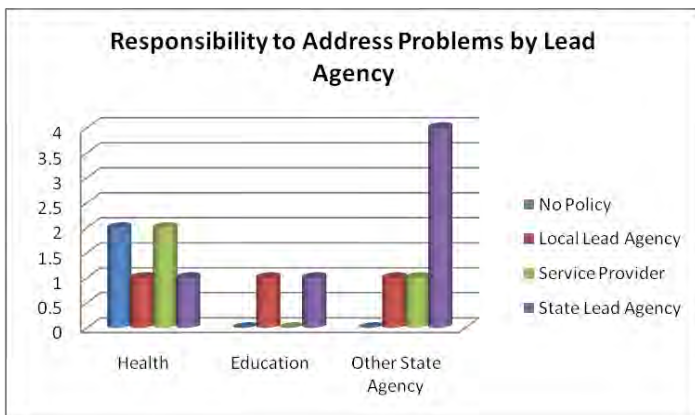
The individual service provider and the service provider agency were the consistent response across all analyses components regarding who completes the identified tasks related to private insurance.

If a family encounters billing problems, who is responsible for addressing the

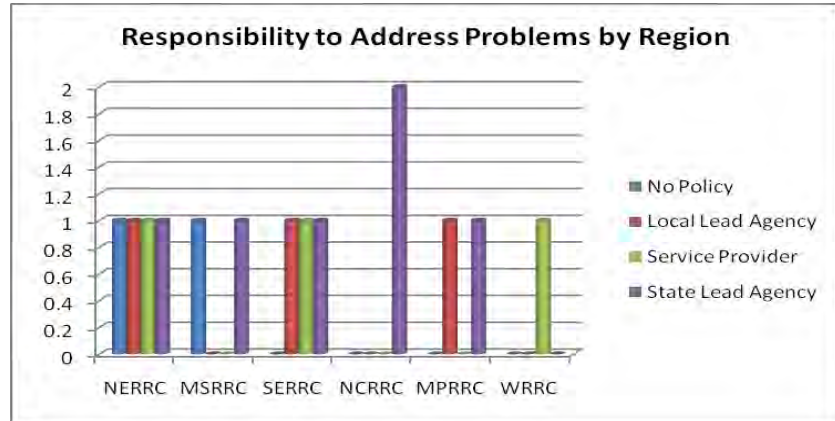
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid State Lead Agency	6	15.8	15.8	15.8
Local Lead Agency	3	7.9	7.9	23.7
Service Provider	3	7.9	7.9	31.6
There is no policy regarding this	2	5.3	5.3	36.8
No response	24	63.2	63.2	100.0
Total	38	100.0	100.0	



Fourteen states responded to this question. Six states responded that the state lead agency had the responsibility to address billing problems.

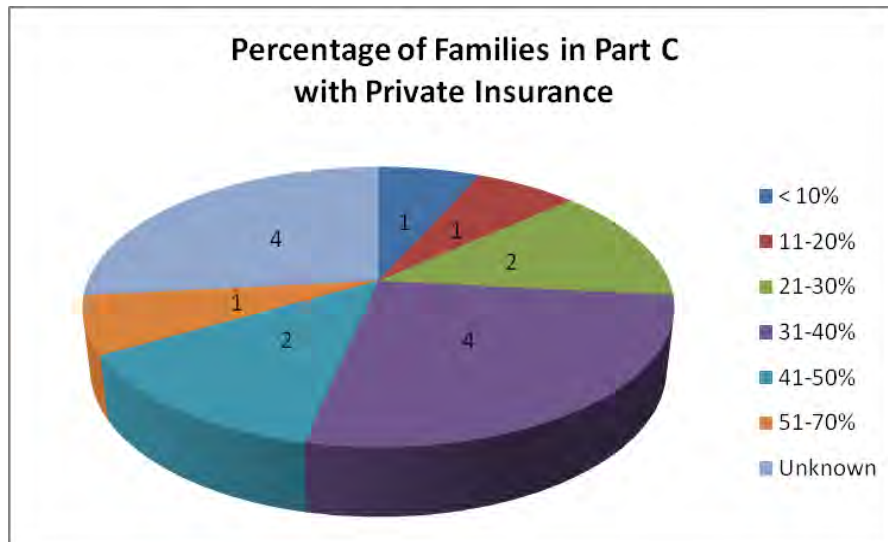


Four states with "Other State Agency" as the Lead Agency responded that the State was responsible for addressing problems. Three of those states have broad eligibility. The North Central region had two states where the state agency was responsible for addressing billing problems.



What percentage of families enrolled in your Part C system have private insurance?

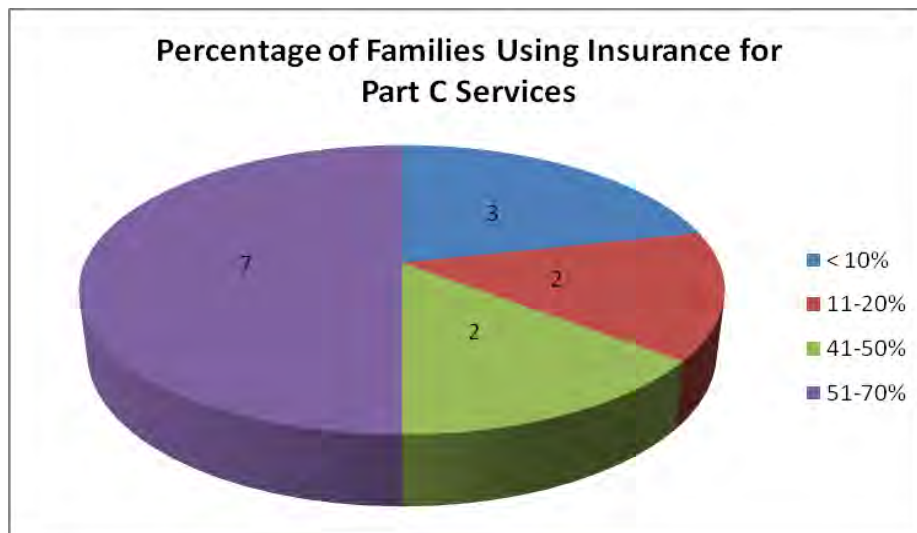
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid less than 10%	1	2.6	2.6	2.6
11-20%	1	2.6	2.6	5.3
21-30%	2	5.3	5.3	10.5
31-40%	4	10.5	10.5	21.1
41-50%	2	5.3	5.3	26.3
51-70%	1	2.6	2.6	28.9
Unknown	4	10.5	10.5	39.5
No response	23	60.5	60.5	100.0
Total	38	100.0	100.0	



All fifteen states that access private insurance responded to this question. Of the states that knew the percentage of families with private insurance, four states indicated that the percentage was 31-40%. There was an equal number of states that reported they did not know the percentage of families with insurance.

What percentage of families are using insurance for Part C services?

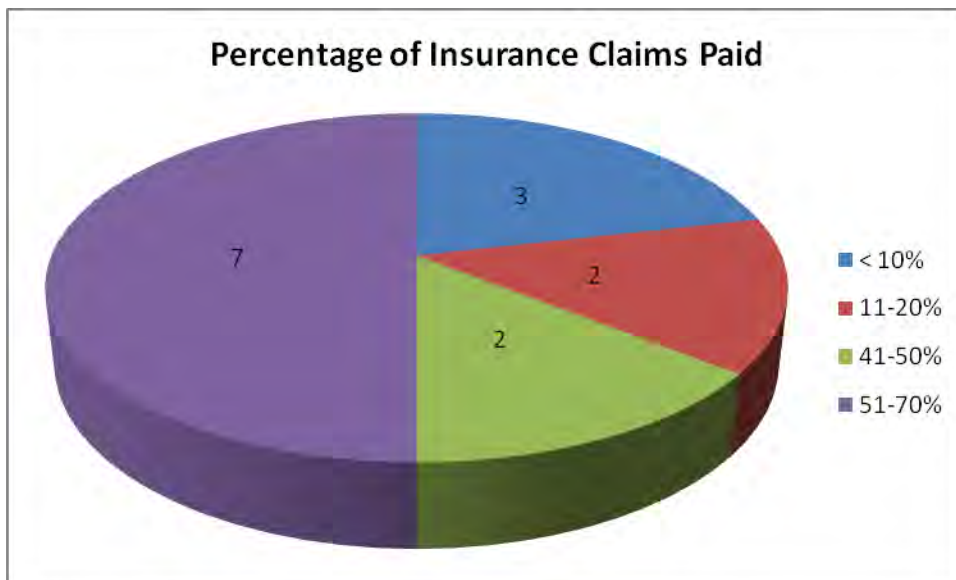
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than 10%	3	7.9	7.9	7.9
	11-20%	2	5.3	5.3	13.2
	41-50%	2	5.3	5.3	18.4
	51-70%	7	18.4	18.4	36.8
	No response	24	63.2	63.2	100.0
	Total	38	100.0	100.0	



Of the fourteen states that responded to this question, seven states indicated that 51-70% of the families who have insurance were using it to support the Part C services their child was receiving.

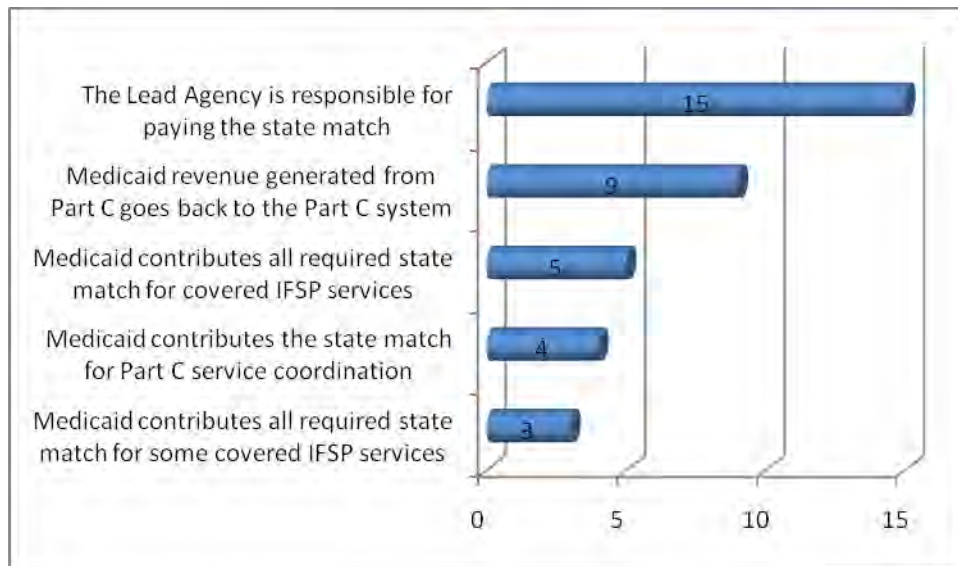
What percentage of insurance claims are paid?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid less than 10%	3	7.9	7.9	7.9
11-20%	2	5.3	5.3	13.2
41-50%	2	5.3	5.3	18.4
51-70%	7	18.4	18.4	36.8
No response	24	63.2	63.2	100.0
Total	38	100.0	100.0	

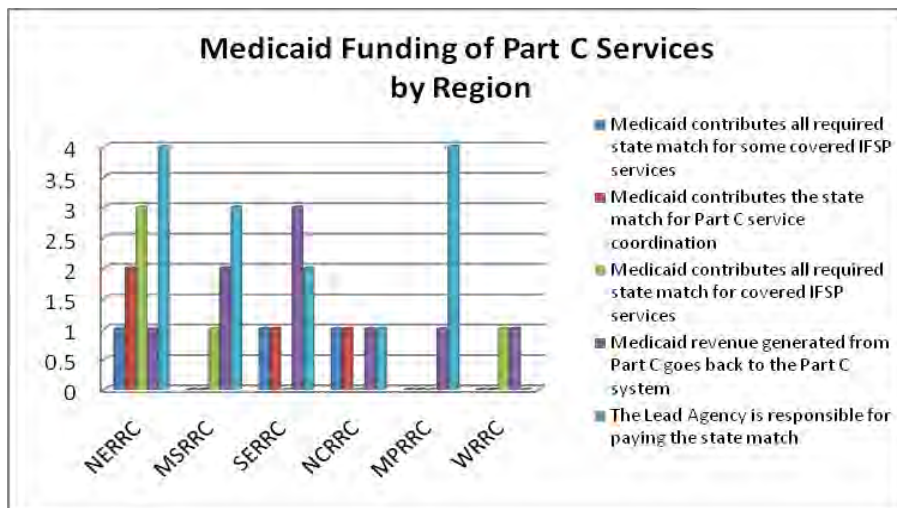


Of the fourteen states that responded to this question, seven states (50%) reported that 51-70% of the insurance claims that were filed were paid.

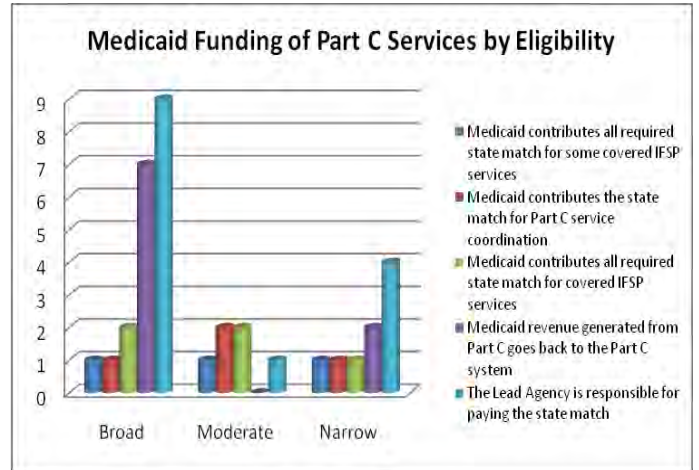
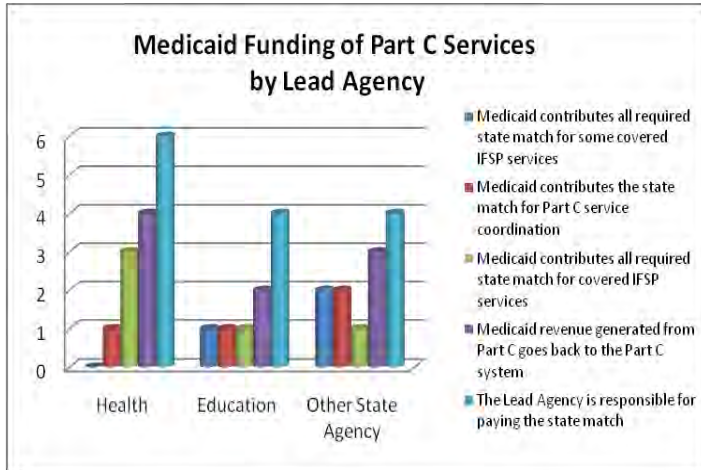
What items pertain to the Medicaid funding of Part C IFSP services?



Twenty-five states responded to this question. The majority of states (15) responded that the Lead Agency is responsible for paying the state match. Nine states responded that the Medicaid revenue generated from Part C goes back to the Part C system.



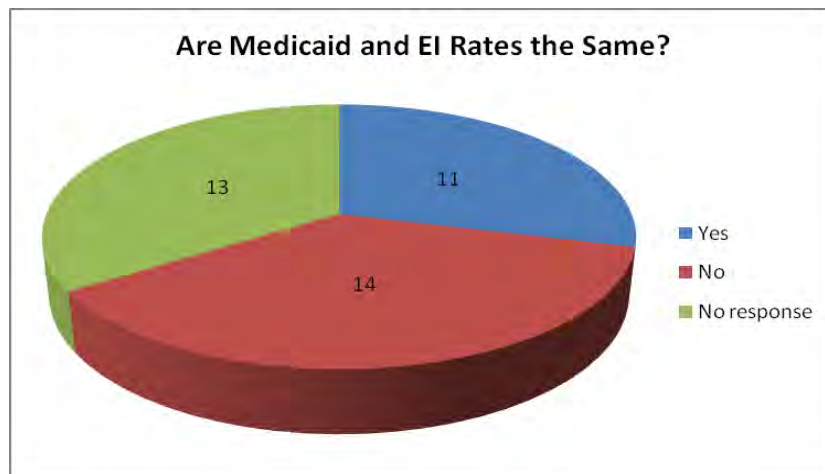
Three states in the Northeast region responded that Medicaid contributes all required state match for covered IFSP services. The Northeast, Mid South and Mountain Plains regions have the highest number of states that reported the Lead Agency is responsible for paying the state match.



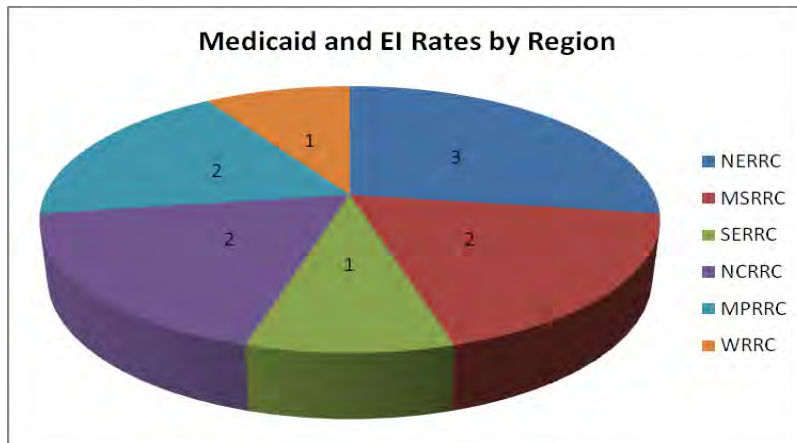
Regardless of lead agency, the majority of states indicated that the Lead Agency is responsible for paying the state match. The same is true for Broad and Narrow eligibility states. Moderate states responded that Medicaid paid for the covered state match for covered services.

Are Medicaid and EI rates the same?

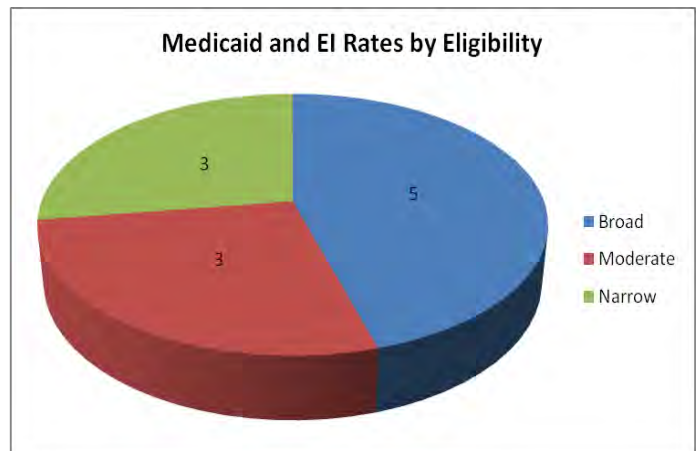
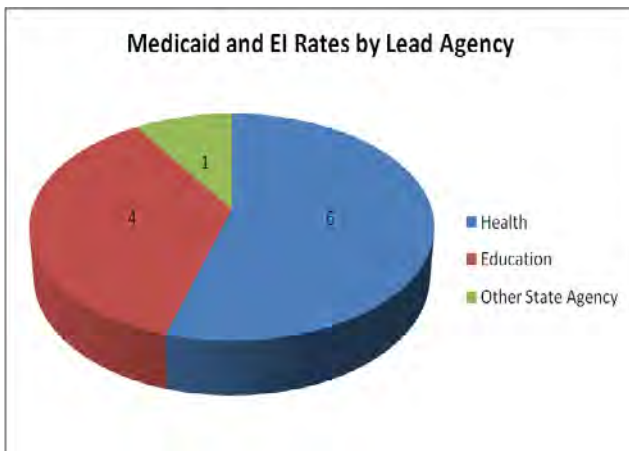
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	28.9	28.9	28.9
	No	14	36.8	36.8	65.8
	No response	13	34.2	34.2	100.0
Total		38	100.0	100.0	



Twenty-five states responded to this question. The majority of states (14) indicated that the early intervention rates are different from the Medicaid rates. The Northeast region has the highest number of states with Early Intervention and Medicaid rates the same.

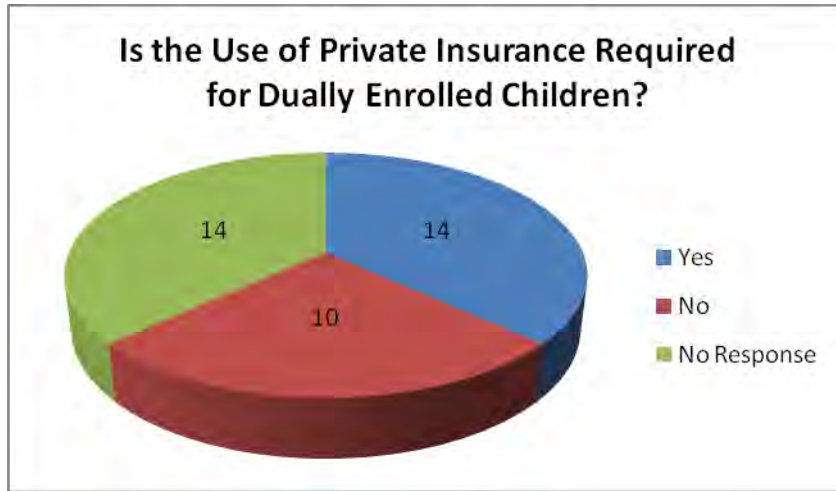


States with Health as the Lead Agency had the highest response to Medicaid and EI rates (6) being the same. Five states with Broad eligibility responded that their Medicaid and EI rates were the same.



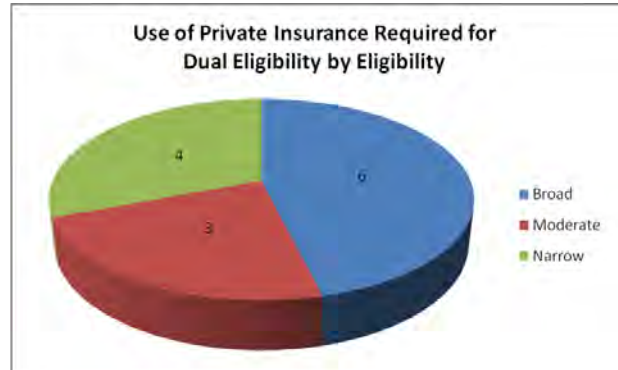
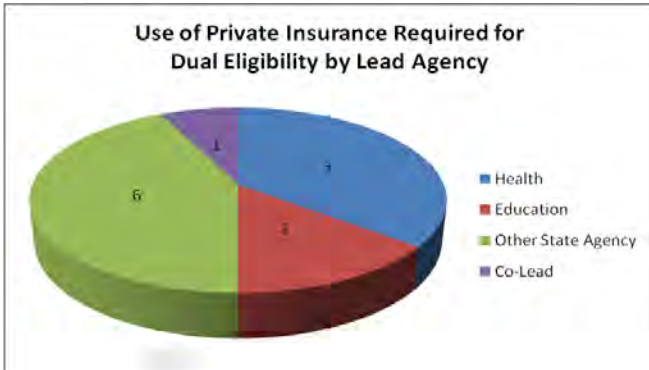
Is the use of private insurance required for dually enrolled children?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	14	36.8	36.8	36.8
No	10	26.3	26.3	63.2
No response	14	36.8	36.8	100.0
Total	38	100.0	100.0	



Twenty eight states responded to this question. The majority of states (14) responding indicated that the use of private insurance is required for children with dual enrollment in both Medicaid and private insurance. The Northeast region had the highest number of states that required the use of private insurance.





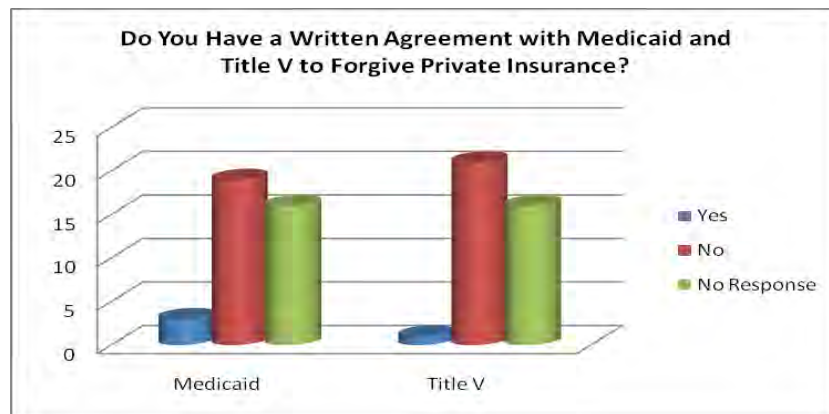
Health Lead Agencies and states with Broad eligibility had the highest response to this question.

Is there a written agreement with Medicaid to forgive the use of private insurance?

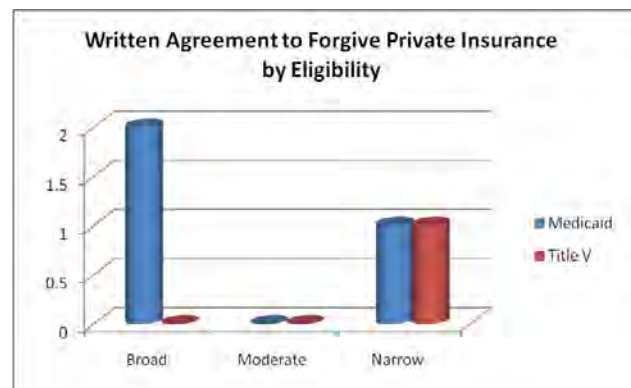
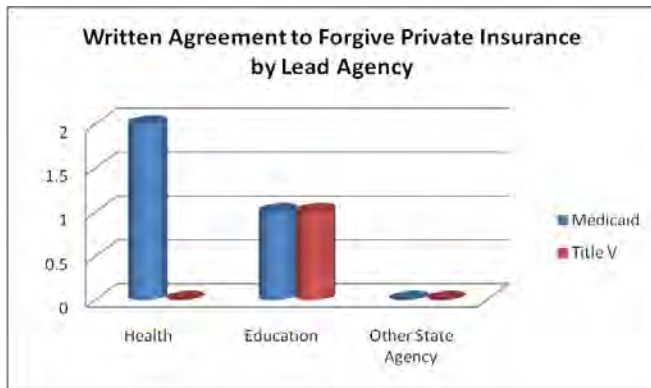
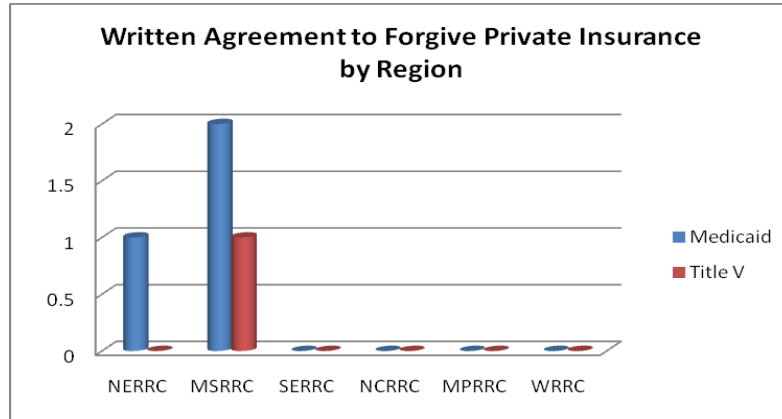
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	3	7.9	7.9	7.9
No	19	50.0	50.0	57.9
No response	16	42.1	42.1	100.0
Total	38	100.0	100.0	

Is there a written agreement with Title V/CSHCN to forgive the use of private insurance?

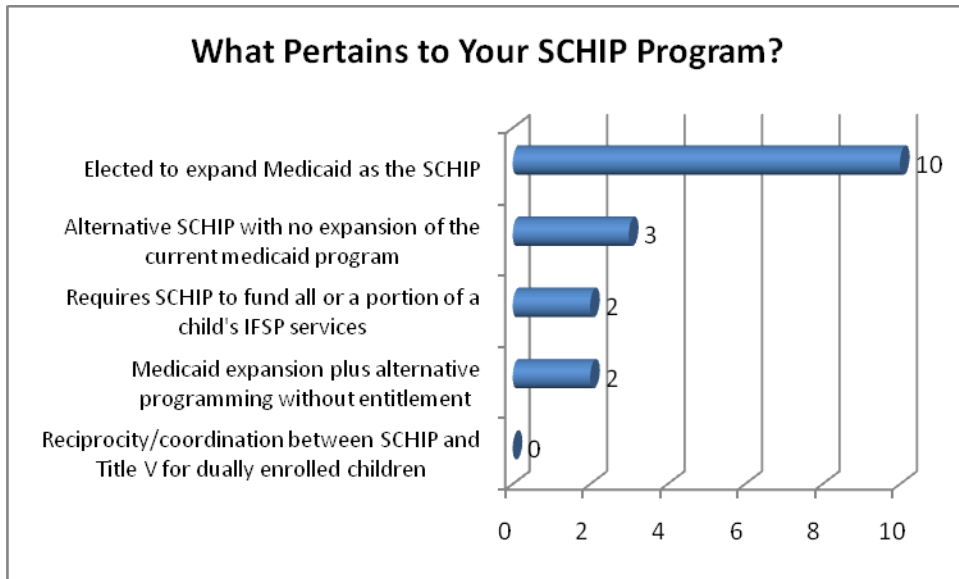
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	1	2.6	2.6	2.6
No	21	55.3	55.3	57.9
No response	16	42.1	42.1	100.0
Total	38	100.0	100.0	



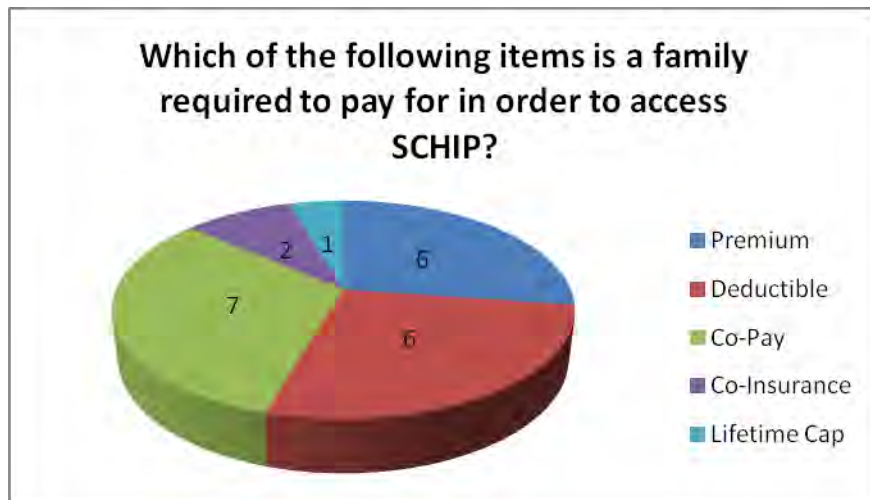
Very few states (4) have any agreement to forgive the use of insurance by either Medicaid or Title V. The Northeast and Mid-South were the only regions to respond positively to this question.



Two states with Health as the Lead Agency and one state with Education as the Lead Agency have an agreement with Medicaid. One state with Education as the Lead Agency has an agreement with Title V. Two states with Broad Eligibility and one state with Narrow Eligibility have an agreement with Medicaid. One state with Narrow eligibility has an agreement with Title V.

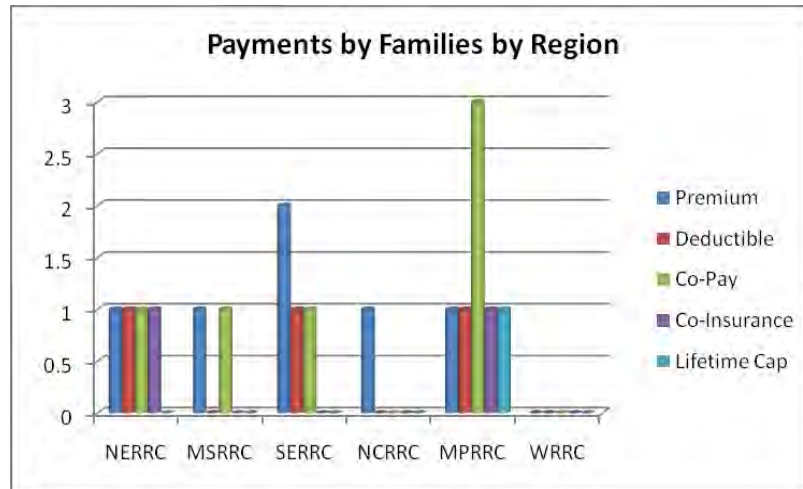


Seventeen states responded to this question. The majority of states elected to expand Medicaid as the SCHIP. This was true by region, by Lead Agency and by Eligibility.



Sixteen states responded to this question. The highest response (7) was to the requirement for families to pay their co-pay. Equal numbers of states (6) identified that families were required to pay for their premiums and deductibles.

There are differences across regions, lead agency and eligibility. The Mountain Plains region had the highest response to co-pays while the Southeast region had the highest response to premiums.



States with Health and Education had high responses to Co-pay while states from the Other State Agency category had the highest response to premiums. Broad and Moderate states had the highest number of states that answered that families were required to pay for premiums.

