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Frequently Asked Questions from Early Childhood Intervention (ECI) Families About Private Insurance

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About 15% of Texans have fully insured health insurance plans, which are regulated by the Texas Department of Insurance (TDI). Many others have self-funded plans offered through their employers, which are federally regulated and exempt from TDI oversight.

Here are some frequently asked questions from ECI families about private insurance.

General questions about private insurance

What if my insurance does not pay for ECI services?

Your family can receive ECI services even if your insurance does not pay for them. You may be asked to pay for a portion of your services according to a sliding fee scale based on your family size and income. The portion you pay is called a monthly maximum charge (MMC). The MMC is never more than the cost of services that the ECI program delivers, and for many families, it may be much less. For more information, please read the [“Paying for ECI Services”](#) booklet on the Texas Health and Human Services Commission (HHSC) website.

A service can be denied if it’s not covered by your policy or it’s not considered medically necessary. If the service was denied because it is not covered under the policy, you can file a complaint with TDI. If it was denied because your plan determined it was not medically necessary, then you or your ECI provider may appeal to the insurance company. TDI can help with questions. You can call toll-free 800-252-3439.

How can I get the therapies my child needs if I do not have insurance and also do not qualify for Medicaid?

Your family can receive ECI services even if you do not have insurance. You may be asked to pay for a portion of services based on your family's MMC. For more information, read the "[Paying for ECI Services](#)" booklet.

What if I lose my insurance coverage?

Your ECI service coordinator can help you determine if your child might be eligible for a public service plan like Medicaid or the Children's Health Insurance Program (CHIP). Based on your family size, income, and other considerations, ECI will assign your MMC, and it will remain the same whether or not your child is covered by insurance. Even if your child loses insurance coverage, he or she can continue to receive ECI services. If your insurance plan covered all or most of the cost of your ECI services, you may have paid less than your MMC. If you lose coverage, you may have to pay your full MMC.

Losing your insurance is considered a qualifying event that may allow you to purchase coverage through the Affordable Care Act (ACA). You may also be able to extend your coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA). If you have exhausted your COBRA coverage, Texas law lets you or your family stay covered for several more months. Additional information on [insuring children](#) and [tips on shopping for health coverage](#) can be found on the TDI website.

Will my insurance pay ECI and private clinic services if I choose to access both?

Every insurance plan is different. You will need to check with your insurance plan provider to determine if they will cover services from both ECI and a private clinic.

Am I responsible for the deductible or copay for each visit?

ECI will collect co-pays and deductibles. The amount ECI bills you for services, co-pays and deductibles added together will not be more than your family's maximum charge.

Why does the private insurance not cover or poorly cover ECI occupational therapy, physical therapy, speech therapy and specialized skills training (SST)?

Each insurance plan is different, and each plan determines what services will be covered and at what rate. If your insurance coverage is through your employer, you can discuss your concerns with your employer's human resources or benefits administration department. They may be able to negotiate for better coverage for the services your child needs when they renew the insurance plan.

If you have questions on service limits or a denial by your insurance, you can call TDI at 800-252-3439.

Will my insurance cover ECI and applied behavior analysis (ABA) services?

Every insurance plan is different. Most ABA services should be covered if it is in your child's Individualized Family Service Plan (IFSP). An insurance plan may limit the number of visits for most services, but under Texas law plans must cover unlimited autism visits. Please verify with your insurance provider what services will be covered and if there are any limits on therapies or other services.

Once the visit limits for therapy are reached, will my child's services end?

ECI services will be provided based on the frequency of services in your child's IFSP. If the number of services in the IFSP exceeds the limits of your insurance plan, you can continue to receive ECI services, whether your insurance pays for them or not. The amount you pay out of pocket may increase, but it will never be more than your MMC. More information can be found in "[Paying for ECI Services](#)" on the Texas Health and Human Services Commission website.

Will insurance cover SST?

Every insurance plan is different. Please verify with your insurance provider what services are covered and if there are any limits. If your child's SST is denied because it is deemed not medically necessary, you or your ECI provider can appeal.

How can my insurance pay for my child's assistive technology needs?

Every insurance plan is different. You can look under the durable medical equipment benefit to see what is covered. If unsure, please verify with your insurance provider what services are covered and if there are any limits. Some items may be covered with a prescription from a doctor.

Why is it sometimes more difficult for me to get the therapies my child needs with private insurance than it would be if I had Medicaid?

Private insurance and Medicaid are bound by different state and federal laws. Medicaid must cover certain services. Private insurance providers have more discretion in what services they cover and at what rates. If your insurance coverage is through your employer, you may be able to discuss concerns with your employer's human resources or benefits administration department. They may be

able to negotiate for better coverage for the services your child needs when they renew the insurance plan.

Why do private rehabilitation centers typically refuse to accept private insurance?

Private service providers can choose to accept some insurance plans and not others. This is a business decision. If you pay out-of-pocket for services, you may be able to file your own claims for reimbursement with your insurance provider. Check with your insurance provider to determine if this could benefit you.

If my MMC under the ECI family cost share system is only \$5, why does my insurance need to be billed? What is the benefit of billing my insurance?

ECI services cost much more than most families' MMC. The ECI program has limited public funding. Payments from insurance help ECI providers continue to offer the services children and families need. The following are other advantages to using your insurance:

- Your monthly ECI charges may be less if insurance pays some or all the cost of your ECI services.
- Your ECI services may count toward your annual deductible.
- You will benefit from the healthcare premiums you have already paid.
- A pattern of payment and services is established if your child needs services and supports beyond age three.
- This may help you learn to work with your insurance company.

Why was my health savings account (HSA) billed?

An HSA is set up to pay for qualified medical expenses, including some ECI services. If your insurance plan is an HSA, when ECI bills your insurance, the payment comes from your HSA.

Will my premium rates go up if I consent to ECI services being billed?

No. Health insurance premiums, unlike premiums for car or homeowner's insurance, are not based on individual claims.

Coverage for specialized skills training (SST) and speech therapy

Why does my plan not cover SST and speech therapy?

Every private insurance plan is different, and each plan can decide what services to cover. Some insurance plans will cover speech therapy in certain situations. For example, speech therapy may only be covered for children with certain diagnoses. Please verify with your insurance provider what services are covered and if there are any limits. If your insurance coverage is through your employer, you can discuss your concerns with your employer's human resources or benefits administration department. They may be able to negotiate for better coverage for the services your child needs when they renew the insurance plan or choose a new one.

Why is my insurance not covering speech therapy services for my child who has a speech delay?

Every private insurance plan is different, and each plan has discretion in deciding what services to cover. Please verify with your insurance provider what services are covered and if there are any limits. If your insurance coverage is through your employer, you can discuss your concerns with your employer's human resources or benefits administration department. They may be able to negotiate for better coverage for the services your child needs when they renew the insurance plan or choose a new one. If the insurance has denied this due to determining it is not medically necessary, it may be appealed by you or the ECI program.

If SST is not covered on my insurance, can we remove it from my child's service plan?

Yes. As a parent, you have a right to decline some services recommended by the ECI team and still receive other recommended services. However, before removing a service from your child's plan, please consider how that service can benefit your child's development. Talk to your ECI team about the benefits of SST.