

## Private Insurance and Tricare Survey FY2014

The VICC is conducting a survey to gather information to gain a better understanding of the private insurance and Tricare practices for early intervention services.

This survey for the period 7/1/2013 through 6/30/2014 is being sent to each Local System Manager. It is then the System Manager's responsibility to gather the information from entities in the local system who bill for OT, PT and ST (his/her contractors, individual providers etc. depending on the makeup of your system). We have attached a copy of the survey to assist you in preparing and collecting the information prior to completing the final survey monkey version of the survey

Once the information is gathered, the Local System Manager combines all of the information onto one survey and submits. This needs to be submitted no later than August 25, 2014. Note that the VICC is requesting that all systems complete this survey. Those who do not complete will be contacted to determine why it has not been completed.

If you have questions or need assistance, please contact Allan Phillips at 703-246-7170 or [allan.phillips@fairfaxcounty.gov](mailto:allan.phillips@fairfaxcounty.gov).

### \*1. Please let us know your Local System:

### \*2. Please let us know your Local System Manager:

### \*3. Who does the billing for your System? Please check all that apply:

CSB       School Division       Contractor(s)       Billing Company       Other

Other (please specify)

### 4. In your local system please identify which insurance companies you have in-network providers with.

	Aetna	Anthem	Tricare	Cigna	Kaiser	Mamsi	United Health Care	Optima	Carefirst	Coventry	Other
In-network with this insurance company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on specific situations not covered by questions above

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## 5. Have providers in your system applied in the past to be in-network and have been denied in-network status

- |                                  |   |                                    |
|----------------------------------|---|------------------------------------|
| <input type="checkbox"/> Aetna   | <input type="checkbox"/> Kaiser             | <input type="checkbox"/> Carefirst |
| <input type="checkbox"/> Anthem  | <input type="checkbox"/> Mamsi              | <input type="checkbox"/> Coventry  |
| <input type="checkbox"/> Tricare | <input type="checkbox"/> United Health Care | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Cigna   | <input type="checkbox"/> Optima             |                                    |

If this is marked, please indicate why you were denied and list any barriers, etc. that you feel made it difficult for you to get approved

## 6. Families in our local system don't have this insurance available to them.

- |                                  |   |                                    |
|----------------------------------|---|------------------------------------|
| <input type="checkbox"/> Aetna   | <input type="checkbox"/> Kaiser             | <input type="checkbox"/> Carefirst |
| <input type="checkbox"/> Anthem  | <input type="checkbox"/> Mamsi              | <input type="checkbox"/> Coventry  |
| <input type="checkbox"/> Tricare | <input type="checkbox"/> United Health Care | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Cigna   | <input type="checkbox"/> Optima             |                                    |

## 7. For Fiscal year 7/1/2013 - 6/30/2014:

How much did you bill private insurance for OT, PT and Speech during 7/1/2013-6/30/2014?

How much did you collect from private insurance for OT,PT and Speech services during 7/1/2013-6/30/2014?

How much did you bill Tricare for OT, PT and Speech during 7/1/2013-6/30/2014?

How much did you collect from Tricare for OT, PT and Speech services during 7/1/2013-6/30/2014?

**8. Please provide any additional information that will help the VICC better understand your local system's private insurance and/or Tricare billing. Include any suggestions you have regarding how the VICC could assist local systems increase insurance and/or Tricare reimbursement:**