

LIFECYCLE OF A CLAIM

This infographic shows the lifecycle of a claim as it flows through the different components in the EI-Hub. It is important to note that there are two methods in which rendering/billing providers can log a service and generate claims. This infographic will highlight the differences between the two methods – using the EI-Hub Service Logging component or using a third-party system - and show how users will interact with the EI-Hub.



Service Authorizations

A Service Authorization indicates the type, intensity, frequency, duration, and length that a service should be rendered to a child through the Early Intervention Program (EIP). A Service Authorization is required in order to receive payment for any services rendered, including evaluations.

Provider Claims

Path 1: The Service Logging component of the EI-Hub can be used to log services rendered. The EI-Hub's Service Logging component captures the required information to create a claim.

Path 2: Billing providers also have the ability to log services using a Third Party System and submit via an 837P file.

Case Management

Path 1: After a service is logged, a claim is generated and sent to Case Management where it is validated. Approved claims are placed on a voucher (invoice) for payment.

Path 2: Providers using a third-party system will upload their claims into Case Management using an 837-loader.

EI Billing

EI Billing accepts the voucher and sends claims to Medicaid or Escrow for payment.

Provider Claims with the EI-Hub Service Logging Component - Path 1 -



This step is only applicable to providers utilizing the EI-Hub's Service Logging component. Providers using a third-party system should skip to **Case Management - Path 2**.

Step 1

Rendering provider or Service Coordinator finds children assigned to their caseload in their Service Logging portal

In most cases, rendering providers or service coordinators will enter the 'My Active Authorizations' queue to find children assigned to their caseload with an active service authorization.

If a rendering provider or service coordinator is logging service(s) for a date within an approved service authorization, but the service authorization end date has passed, they can view this child in the 'My Inactive Authorizations' queue.

My Cases
My Active Authorizations
My Inactive Authorizations
My Drafts
My Deleted Draft
My Scheduled Visits
My Missed Visits
My Calendar
Calendar by Child
My Visit Notes
My Visit Errors
My Flagged Claims > To Fix

Step 2

Rendering Provider/Service Coordinator logs services rendered and adds session notes

**Entry of complete session notes into the EI-Hub is optional but are required to be maintained*

The EI-Hub's Service Logging component will prompt users to enter the minimum required information to create a claim. Once a billable service is selected under 'visit code', the system will prompt the user to enter the applicable form. Users have the option to electronically enter their session note or upload a copy of their paper note.

Billable claims are determined by billable activity and the Service Logging component will automatically collect and calculate the total time spent per day for all billable claims entered for a specific child. This form can also be used to document non-billable claims.

Rendering Providers

Visit Code	
Service Provided (B)	
Form	
NY Session Note (Web)	

NYS Early Intervention Program Session Note

Service Coordinators

Visit Code	
Intake Visit (B)	
Location Type	
Form	
SC General Template (Web)	

Service Coordinator Note

Step 3

Billing Providers will review claims and send claims to next step in billing process by removing hold status

Billing providers will review recently entered claims in the 'View Hold Visit' queue. After the claim is reviewed, the billing provider will either remove the hold indicating that the claim is ready for the next step in the billing process or flag the claim, which will send the claim back to the rendering provider or service coordinator for edits.

Once the hold is removed, the claims will appear in the 'View Ready/Off Hold Visits' queue. A process will run multiple times a day to pull these claims from Service Logging into the Case Management component for the next step in the billing process.

Billing Provider Portal
All Cases
Active Authorizations
Inactive Authorizations
Drafts
Calendar by Provider
Visit Notes
SC Notes
View Hold Visits
View Ready/Off Hold Visits
View Billed Visits
View Rebill Visits
View Void Visits
Visit Errors
Flagged Claims > To Fix

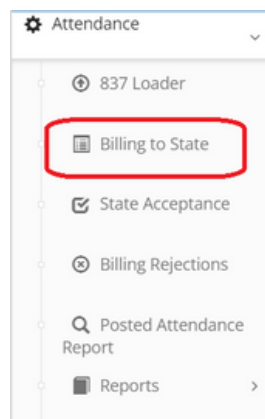
Case Management

- Path 1 -

Step 1

Billing Providers using the EI-Hub's Service Logging component will find claims under the 'Billing to State' menu

Billing providers will view claims transitioned over to Case Management under the 'Billing to State' menu. Billing providers have the option to filter claims by date of service, pay source (county) and service category and/or type.



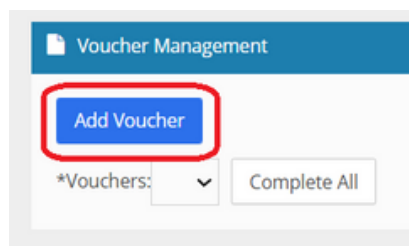
Step 2

Claims are loaded onto a voucher (invoice)

Billing providers will then load applicable claims onto a voucher (invoice). Billing provider will select specific claims to be loaded onto a voucher using the 'Add' button to the right of each claim.

					Rows per page
					10
Rendering Provider Name	Service Type	Service Date	CPT Code Modifier (CPT Units)	Municipality Code	
	Respite Care	03/15/2024	55150 (2.00)		Add
Betterly, Patricia	Service Coordination - Initial	03/28/2024			Add
Mostly, Cyndr	Service Coordination - Initial	04/01/2024			Add

Then, using the 'Add Voucher' option, the selected claims will be loaded onto a voucher. A voucher is a collection of claims batched for submission.

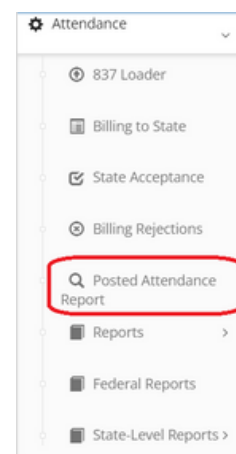
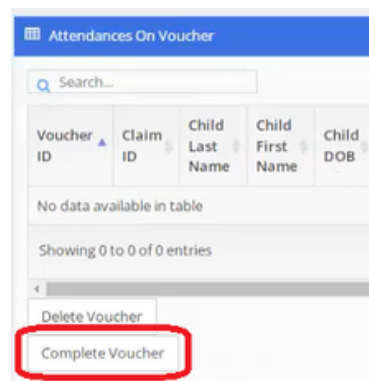


Step 3

Billing Providers will complete the voucher to send it to the next step in the billing process

After claims are added to a voucher, Billing Providers will complete the voucher by selecting the 'Complete Voucher' option under the 'Attendances on Voucher' section.

Claims will then flow to EI Billing for the next step in the billing process. Billing Providers can view/download the list of claims that was transferred to EI Billing under the 'Posted Attendance Reports' menu option.



Case Management - Path 2 -

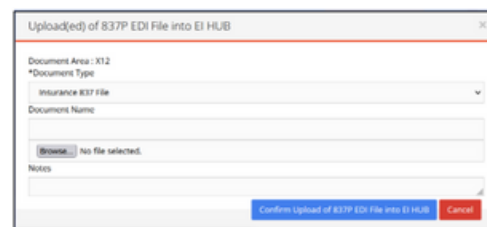
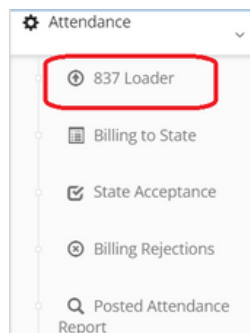
Note: This infographic only shows one example to view claims that have been processed in Case Management.

Step 1

Billing Providers using a third-party system for service logging will upload their claims in the '837 loader'

Billing providers using a third-party system for service logging will upload their claims in Case Management using the '837 loader' option.

Once in the '837 Loader', Billing Providers will select the 'Add' button to upload their claims.



Step 2

Claims will run through a validation process & generate 999 and 277 files

Uploaded claims will appear in a grid. Claims will be validated and receive a 999 file indicating if the 837 file was accepted/rejected.

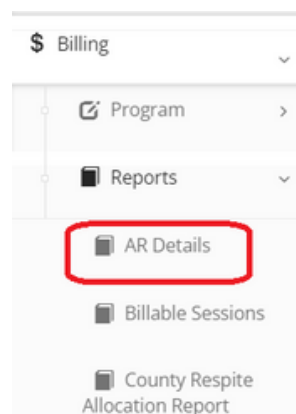
Status	Uploaded Date	Uploaded By	999 Download Date	999 Download By	277 Download Date	277 Download By	Provider	Notes	NPI	Action
Rejected	04/28/2022	bdorazio_uat					Fulton County Provider		1386708162	
Accepted	04/28/2022	bdorazio_uat	04/28/2022	bdorazio_uat	05/04/2022	bfunk	Fulton County Provider		1386708162	Download 999 File Download 277 File

A secondary validation process will occur and users will receive a 277 file indicating if claims within a file were accepted/rejected. The 277 file also contained information on what triggered the claim to be rejected, and the voucher number for accepted claims that were sent to EI Billing for payment.

Step 3

Billing Providers can view the status of their claims in the 'AR Details' Report

Billing Providers will be able to run a report of their submitted claims via the Attendance Report 'AR Details' report under the Billing menu



EI Billing

Note: This infographic only shows one example to view claims that have been processed in EI Billing.

Step 1

Billing Providers will view the status of their claims in the Claims In Progress queue

Under Reports, Billing Providers will view the status of their claims in the Claims In Progress queue.

Claims will appear as one of the following statuses:

New | Ready | Needs Attention | Billed

Claims In Progress

Current Status	Status	Insurance Company	# Claims	Amount	
MEDICAID	BILLED	MEDICAID	4631	\$428,296.00	Details
MEDICAID	NEEDS ATTENTION	MEDICAID	834	\$18,243.00	Details
MEDICAID	READY	MEDICAID	21	\$1,659.00	Details

Step 2

View and edit claims required attention in the Workable Claims - Details queue

Claims marked as 'Needs Attention' will appear in the Workable Claims - Details queue.

Under 'Messages' Billing Providers will be able to view the reason why a claims was denied. Using the 'Edit/Fix Claim' option, Billing Providers can open the claim and make edits to resolve the issue.

Home **Claiming** Maintenance Reports Help My Account

Workable Claims - Details

Workable Claims Category: ALL 1 - Problems Prior to claims submission 2 - 277 Rejections 3 - 835 Errors

Child: Begin typing... Payer: Begin typing... County: Authorization:

Adjudication 835 Code: Begin typing... Adjudication 277 Code: Begin typing...

Service Category: Service Type: Service Date From: 2/10/2022 To: 5/11/2022 Filter

Child	Policy Number	Group Number	Service Category	Service Type	County	Message	Authorization Number	Service Date	Response Date	CPT Code	1st ICD	Payer	Payer Claim ID	SBA	Referring Provider NPI
			Service coordinations		New York	CO-16-MA39 -- Child's Gender does not match what eMedNY has on file		02/28/2022				MEDICAID			

[Edit/Fix Claim](#)

Step 3

Billing Providers can view the status of their payments under Reports

Under Reports, Billing Providers will be able to run a report of payments issued to their office/agency/county.

To view payments from Medicaid, Billing Providers will select the 'Medicaid 835 Checks' option.

To view payments from Escrow, Billing Providers will select the 'Escrow Checks' option.

Reports **Help** My Account

Adjudicated Claims Reports	
Claiming	
Claims Aging Reports	
Code 35 Reports	
CPT Codes	
Detail Reports	
Financial	Escrow Checks
ICD9 to ICD10 GEMs	Invoice Batch Statuses
Insurance	Provider Payment Profile
Insurance 835 Remittance Details	Safety Net Payment
Invalid Licensed Professional Data	
Invalid NPI Numbers	
Medicaid	
Summary Reports	
Timely Filing	

Reports **Help** My Account

Adjudicated Claims Reports	
Claiming	
Claims Aging Reports	
Code 35 Reports	
CPT Codes	
Detail Reports	
Financial	
ICD9 to ICD10 GEMs	
Insurance	
Insurance 835 Remittance Details	
Invalid Licensed Professional Data	
Invalid NPI Numbers	
Medicaid	Medicaid 835 Checks
Summary Reports	Medicaid 835 Remittance Details
Timely Filing	Medicaid Claim Batches
	Medicaid Claims By Status
	Medicaid 835 Results
	Medicaid Code 35 Errors - Provider
	Medicaid Pending Claims - Provider
	Medicaid Claims Monthly Revenue Summary
	Medicaid Services Monthly Revenue Summary



This infographic depicts the process when claims pass all validation points and are accepted. For additional resources on the billing and claiming process, please reference the training resources available on the [Learning Management System \(LMS\)](#).