Billing and Claiming Processing Options

837 Loader

Providers choose one option

El Hub Service Logging
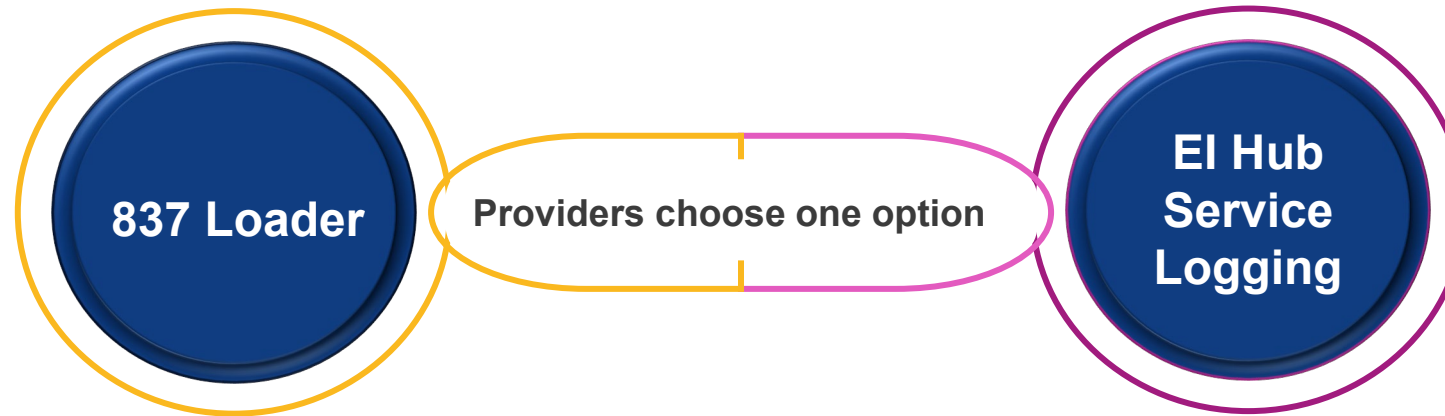
Details

- The Billing and Claims options you currently use in NYEIS will be the same as those in EI-Hub at Go-Live.
- If providers (including counties) wish to switch claiming methods post Go-Live, they must email the PCG Call Center at nyeitraining@pcgus.com or help desk phone at (866) 315-3747, option 8. A ticket will be created for the Billing team to make the necessary adjustments to provider accounts.

Background Information

Q&A for Service Logging Users

What is EI-Hub Service Logging?
The EI-Hub Service Logging module, a crucial tool, is an optional feature that meticulously documents all the necessary information for claim creation. This includes Evaluation, Visit, Service Coordination, Respite, and Transportation details related to the services provided.

After claims are worked/processed/entered in the Service Logging module, claim information is sent to the Case Management module, followed by the EI Billing module.

Who is entering claims into the EI-Hub Service Logging module?
Administrative roles, Service Coordinators, Rendering and Billing Providers schedule, log, manage, and audit each service rendered in the Service Logging module. Service logs later become claims.

What is a Voucher?
Once a service is logged, a claim is generated and sent to the EI-Hub Case Management module for validation. Approved claims are then compiled into a voucher (invoice) for payment. A Voucher is a collection of claims batched (bundled) together for submission.

After claims are added to a voucher, billing providers complete the voucher, and claims are sent to EI-Billing for the next step in the billing process.

Program Roles for Billing

These roles can access Service Logging Module:

- ProvDataEntryNY
- ProvFiscalMgrNY
- UniversalProvNY (Agency)
- InProviderNY (Individual)
- ISC/OSC NY
- MuniProgAll
- RenderProvNY
- JrRenderProvNY

These roles can access 837 Loader and/or create a voucher:

- ProvDataEntry
- UniversalProvNY (Agency)
- InProviderNY (Individual)

Access to service logging will be determined by the role administrator for the county or agency. Independent Providers who don't use a third-party system for billing and claiming will be setup with Service Logging.

True or False? Only accepted claims passing edits in Case Management move on to EI-Billing?
True - If a 999 file or a claim is rejected on a 277 file, the claim is not sent to EI-Billing. **Only accepted claims passing edits in Case Management** move on to EI-Billing.

How can I easily see rejected claims to fix?
The Unbilled Attendance Report within the EI-Hub is helpful to providers because it shows rejected claims that they must fix before they can continue into EI-Billing.

Q&A for Case Management

Q&A for 837 Loader / Third Party Users

What if I already use a Third-Party SL system?
Providers can continue to use their existing Third-Party billing system or use the EI-Hub Service Logging module.

What is the 837 Loader?
If a Provider/Agency sends 837 files to NYEIS before the EI-Hub Goes Live, they will automatically be set up to send 837 files in the EI-Hub for Go-Live. Providers or agencies will be required to successfully upload an 837-test file before access is granted to begin submitting 837 files.

Where can I find more information on submitting the 837-test file?
Before submitting 837 files, it's crucial to upload and have an 837-test file approved. This step ensures providers are well-prepared and confident in their submissions. Detailed instructions on this process can be found in the "*Submission of 837P File To EI-Hub User Guide*" located in the LMS.

What enhancement does the 837 Uploader offer?
Providers who submit 837 files will now receive a 999 (acknowledgment file), 277 (accepted and rejected claims file), and Medicaid 835 (remittance file); this meets the X12 Electronic Data Interchange (EDI) standard.

*Previously in NYEIS, providers received an F-file with rejections to work and an 835 file.

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.

Lifecycle of a Claim

El Hub Service Logging

Billing & Claiming
Service Logging System
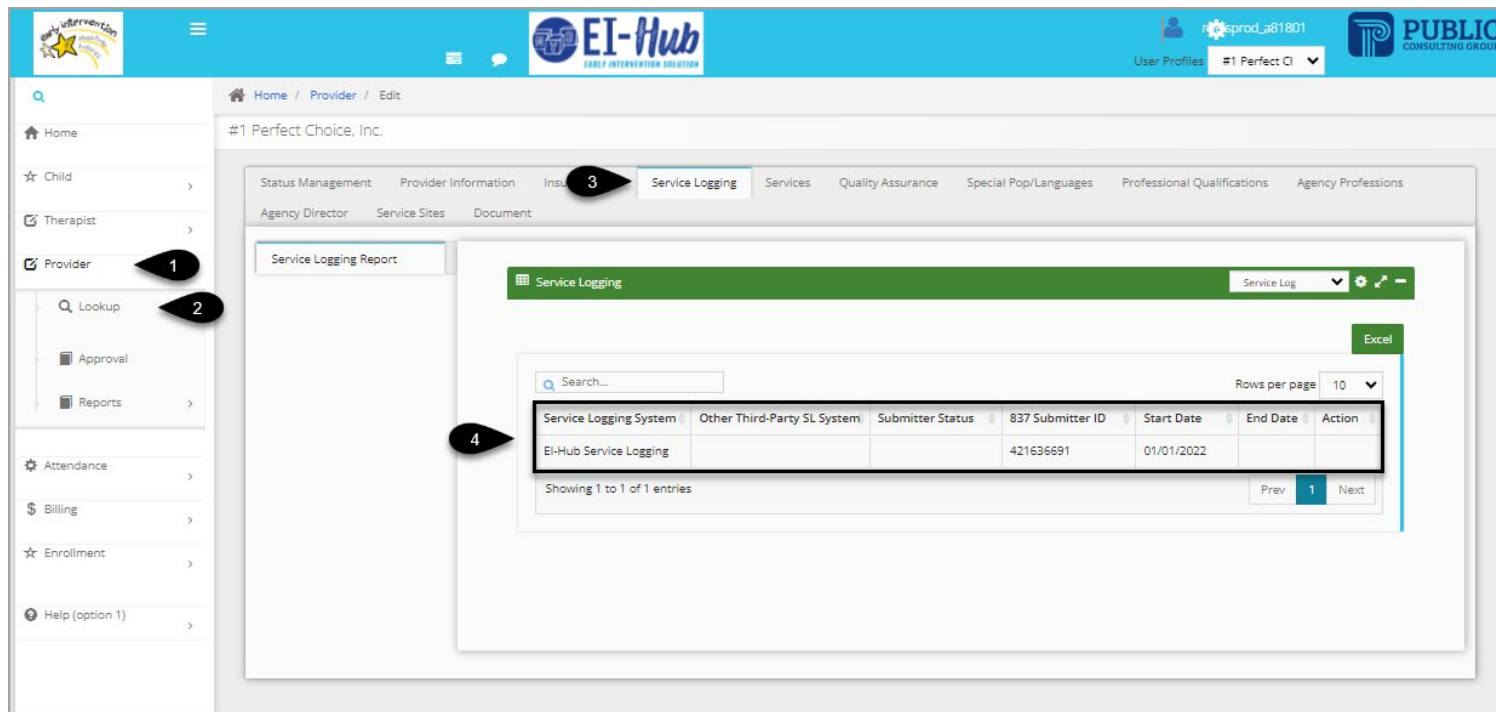
How To

Review preference for 837s or Service Logging.

Note

- Service Logging is a module of the EI-Hub used to enter Evaluation, Visit, Service Coordination, Respite, and Transportation information for the services provided. Service Logging documents the required information to create a claim, which is then moved to Case Management and the EI Billing module.
- Providers play a pivotal role in logging session notes in Service Logging. However, it's important to note that these notes must also be kept on file in accordance with EIP guidelines to maintain a comprehensive record of the services provided.
- The Service Logging module is equipped with real-time edit checks, a feature designed to enhance the accuracy of claim creation. These checks include presenting CPT and HCPCS codes that are specifically available for the service provided, thereby ensuring that the claim is as accurate as possible. It's worth noting that a user's role within the EI-Hub will determine their Service Logging portal access.
- The Service Logging module uses *the term* "billable attendances" when referencing claims.
- Transportation services can be entered via an 837P EDI File or via Service Logging.
- Respite services can ONLY be entered via Service Logging.
- For Go Live, all billing providers will be entered into the EI-Hub as they were in NYEIS.
- Billing providers can change their billing method (837 Loader or Service Logging) after going live if they or their agency choose. Providers (including counties) must contact the PCG Call Center using email at nyeitraining@pcgus.com or the help desk phone at 866-315-3747, option 8. The billing team will create a ticket to make the necessary adjustments to provider accounts.

EI Hub Service Logging Process Flow
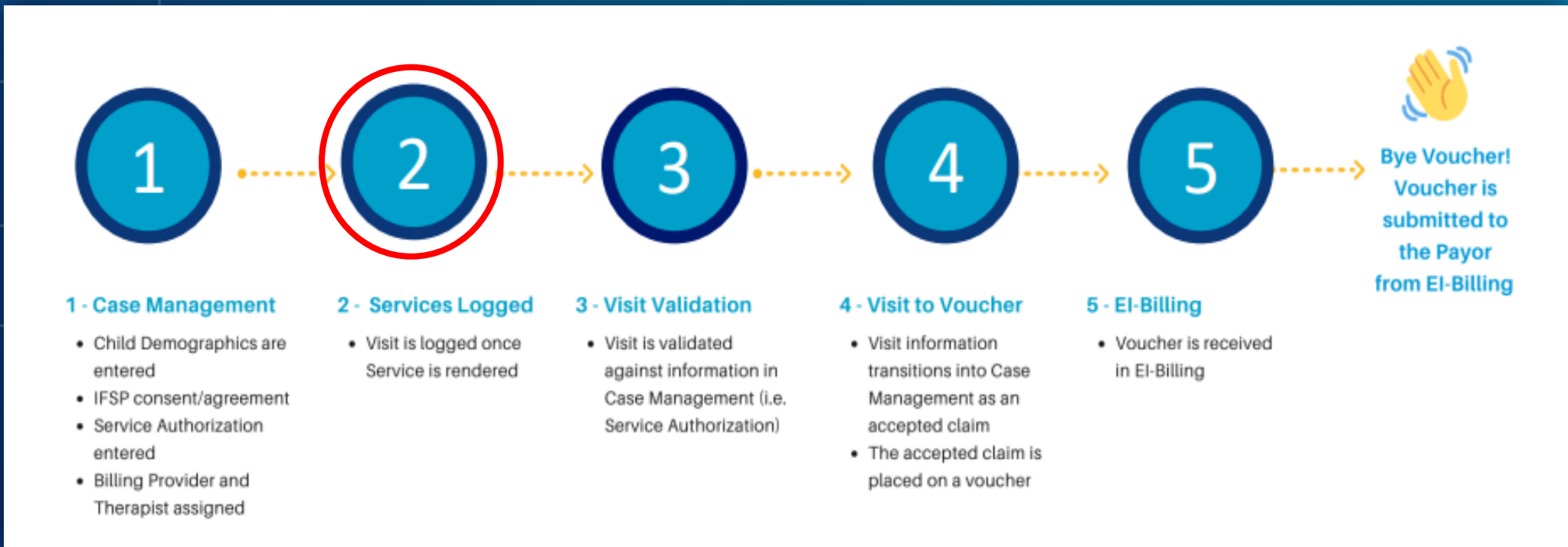
Billing & Claiming
Service Logging System

How To
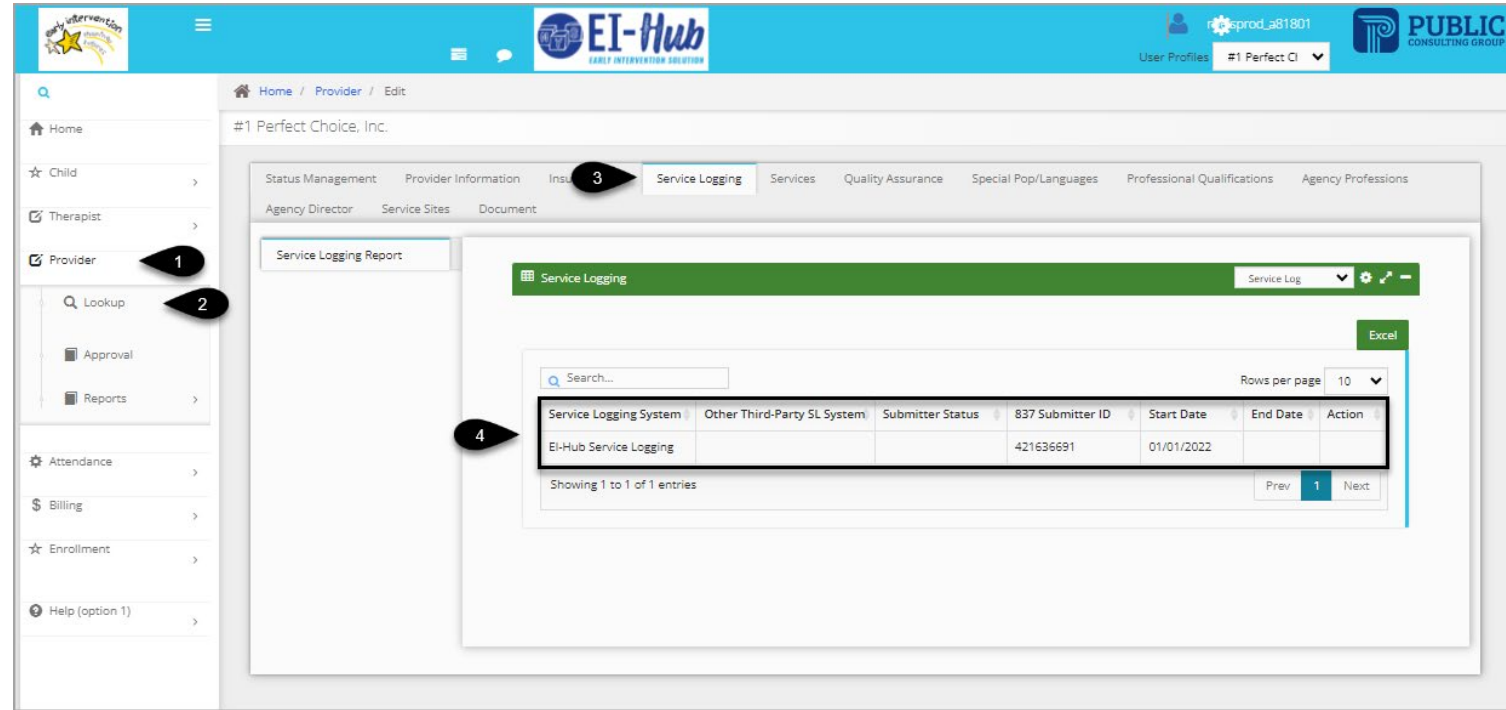
Review set up in EI-Hub for Service Logging

Step / Action

Log into Case Management.
1. Select/click **Provider**.
2. Select/click **Lookup.**
3. Select/click **Service Logging.**
4. The Service Logging System field will display 'EI-Hub Service Logging.'

Note: Providers should contact the PCG Call Center at 1-866-315-3747 to correct or change their Service Logging system.

Service Logging
Logging a Service

How To

Access Service Logging Module.

Step / Action
1. Select/click **Service Logging Module**.
2. Select/click **Active Authorizations** on the Billing Provider Portal.

Continued next page…

Maintenance   User Management   Learning Management   Knowledge Base   My Profile

Ei-Hub alerts

The EI-Hub will be released for use on June 3, 2024

The EI-Hub will be released for use on June 3, 2024. The last date to utilize NYEIS for data entry and claiming activities will be May 24, 2024. Stay tuned for more information related to the transition, upcoming virtual & in-person training opportunities. Make sure you sign up for the NYEIS electronic mailing list to receive all the announcements and information about this transition to EI-Hub. Visit the 'Electronic Mailing List' page on the health.ny.gov website for instructions to subscribe.

Sandbox Customer Support

PCG will provide limited customer support to Sandbox users via a Call Center. The Call Center can be reached by email at NYEITraining@pcgus.com or call 866.315.3747. Users must leave all inquiries with their name, contact number, and email address. We will attempt to answer calls in real-time. However, callers may need to leave a voicemail. A representative will attempt to return calls by the following business day. Please note calls pertaining to daily business matters will be prioritized.

EI-Hub Bootcamp Resource Page

In response to the feedback from stakeholders across NY State, we are pleased to announce the expansion of training opportunities for the EI-Hub. Starting this November, PCG will host demonstration webinars and provide additional support through virtual break-out sessions, office hours with PCG trainer and ongoing Call Center support. Eager to learn more about these training opportunities? Visit the EI-Hub Bootcamp resource page on the Learning Management System.

User's components

nyeisuat_megbren, you can access the following components:

Billing Module	>
Case Management Module	>
Service Logging Module	>

1
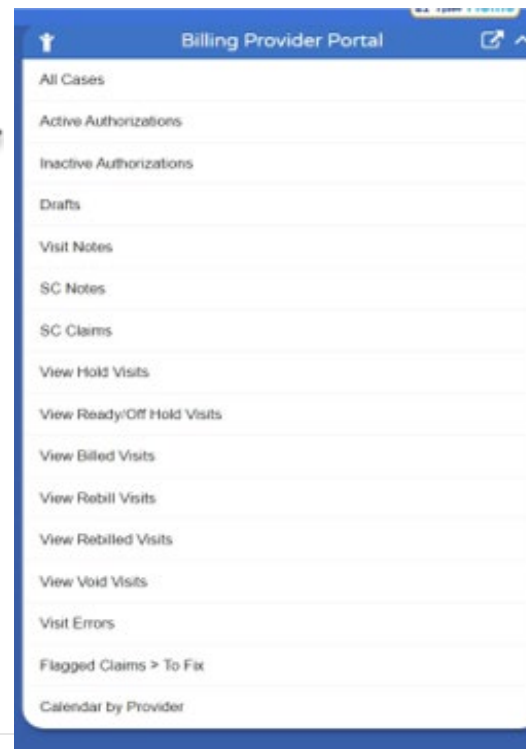
Billing Provider Portal

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

2

Service Logging
Logging a Service for Billing Providers

How To

Log a service

Step / Action

1. Select/click **Active Authorizations** on the Billing Provider Portal.
2. Select/click **Enter Visit by Auth**.
3. Select/click the **provider, date, time, Diagnosis/ICD-10, CPT, and visit code**.
4. Select/click **Save and Review**.

Continued next page...

Note

- Child name search is not required but can be used to refine a search.

Service Logging
Logging a Service for Billing Providers

How To

Log a service

Step / Action

1. Select/click **Provider Sign Here**.
2. Select/tick the **Attestation** checkbox.
3. Select/click **Done Signing**.

Note

- Even though it says, "Provider Digital Signature" and "Done Signing" this is an attestation, NOT a digital signature, that services were provided on the date and time listed on the claim.

Visit Details

Close

Child	Andrew Musante Show Info
Claim Info	
Provider	Mostly, Cyndr
Authorization	Active Auth# A21093807 From 2/19/2024 to 8/18/2024	Method: Home & Community Basic	Service: PT	Location: Community-based Site	Unit Remaining: 22 of 26	Minutes: 30	Number of co-visits: 0	Company: Albany county 1	Program: Physical Therapy - Basic	MakeUp: Units Auth=26, Units Used=0, Units Remaining=26
SA Number	A21093807
Date of Service	Wednesday, April 10, 2024
Start Time	07:00 am
End Time	07:30 am
Minutes	30
Service	PT-PT
Method	Home & Comm Basic-Home & Community Basic
Claim Status	Ready
Billing Unit	1
CPT/HCPCS	97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthet
ICD	F81.9-Developmental disorder of scholastic skills, unspecified
Claim ID	984603
Visit Code	SP-Service Provided (Billable)
Form	NY Session Note
Date Note Written	04/10/2024
Session Participants	Child
Individual or Group	Individual
Digital Signatures	Provider Sign here **1**

064299
y, May 3, 2024

Provider Digital Signature   Cancel

2 ☑ I certify the information on this visit to be true and accurately reflect the services provided under the Early Intervention Program.

Done Signing   **3**

7 - treatment of speech, language, voice, communication, an

Service Logging

Logging a Service for Billing Providers

How To

Enter Session Notes

Note

- Entering session notes are **optional**.

Step / Action

1. Select/click **NY Session Note** on the **Form** drop down menu.
2. Enter all fields as shown.
3. Select/click **Save and Review**

Service Logging
Logging a Service for Billing Providers

How To

Take Claims Off Hold
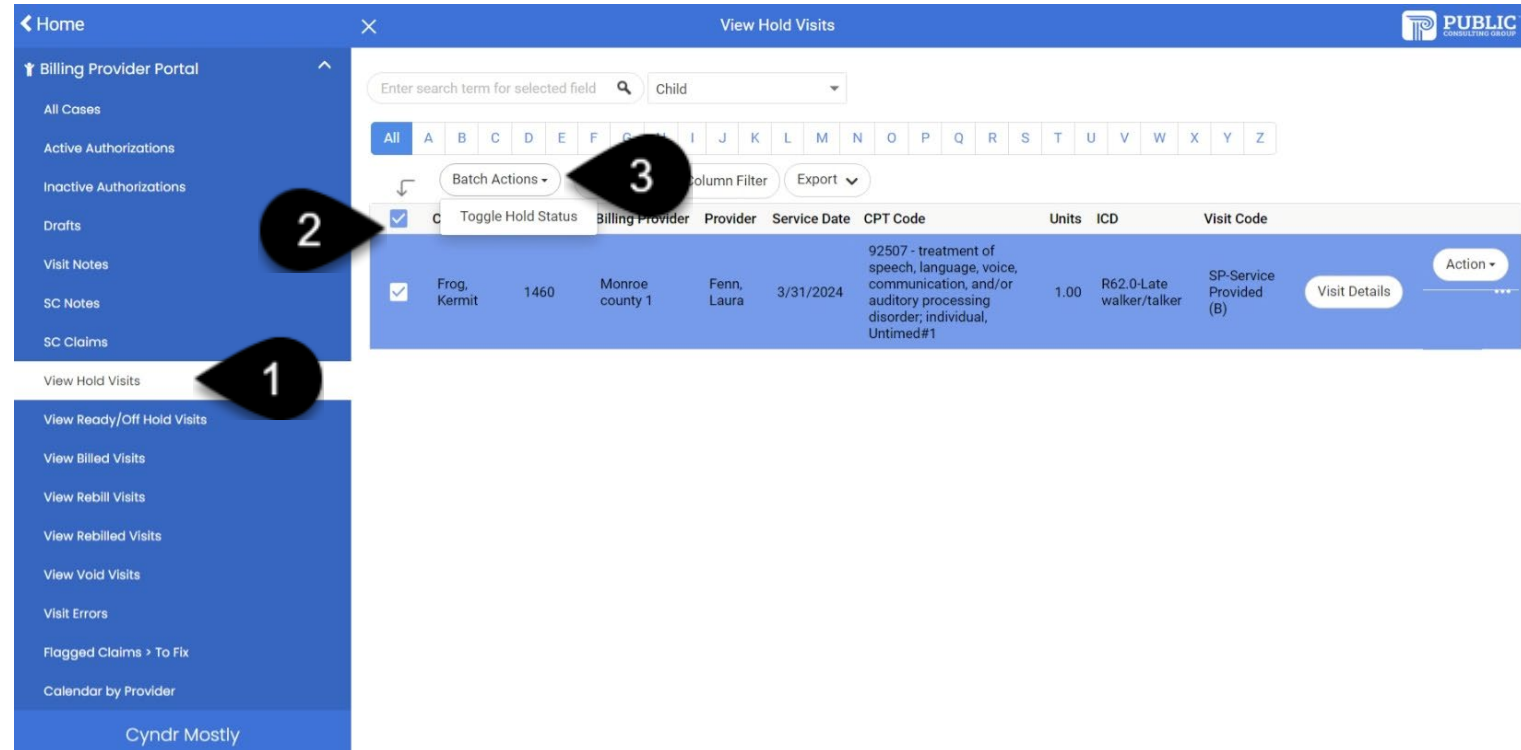
Note

- This step checks for errors in claims. This is the last time a claim can be edited before it goes to case management to be put on a voucher/invoice.

Step / Action

1. Select/click **View Hold Visits** in the Billing Provider Portal
2. Select/click claims to take off hold and send to Case Management to place on a voucher/invoice. To select all claims, select the top square box. To select individual claims, select the box next to each child's name.
3. Select/click **Batch Actions,** then **Toggle Hold Status**
4. Select/click **Change Hold Status.** A green bar will come up that says, 'Action Successful,' which means claims are being sent to Case Management and can no longer be edited.
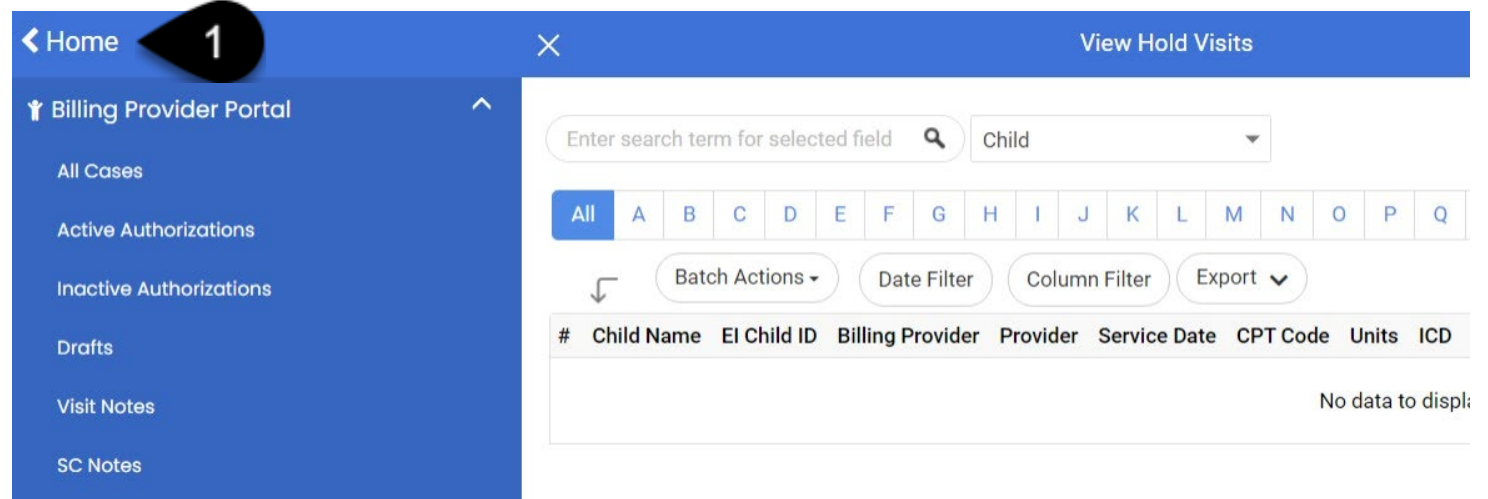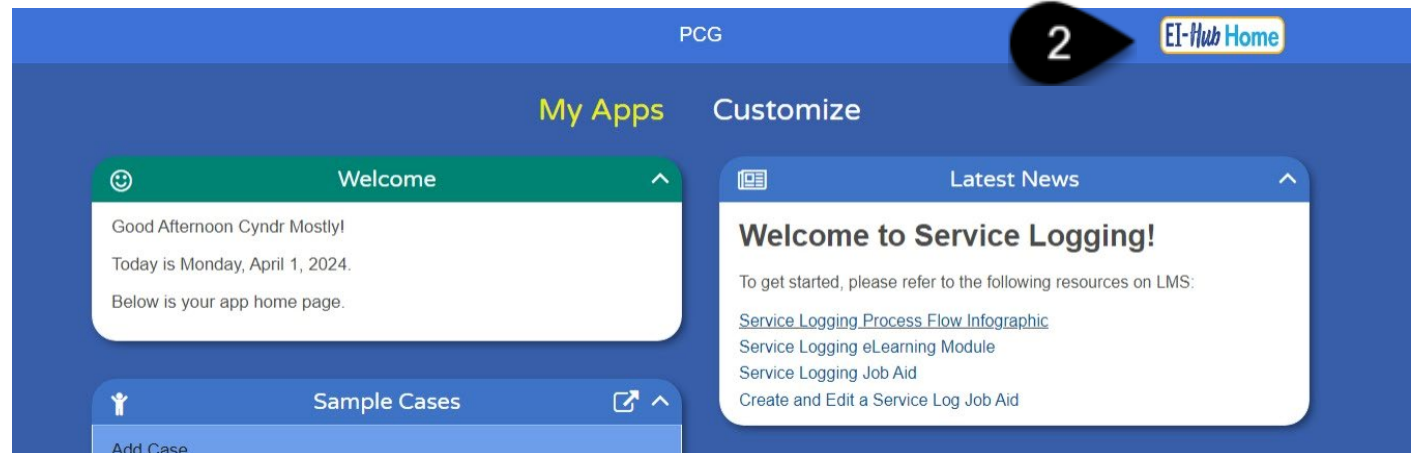
Continued next page…

Service Logging
Logging a Service for Billing Providers

How To

Navigate to Case Management

Step / Action

1. Select/click **Home** on the top left of the screen.
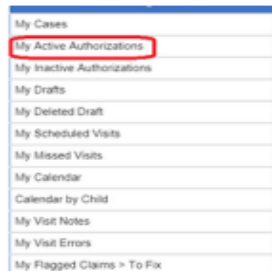2. Select/click EI Hub **"Home"** on the top right of the screen.

Services Logged
EI-Hub Service Logging Quick Review

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)
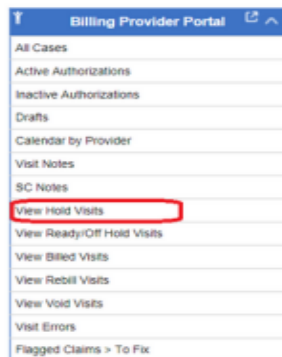
Location Type

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 |

EI-Hub

EI Hub Service Logging Adding to a Voucher Process Flow

Visit to Voucher
Create a Voucher

How To

Create a Voucher

Step / Action
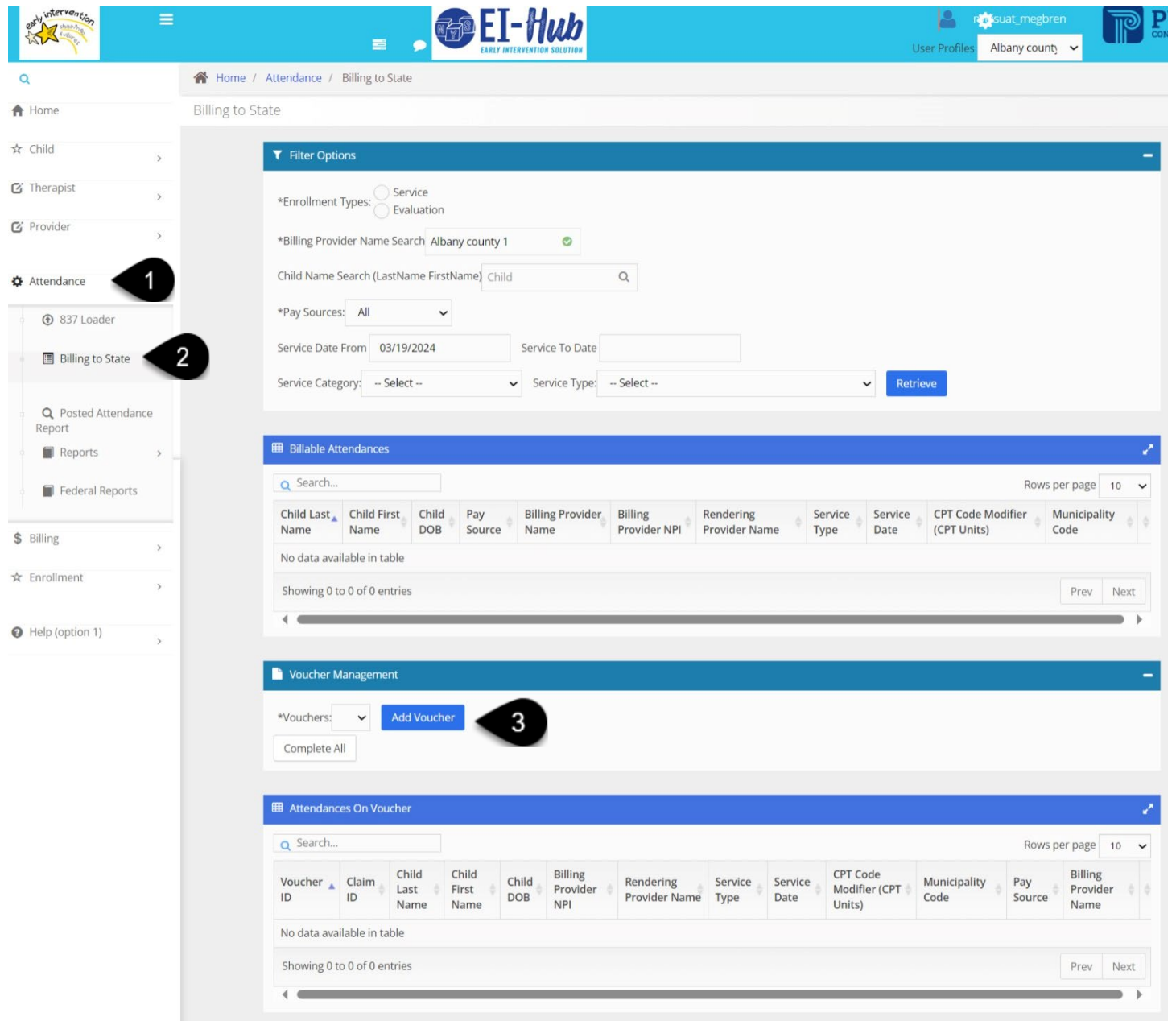1. Select/click **Attendance**.
2. Select/click **Billing to State**.
3. Under **Voucher Management,** select **Add Voucher**.

Continued next page…

Note

- You can create multiple vouchers/invoices at once. All vouchers/invoices created will show up in the voucher dropdown menu.

Visit to Voucher
Auto-Assign Attendances & Complete All (CM)

How To

Create a Voucher

Step / Action
1. Select/click the appropriate Enrollment Type radio button for a **Service** or **Evaluation**.
2. The **Company Name** will auto-populate.
3. Select/click Pay Source.
4. Enter the **Voucher Number** and a **Description** or **Notes** if needed.
5. Select/click **OK**.

Continued next page…

Note

- You can create multiple vouchers/invoices. All vouchers created will show up in the voucher dropdown menu.

- Evaluations and Services can be on the same voucher.

Add Voucher   ✕

*Enrollment Type   ○ Service   **1**
                    ○ Evaluation

*Company   **2**

Albany county 1   ✓

*Pay Source   Albany   ▼   **3**

*Voucher Number   **4**

Description

Notes

                                                                                        OK   **3**

Delete Voucher

How To

Create and Complete voucher
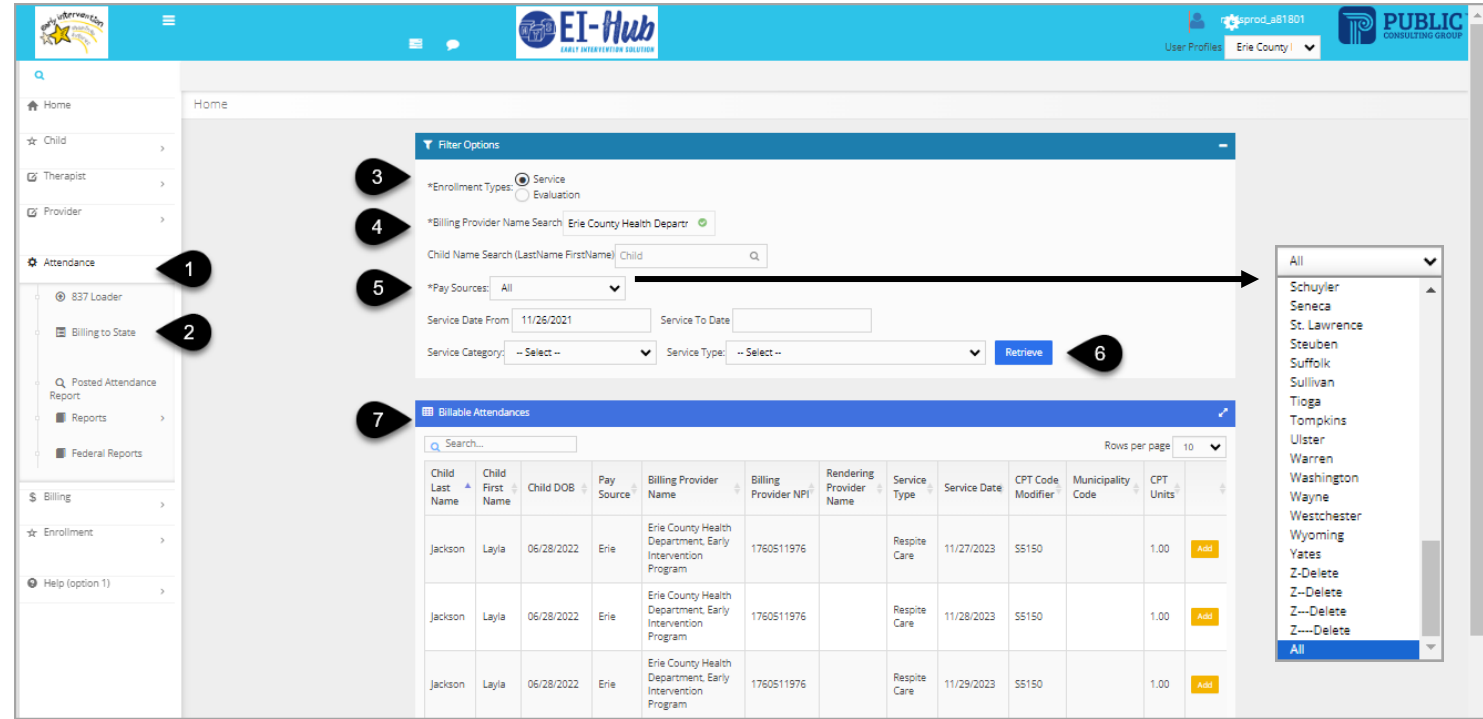
Step / Action

1. Select/click **Attendance**.
2. Select/click **Billing to State.**
3. For **the Enrollment Type,** choose the Service or Evaluation radio button.
4. **Billing Provider name** will auto-populate.
5. Select All, Retrieve, or Other Pay Source using the **Pay Source** drop-down**.**
6. Select/click the **Retrieve** button.
7. Billable Attendances submitted in Service Logging will appear in the grid.

Continued next page…

Note

- A voucher is similar to a provider invoice. Each invoice can contain one or many provider claims. Early Intervention regulations have service limits/billing rules, and the EIOD must approve a waiver if the IFSP team determines that additional visits are appropriate.

Add Claims and Complete Voucher

How To

Create and Complete voucher

Step / Action

8. Select/click the **Add** button to add applicable attendances to a voucher.
9. The Add To Voucher popup panel automatically appears with the Voucher Number entered on the previous page. Click the drop-down menu to select another Voucher Number.
10. Select/click the **OK** button.
11. Attendance(s) added to the voucher appears below.
12. The voucher can now be **Deleted or Completed.** Individual attendance(s) can be removed after scrolling to the right.

ℹ **Note**

- Billing providers will complete vouchers (a batch of claims or "invoices"). The billing provider will be using the 'Bill to State' menu. Counties may also be billing providers.
- Existing vouchers will appear in the Attendances On Voucher grid/table.
- Individual Attendances are considered the same as Claims and receive an attendance ID.
- Once Completed, the Voucher or Invoice Number should not be re-entered.

Billing & Claiming
Adding to Voucher (Quick Reference)

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.
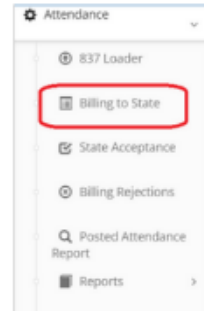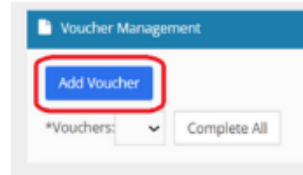

Step 2

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.

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.
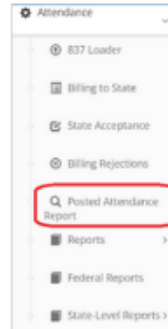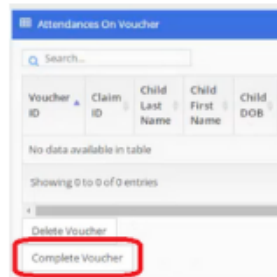
837 Loader

Billing & Claiming
837 Submission

How To

Learn more about 837 test file and 837 Submission.

Note

- **Before testing, all submitters must have an HCS account.**
- Users need to be approved to submit 837s.
- Once approved, the submitter status will update.
- **For step-by-step details, please review the Submission of 837P File to EI-Hub User Guide posted in the LMS.**
- **Submission of 837P File To EI-Hub User Guide**

GETTING APPROVED AND CONFIGURED FOR ELECTRONIC CLAIMING
EDI SUBMITTER AGREEMENT AND REGISTRATION

An EDI submitter is defined as any New York Early Intervention Approved Billing Provider who transmits or receives **Electronic Data Information into/from the EI-Hub**.

Before a provider is permitted to upload 837P transactions into the EI-Hub, they must complete the following steps:
1. Review the "EDI Submitters Agreement and Registration" section in the resource.
2. To register as an EI-Hub electronic claims provider, please email PCG at NYSFAEIP@pcgus.com to begin testing.
3. After completing the testing phase, the provider will be granted access to send and receive EDI transactions into/from EI-Hub.

TESTING
- Maximum of 50 claims per file
- Maximum of 3 test files per day

Billing & Claiming
Adding an 837

How To

Add an 837
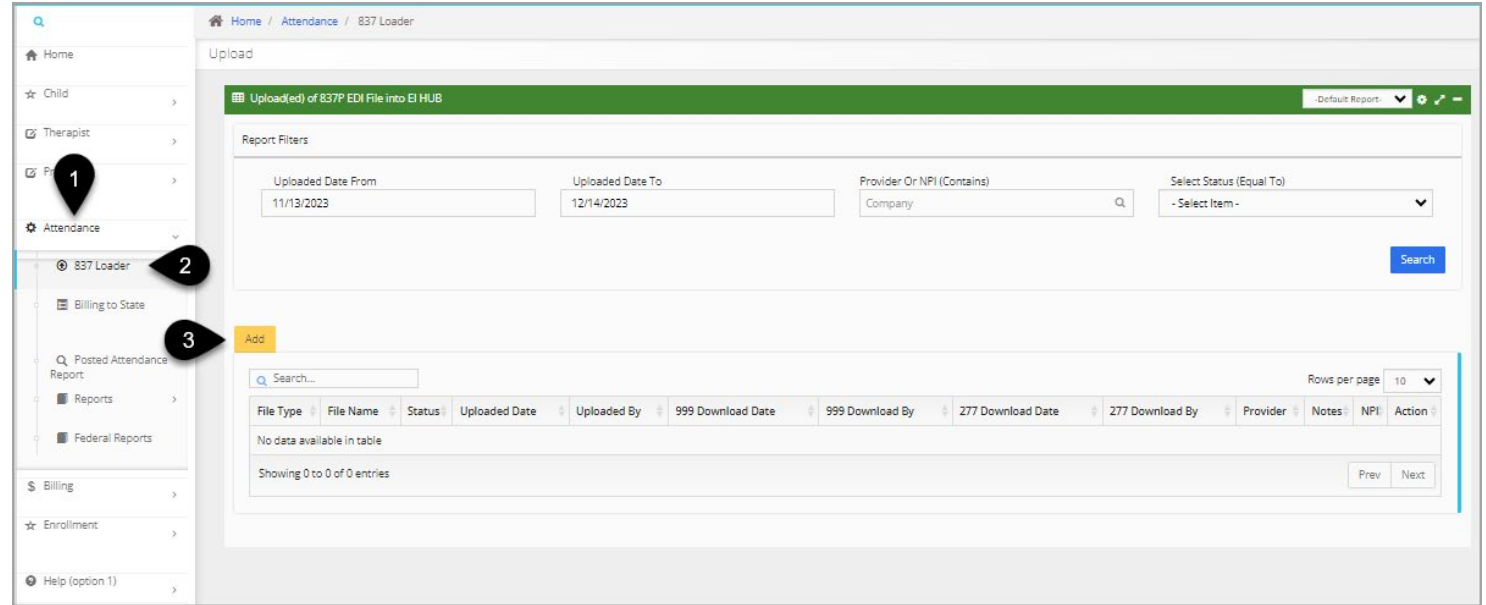
Step / Action
1. Select/click **Attendance**.
2. Select/click **837 Loader**.
3. Select/click the **Add** button.

Continued next page…

Note

- The 837 Loader Case Management component accepts claims into the system and sends claims for payment.

- 837 loader replaces the NYEIS process.

- For Go-Live, if a Provider/Agency currently sends an 837 to NYEIS, they will be set up automatically in the EI-Hub.

- **After setup, users must complete an 837 Loader file test before access is granted to submit a production 837.**

- For additional information regarding 837P, 999, and 277CA, please refer to the Companion Guides in the EI-Hub Learning Management System (LMS). You can also find 277 Rejection code(s) information in the Submission of 837P File User Guide.

How To

Add an 837

Step / Action

4. Using the *Document Type** drop-down menu, select Insurance 837 File.
5. Enter the **Document Name.**
6. Select/click the **Choose File button** to attach the file.
7. Enter **Notes** if applicable.
8. Select/click the **Confirm Upload of 837P EDI File into EI HUB** button.

Note

- The file must be in X12 format; the recommended file type is .txt.

- Only one (1) file may be uploaded at a time.

- **Once saved, the file will be processed.**

- EI-Hub will only accept one Interchange Control Header/Interchange Control Trailer (ISA/IEA) envelope.

- EI-Hub will accept more than one Functional Group Header/Functional Group Trailer (GS/GE) envelope.

- You **must** submit a separate Transaction Set Header/Transaction Set Trailer (ST/SE) for each Municipality.

- **Each 837P file is limited to a maximum of 5000 claims (CLM segments).**

- Electronic adjustments or replacement claims can be sent.

- Transportation services can be entered via an 837P EDI File or via Service Logging.

- Respite services can ONLY be entered via Service Logging.

- Record time in 24-hour clock time format: HHMM, where HH= hours (00-23) and MM=minutes (00-59).

Upload 837P EDI File into EI HUB

File must be in the X12 file format; the recommended file type is .txt. Files including, but not limited to, PDF, Excel, Word, PowerPoint, JPG, etc., are not accepted. File/Document name cannot exceed 115 characters. The maximum number of uploaded files is 1.

Document Area : X12
*Document Type
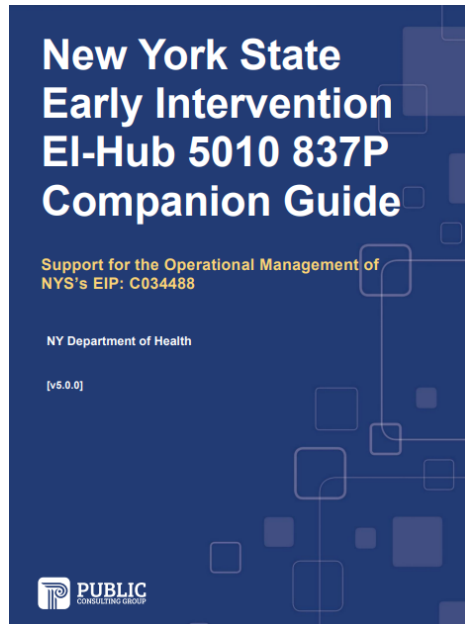Insurance 837 File

Document Name

Choose File No file chosen

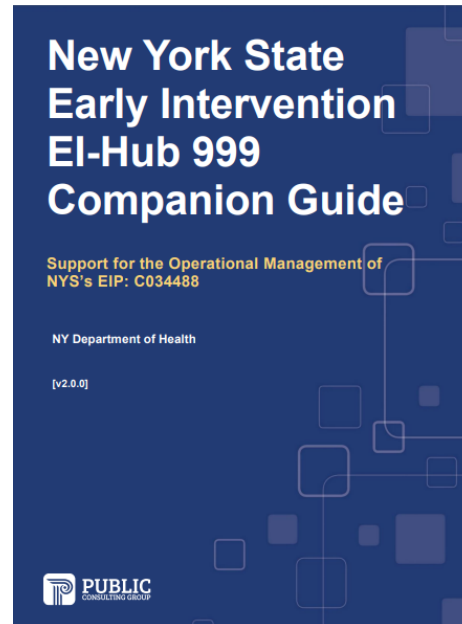Notes

Confirm Upload of 837P EDI File into EI HUB   Cancel

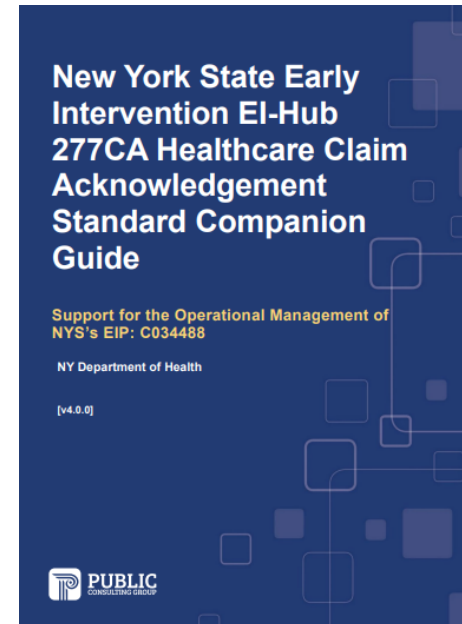# Billing & Claiming
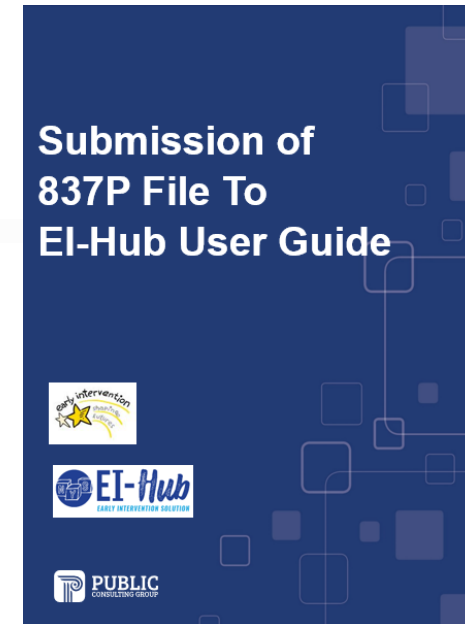## *Helpful Companion Guides & User Guides*

5010 837P

New York State Early Intervention EI-Hub 5010 837P Companion Guide

Support for the Operational Management of NYS's EIP: C034488

NY Department of Health

[v5.0.0]

PUBLIC CONSULTING GROUP

999 - Files

New York State Early Intervention EI-Hub 999 Companion Guide

Support for the Operational Management of NYS's EIP: C034488

NY Department of Health

[v2.0.0]

PUBLIC CONSULTING GROUP

277 - Files

New York State Early Intervention EI-Hub 277CA Healthcare Claim Acknowledgement Standard Companion Guide

Support for the Operational Management of NYS's EIP: C034488

NY Department of Health

[v4.0.0]

PUBLIC CONSULTING GROUP

837-P Files

Submission of 837P File To EI-Hub User Guide

EI-Hub
EARLY INTERVENTION SOLUTION

PUBLIC CONSULTING GROUP

ⓘ **Note**

- For additional information regarding 837P, 999, and 277CA, please refer to the Companion Guides in the EI-Hub Learning Management System (LMS). You can also find the 277 Rejection codes information in the 'Submission of 837P File User Guide.'
- These Guides are continuously updated and contain the most recent information.
- **PCG Highly Recommends that** providers contact their third-party vendors to ensure that they are prepared to communicate with EI-Hub.

Billing & Claiming
837 Report Search
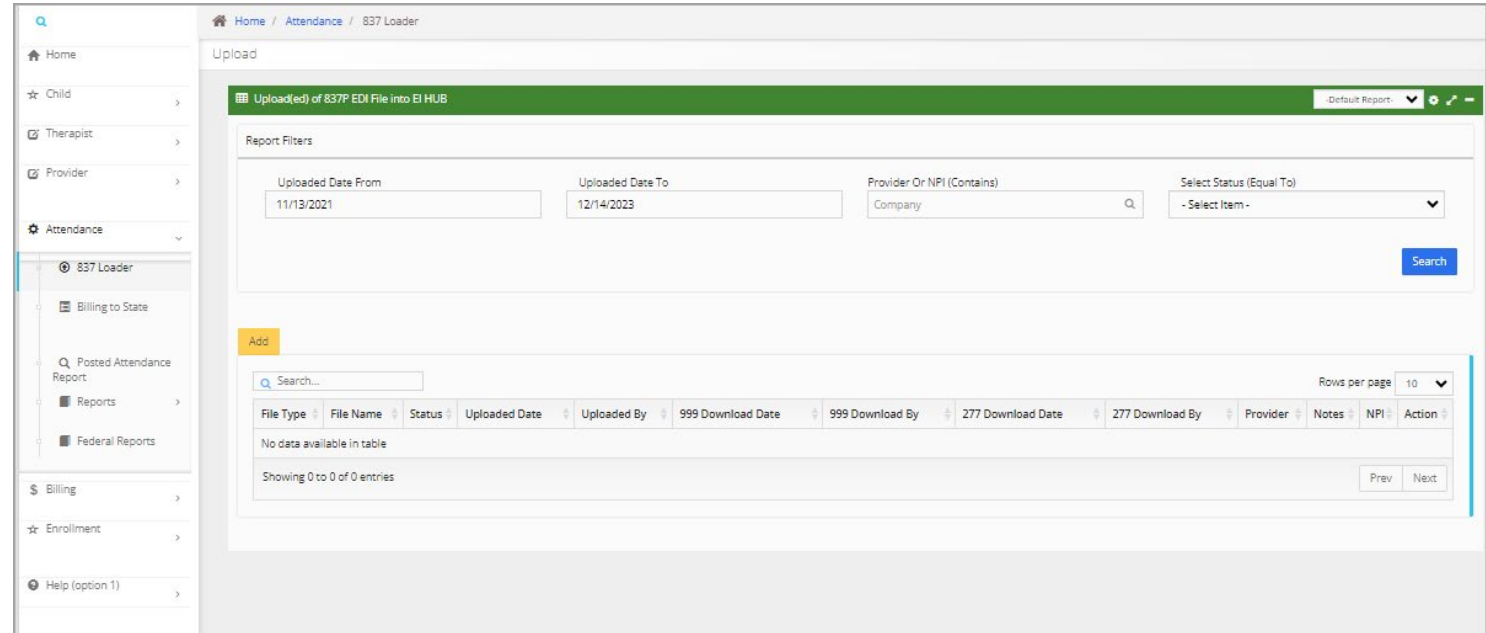
How To

Search & generate a report for uploaded 837s.

ℹ Note

- After uploading an 837P file, the submitter (Billing Provider) will receive a 999 response. The 999 will indicate if the submitted 837P file has been accepted or rejected by EI-Hub. The submitter should correct the rejected files and resubmit them to EI-Hub.

- The 837 Loader grid/table explains the various report filters used to search for any 837P files uploaded into EI-Hub, and the field description is listed in the results grid/table section.

- For 837P files that have an accepted file status, a 277CA file is returned to the submitter.

- A second level of editing is required for 277 files to determine whether your claims are accepted or rejected; please retrieve and read the 277 after your file is accepted on the 999.

- For more information explaining 277 Rejection Codes/Descriptions, please refer to the '277CA Healthcare Claim Acknowledgement Standard Companion Guide' posted on the Learning Management System (LMS).

Billing & Claiming
837 Report Search

How To

Search & generate a report for uploaded 837s

Step / Action

1. Select/click **Attendance**.
2. Select/click **837 Loader**.
3. Enter the **Uploaded Date From** and **Uploaded Date To** as a range value**.**
4. Enter the **Provider Or NPI (Contains)** value if applicable.
5. **Select Status** field options are Accepted or Rejected.
6. Select/click the **Search** button.

Continued next page…

Note

- Providers can enter one or both values for the report filter date range (**Upload Date From** and **Uploaded Date To**) since neither is required.

Billing & Claiming
837 Report Search

How To

Search & generate a report for uploaded 837s.
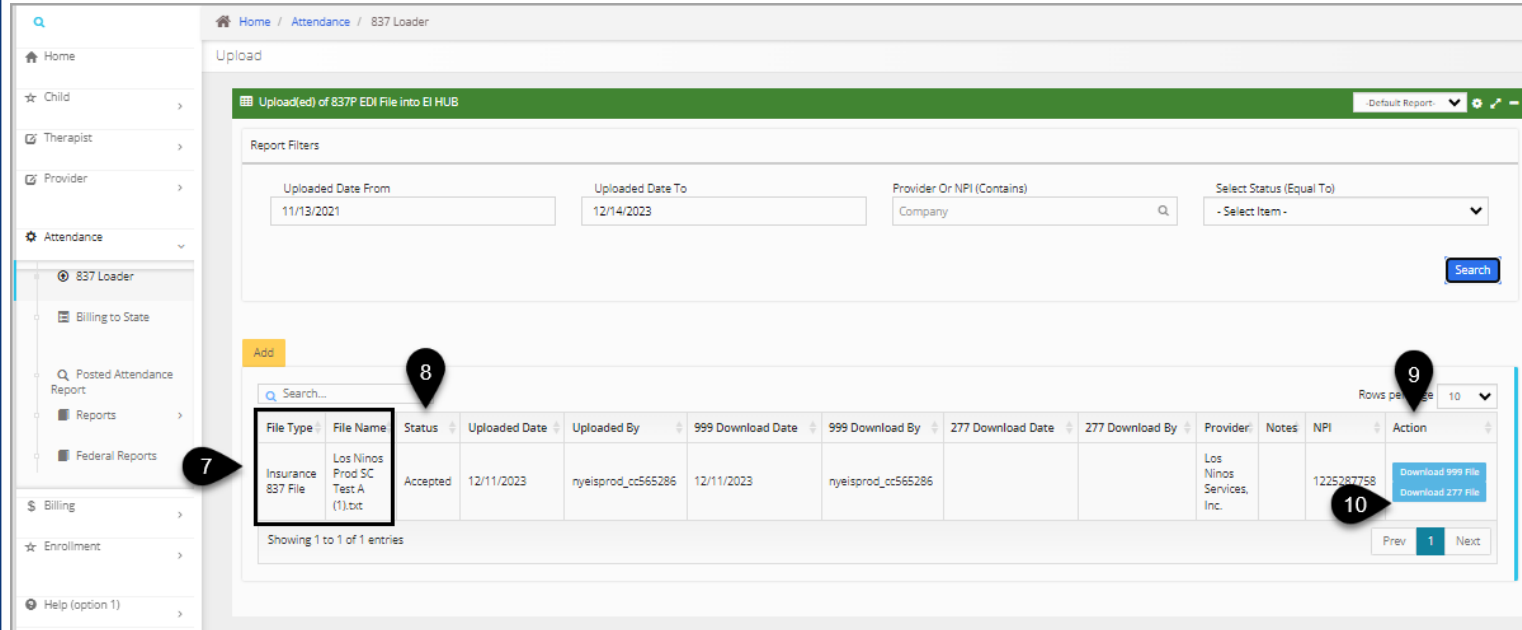
Step / Action

7. Both **File Type** and **File Name** are entered when 837s are added.
8. The **Status** indicated Accepted or Rejected.
9. Action items are updated when 837s are accepted or rejected.
10. When a claim's Status shows 'Accepted,' **999** and **277** files appear in the **Action** column for the record entry.

Note

- The 837 providers can download their 277s to view all accepted and rejected claims.
- Providers who want to see rejected claims in Case Management can use the Unbilled Report on slide 36.
- For additional information, please refer to the appropriate Companion Guide on the Learning Management System (LMS), which explains 277 rejections.
- As a best practice, if no 999 response is received within 24 hours, please contact the PCG Call Center to have your file reviewed.
- PCG Contact Information: Email nyeitraining@pcgus.com and help desk 1-866-315-3747 Option 8.

Billing & Claiming
837 Loader & Claim Status (Quick Reference)

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.
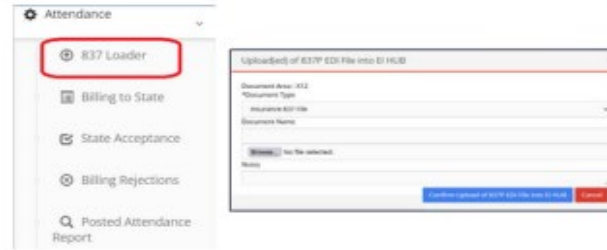
Step 2

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.

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

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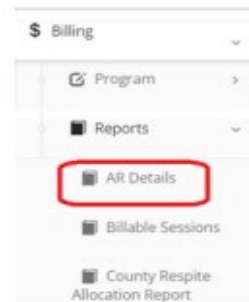
Reports

Helpful Attendance and Billing Reports for SL and 837 Loader

Billing & Claiming
Billing Rejections
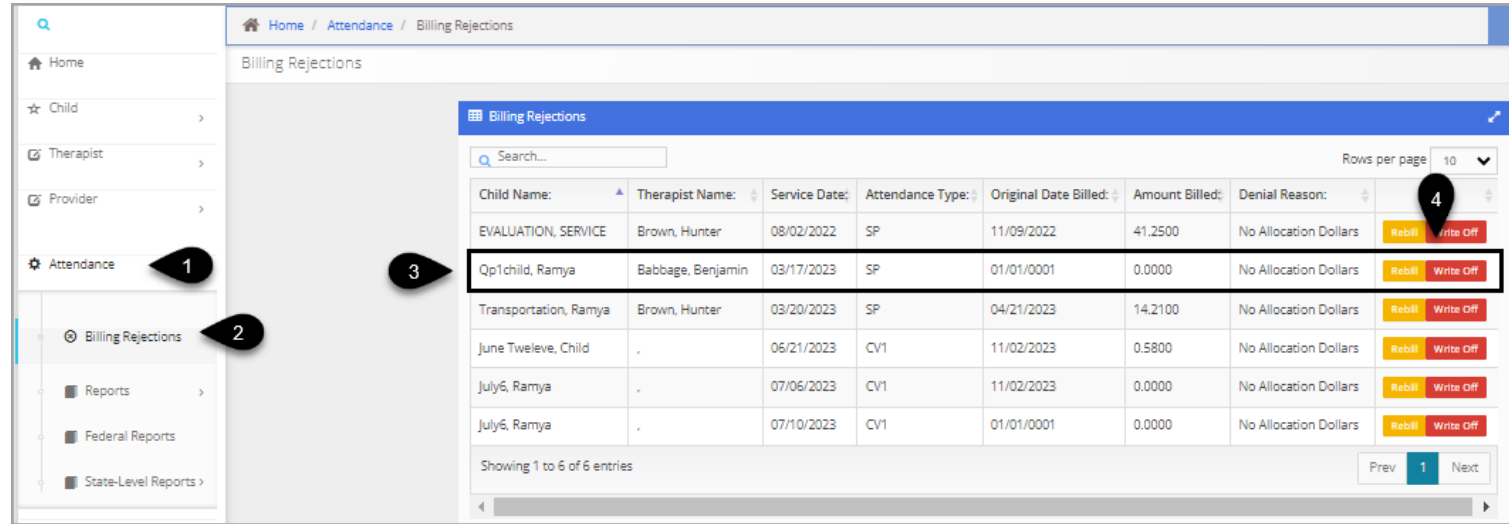
How To

View billing rejections

Step / Action

1. Select/click **Attendance**.
2. Select/click **Billing Rejections**.
3. Select the appropriate record entry.
4. Select/click the **Rebill** or **Write Off** button.

Note

- The Billing Rejections grid/table shows the data for claims (including respite) and provides a place to manage rejected sessions and determine how to resolve them.

- These are the roles that can view billing rejections.

  - Municipality View Only

  - Municipality Data Entry

  - Municipality Fiscal All

  - Municipality Program All

Billing & Claiming
Unbilled Attendance Report

How To

View unbilled attendances.

Step / Action

1. Select/click **Attendance**.
2. Select/click **Reports**.
3. Select/click **Unbilled**.
4. Using the **Service Type** drop-down, select a service type.
5. Select/click the **Search** button.

Billing & Claiming
Unbilled Attendance Report Information

How To

View unbilled attendances.

Additional Information

- The Unbilled Attendance Reports allow many individual reports to be created to accomplish many goals. This report focuses on information reportable at an attendance-specific level.

  - For example, a good report to create here would be to find a list of children who received services on a given date or during a period, as would a list of missed sessions that still need to be made up.

- In Report Filters, large date ranges will take longer to process. PCG recommends using smaller reports to do this every week vs. monthly; this will help avoid report timeout errors.

- This report lists Service Logging claims received in Case Management but rejected after they undergo fiscal edits in Case Management.

- Provides a list of attendances or claims that are not yet billed and are likely un-vouchered or rejected claims.

Roles

- These are the Provider roles that can view Unbilled attendance report.
  - Provider Data Entry
  - Initial Service Coordinator
  - Ongoing Service Coordinator
  - Provider Quality Assurance
  - Render Provider
  - Jr. Render Provider
  - Provider Fiscal Manager
  - Universal Provider
  - Municipal View Only

- These are the Municipal roles that can view the Unbilled attendance report.
  - Municipal Data Entry
  - Early Intervention Official Designee
  - Municipal Fiscal All
  - Municipal At-Risk Management
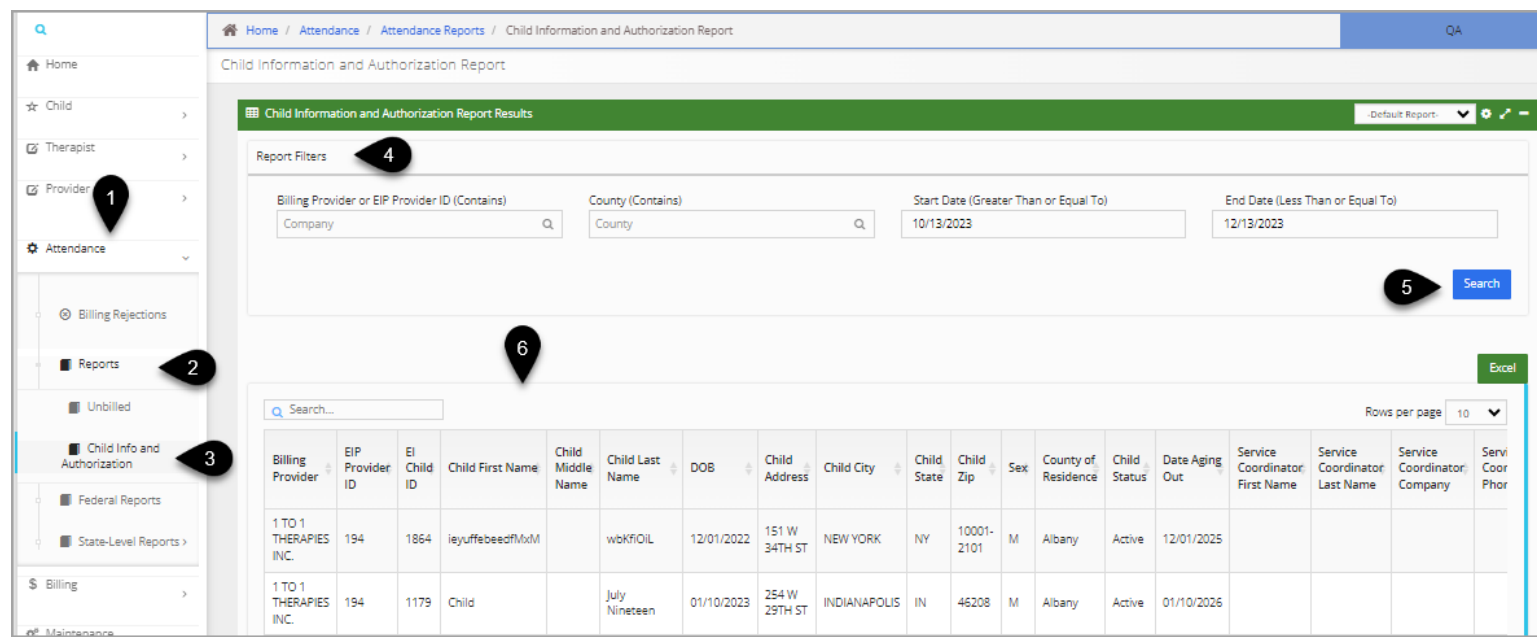 - Municipal Program All

Billing & Claiming
Child Information and Authorization Report

How To

View Child Information and Authorization.

Step / Action

1. Select/click **Attendance**.
2. Select/click **Reports**.
3. Select/click **Child Info and Authorization**
4. Select appropriate **Report Filters**
5. Select/click the **Search** button.
6. Results will be displayed in the grid.

ℹ️ Note

- The grid/table shows providers' child and service authorization information.

- Users who use third-party billing systems can export this to load the child's information into their billing system. The exporting feature is handy for end users since they do not have to manually type all this information into their third-party billing system.

- At a minimum, users must enter a Start and End Date for the Result Filter.

  - The Start and End date range is limited to 100 days or fewer.

- The report is beneficial for providers because it shows the number of authorizations remaining. It includes the child information, service authorizations, and a total count of services and remaining visits (including co-visits and makeup visits).

- These are the Provider roles that can view the Child Information and Authorization Report.

  - Provider Data Entry

  - Universal Provider (Agency)

  - Individual Provider

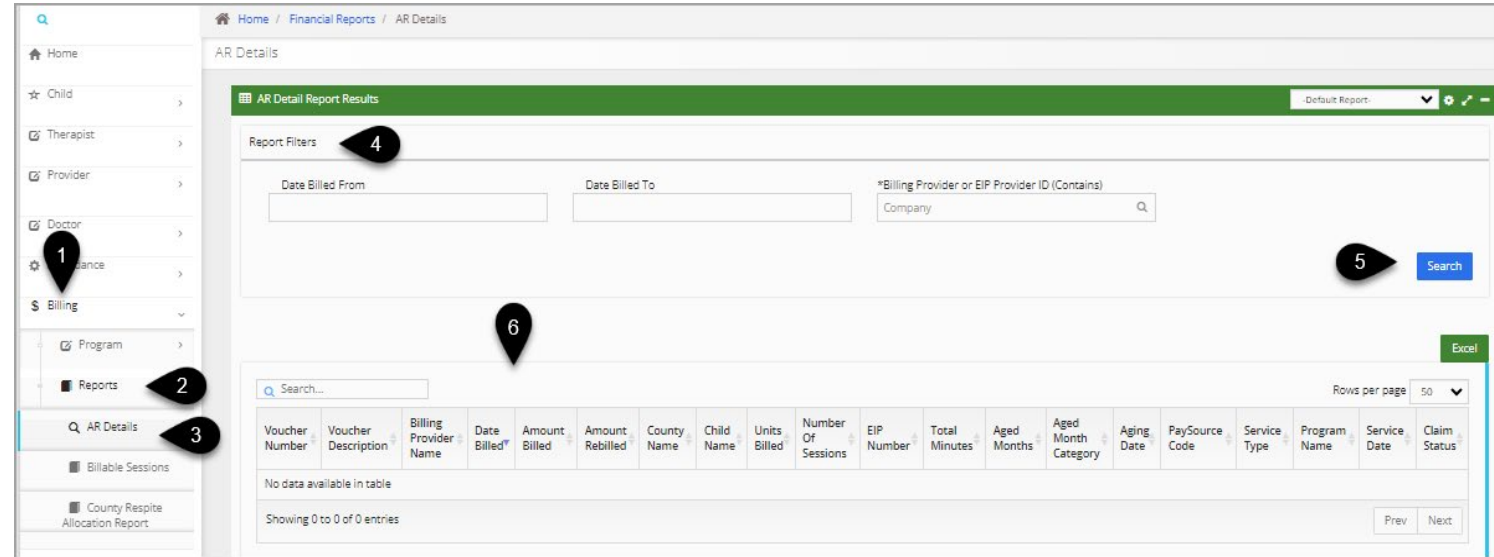# Billing & Claiming
AR Details Report

How To

View AR Details

Step / Action

1. Select/click **Billing**.
2. Select/click **Reports**.
3. Select/click **AR Details**.
4. Use the Report Filters and enter the **Start Date** and **End Date** to narrow the search filter.
5. Select/click the **Search** button.
6. The search results are displayed in the grid/table.

- For the AR Details Report Filter, fields are required (*) for the **Date Billed From**, **Date Billed To**, and **Billing Provider or EIP Provider ID**.

- The grid/table shows providers' billing information for claims received into the EI-Hub.

- These are the Provider roles that can view the AR Details Report.

  - Provider Fiscal Manager

  - Universal Provider (Agency)

  - Individual Provider

- These are the Municipal roles that can view the AR Details Report.

  - Municipal View Only

  - Municipal Data Entry

  - Early Intervention Official Designee

  - Municipal Fiscal All

  - Municipal At-Risk Management

  - Municipal Program All

Revision History

Version Number	Release Date	Author	Revision Summary
v.1	05.16.2022	Matthew O'Brien	First Draft Release
v.2	12.15.2023	Matthew O'Brien & Jessica Yorkman	The most recent screenshots and content was updated and added.
V.3	12.22.2023	Jessica Yorkman	Update and add content, validate information with SME, and finalize formatting.
V.3.1	12.28.2023	Jessica Yorkman	Changes based on reviewer feedback.
	04/10/2024	Meghan Brennan	Completed the client's edits.