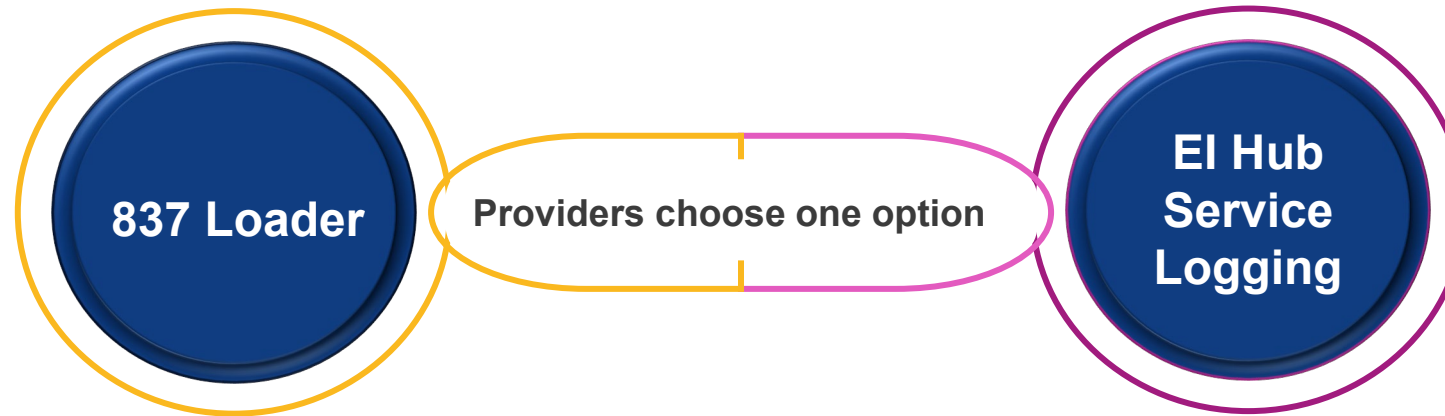


# Billing & Claiming



1. Background Information
2. EI-Hub Service Logging
3. 837 Loader
4. Reports

# Billing and Claiming Processing Options



## 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](mailto: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.



## Q&A for Case Management

### **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 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



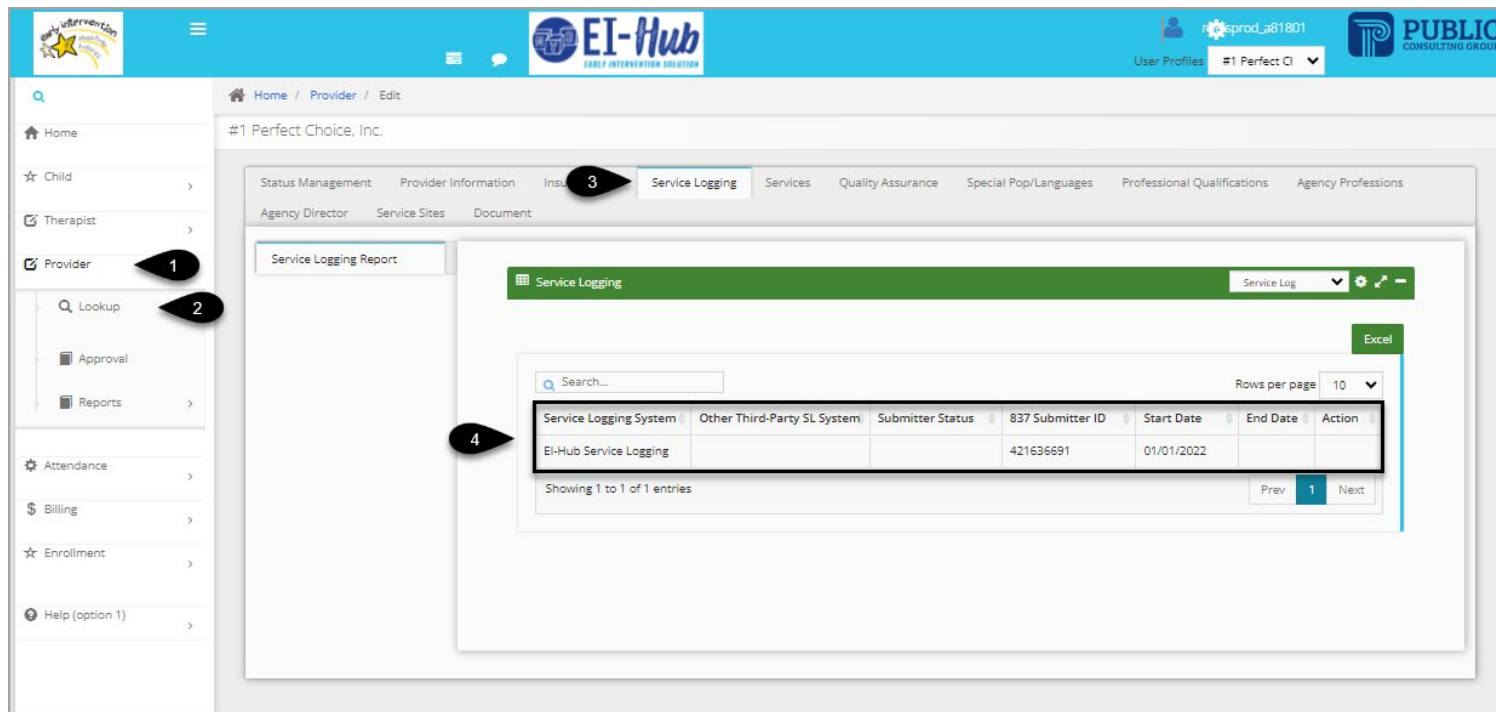
# El Hub Service Logging

### How To

Review preference for 837s or Service Logging.

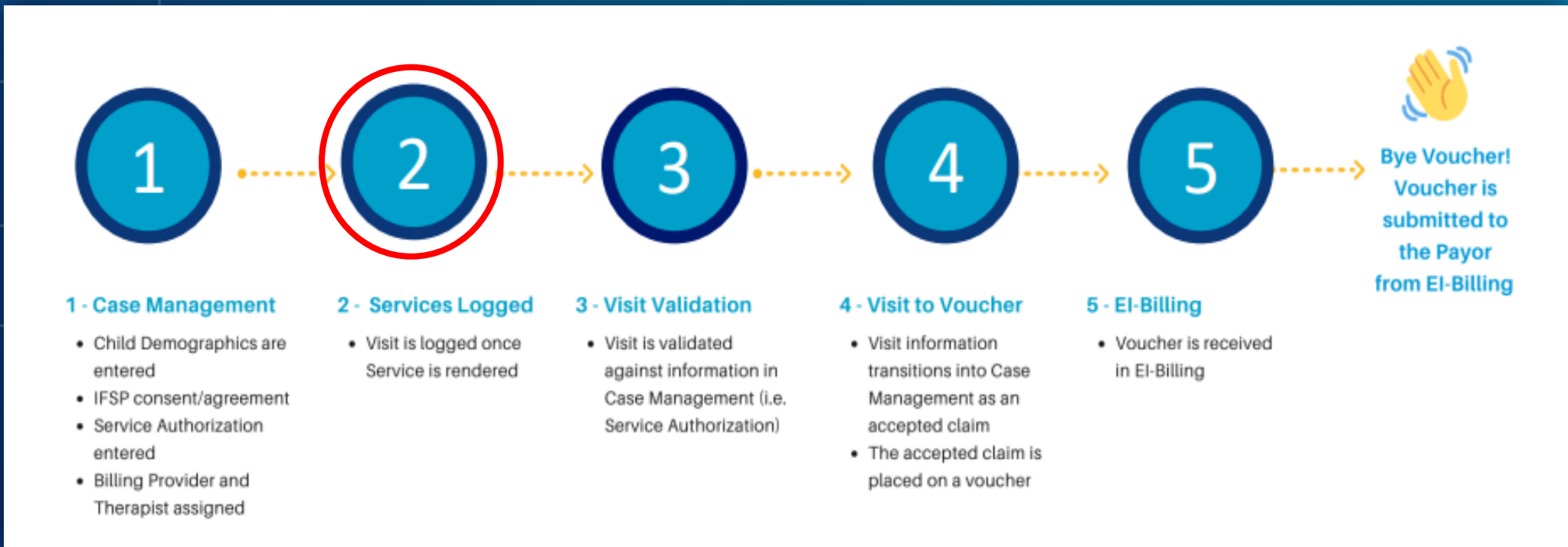
### Note

- 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](mailto: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.



Service Logging System	Other Third-Party SL System	Submitter Status	837 Submitter ID	Start Date	End Date	Action
EI-Hub Service Logging			421636691	01/01/2022		

# El Hub Service Logging Process Flow



# Billing & Claiming

## Service Logging System

### How To

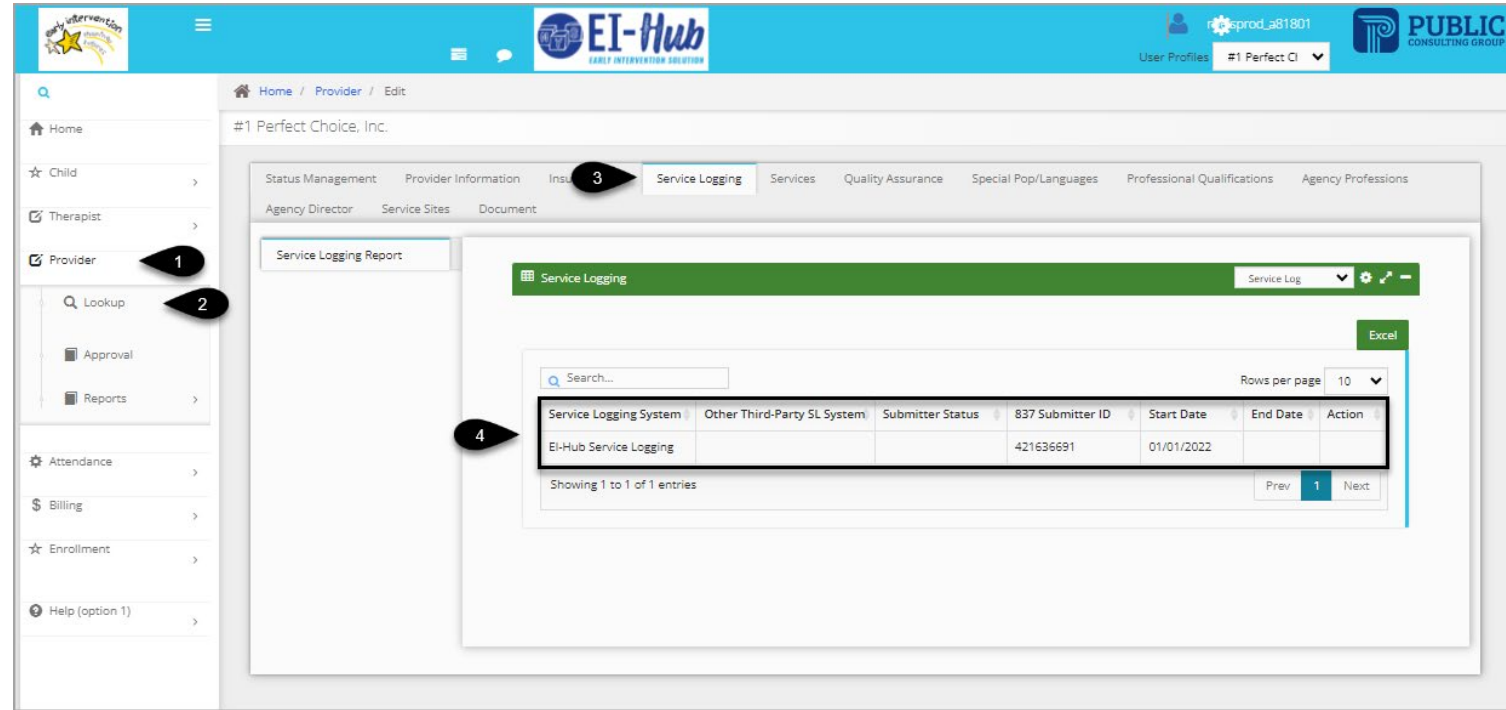
Review set up in EI-Hub for Service Logging

#### 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.



The screenshot shows the EI-Hub web application interface. The top navigation bar includes the EI-Hub logo, a user profile dropdown for 'prod\_a81801', and a 'PUBLIC CONSULTING GROUP' logo. The left sidebar contains a menu with options: Home, Child, Therapist, Provider, Lookup, Approval, Reports, Attendance, Billing, Enrollment, and Help (option 1). The main content area is titled '#1 Perfect Choice, Inc.' and features a 'Service Logging' tab. Below this tab is a 'Service Logging Report' section. A table displays the service logging system configuration. The table has columns for 'Service Logging System', 'Other Third-Party SL System', 'Submitter Status', '837 Submitter ID', 'Start Date', 'End Date', and 'Action'. The first row shows 'EI-Hub Service Logging' as the selected system. A search bar and 'Rows per page' dropdown are located above the table. A 'Showing 1 to 1 of 1 entries' message is at the bottom of the table, along with 'Prev', '1', and 'Next' navigation links. Numbered callouts are present: 1 points to the 'Provider' menu item, 2 points to the 'Lookup' menu item, 3 points to the 'Service Logging' tab, and 4 points to the 'EI-Hub Service Logging' entry in the table.

Service Logging System	Other Third-Party SL System	Submitter Status	837 Submitter ID	Start Date	End Date	Action
EI-Hub Service Logging			421636691	01/01/2022		

# 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...*

#### 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:

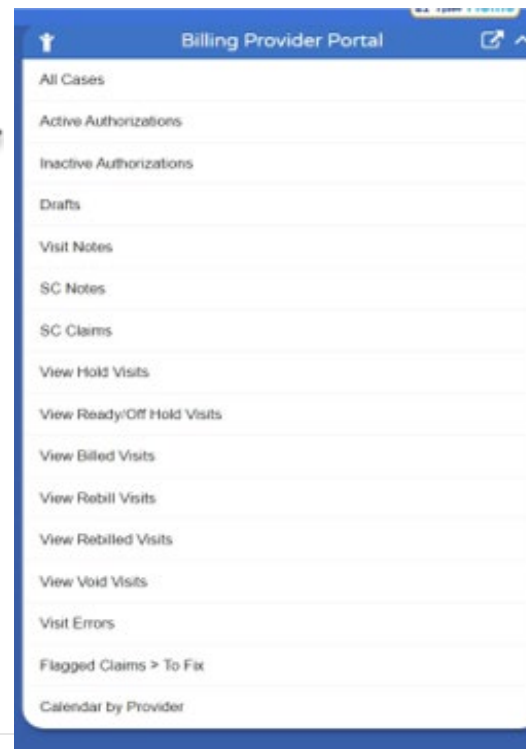
Billing Module >

Case Management Module >

Service Logging Module >

1

2



# Service Logging

## Logging a Service for Billing Providers

### How To

Log a service

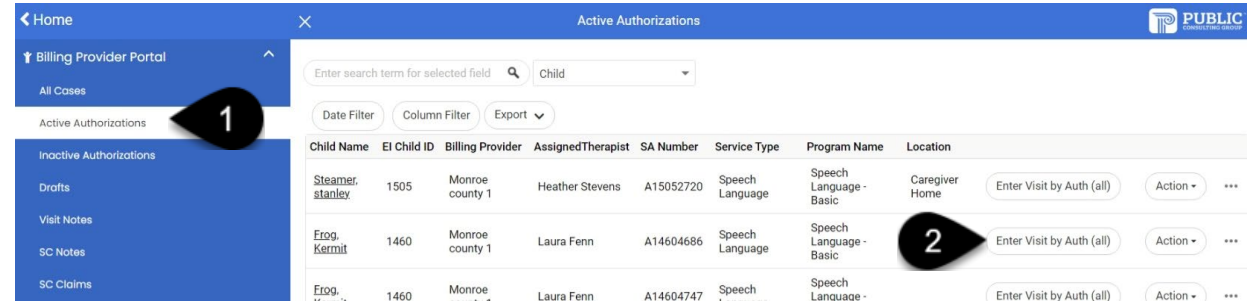
#### Step / Action

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.



Home X Active Authorizations PUBLIC

Billing Provider Portal

All Cases

Active Authorizations

Inactive Authorizations

Drafts

Visit Notes

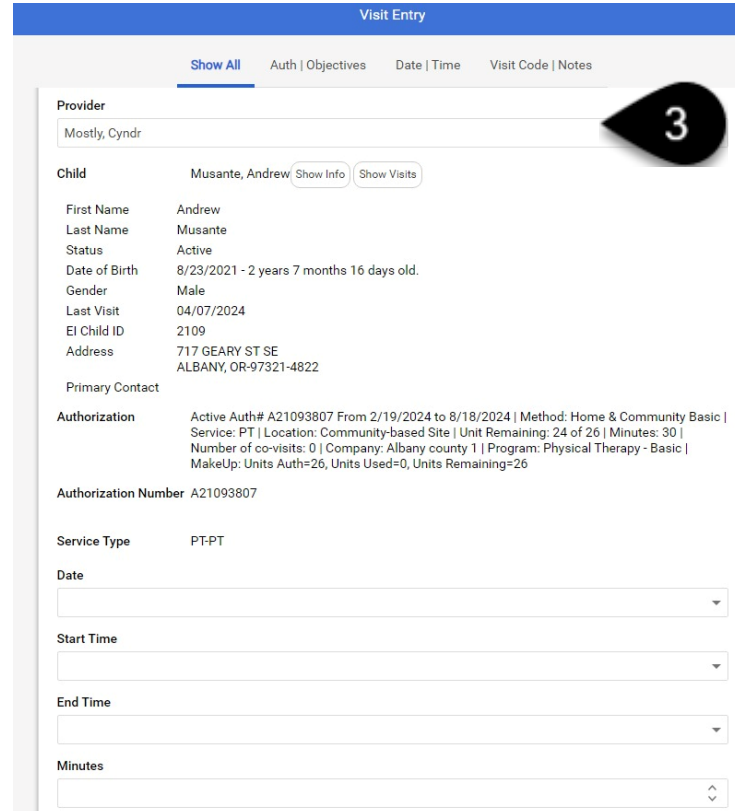
SC Notes

SC Claims

Enter search term for selected field Child

Date Filter Column Filter Export

Child Name	EI Child ID	Billing Provider	AssignedTherapist	SA Number	Service Type	Program Name	Location			
Steamer, Stanley	1505	Monroe county 1	Heather Stevens	A15052720	Speech Language	Speech Language - Basic	Caregiver Home	Enter Visit by Auth (all)	Action	...
Frog, Kermit	1460	Monroe county 1	Laura Fenn	A14604686	Speech Language	Speech Language - Basic		Enter Visit by Auth (all)	Action	...
Frog, Kermit	1460	Monroe county 1	Laura Fenn	A14604747	Speech	Speech Language - Basic		Enter Visit by Auth (all)	Action	...



Visit Entry

Show All Auth | Objectives Date | Time Visit Code | Notes

Provider Mostly, Cyndi

Child Musante, Andrew Show Info Show Visits

First Name Andrew

Last Name Musante

Status Active

Date of Birth 8/23/2021 - 2 years 7 months 16 days old.

Gender Male

Last Visit 04/07/2024

EI Child ID 2109

Address 717 GEARY ST SE ALBANY, OR-97321-4822

Primary Contact

Authorization Active Auth# A21093807 From 2/19/2024 to 8/18/2024 | Method: Home & Community Basic | Service: PT | Location: Community-based Site | Unit Remaining: 24 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

Authorization Number A21093807

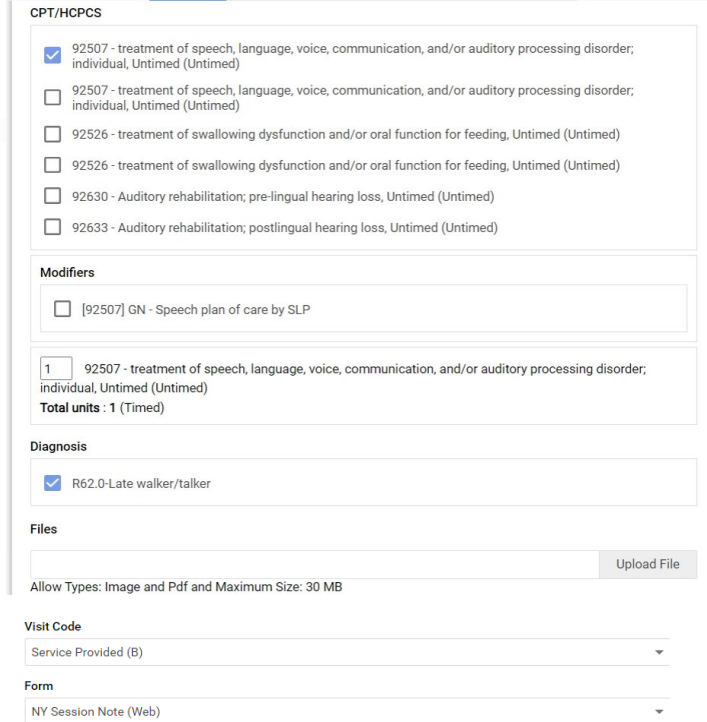
Service Type PT-PT

Date

Start Time

End Time

Minutes



CPT/HCPCS

☒ 92507 - treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, Untimed (Untimed)

☐ 92507 - treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, Untimed (Untimed)

☐ 92526 - treatment of swallowing dysfunction and/or oral function for feeding, Untimed (Untimed)

☐ 92526 - treatment of swallowing dysfunction and/or oral function for feeding, Untimed (Untimed)

☐ 92630 - Auditory rehabilitation; pre-lingual hearing loss, Untimed (Untimed)

☐ 92633 - Auditory rehabilitation; postlingual hearing loss, Untimed (Untimed)

Modifiers

☐ [92507] GN - Speech plan of care by SLP

Diagnosis

☒ R62.0-Late walker/talker

Files

Upload File

Allow Types: Image and Pdf and Maximum Size: 30 MB

Visit Code

Service Provided (B)

Form

NY Session Note (Web)

Save and Review

4

# 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

visor

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



# 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**

Visit Entry

Show AllAuth | ObjectivesDate | TimeVisit Code | Notes

Form

NY Session Note (Web) 1

NYS Early Intervention Program Session Note

Date Note Written

4/9/2024

Session Participants \*

☐ Child
 ☐ Other

☐ Parent/Caregiver
 ☐ Other Rendering Provider

If Other, identify participant (ex: interpreter, extended family)

Max Length: 255

If other service provider, identify the participant

Max Length: 255

Individual or Group \*

☐ Individual
 ☐ Group

If group, group size:

Describe the progress that the child has made toward the IFPS outcomes since the last session. Include parent/caregiver feedback

Max Length: 999

IFSP Functional Outcome(s) and Objective(s) addressed during this session

Max Length: 999

Routine Activities worked on during the session

Max Length: 255

Strategies used within the Routine Activities

Max Length: 255

How did you work with the parent/caregiver?

Max Length: 255

If the parent/caregiver was unavailable, how did you communicate with them about the session?

Max Length: 999

What strategies/activities did the parent/caregiver agree to do to support their child's functioning and development before the next visit

Save and Review

3



# Service Logging

## Logging a Service for Billing Providers

### How To

#### Take Claims Off Hold

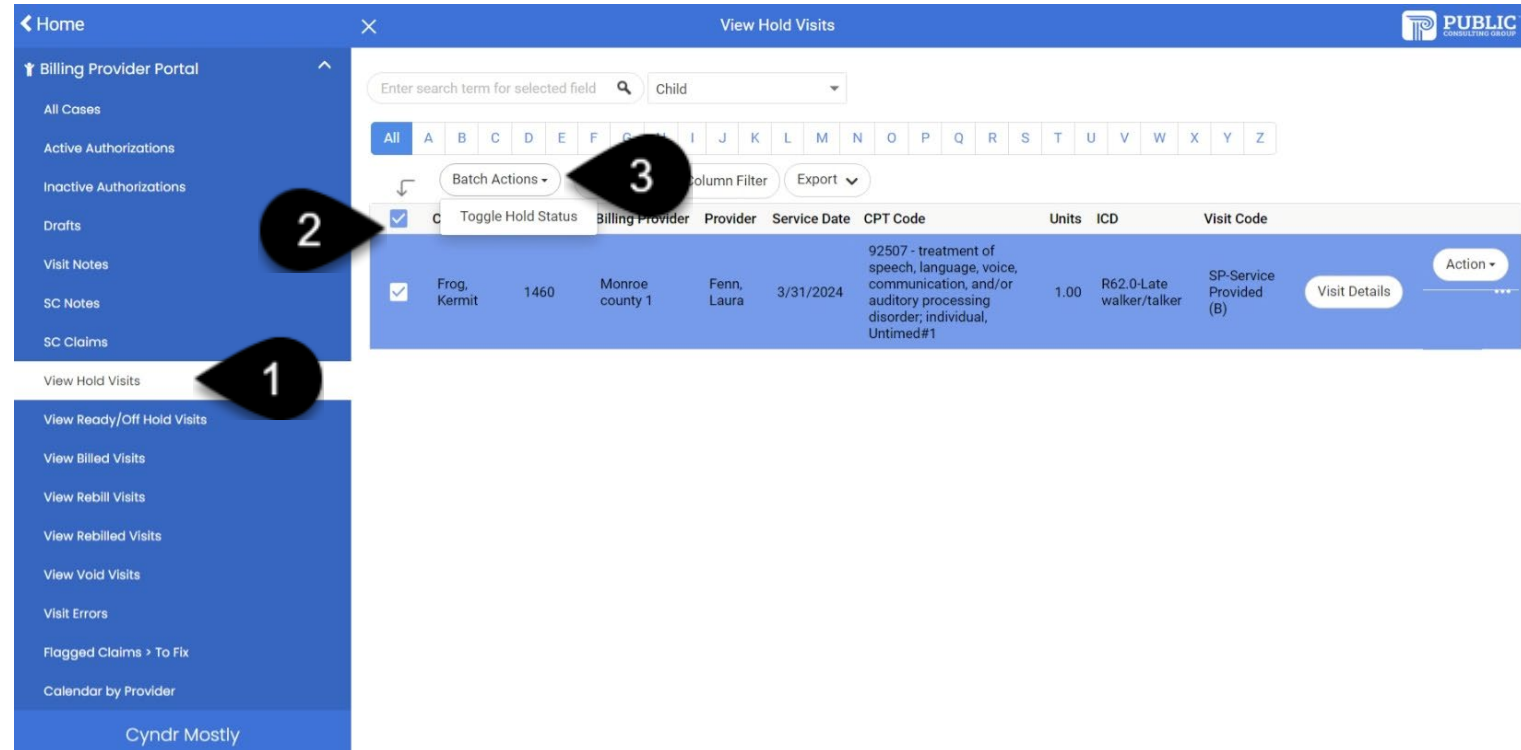
### Note

- 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...



**Billing Provider Portal**

- All Cases
- Active Authorizations
- Inactive Authorizations
- Drafts
- Visit Notes
- SC Notes
- SC Claims

**View Hold Visits**

Enter search term for selected field

Batch Actions **3** Column Filter Export

	Billing Provider	Provider	Service Date	CPT Code	Units	ICD	Visit Code	Action	
<input checked="" type="checkbox"/>	Frog, Kermit	1460	Monroe county 1	Fenn, Laura	3/31/2024	92507 - treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, Untimed#1	1.00 R62.0-Late walker/talker	SP-Service Provided (B)	Visit Details

**1** View Ready/Off Hold Visits

**2** View Billed Visits

**3** View Rebill Visits

**4** View Void Visits

Visit Errors

Flagged Claims > To Fix

Calendar by Provider

Cyndr Mostly

Close

Change Hold Status

Message: Action successfully

# Service Logging

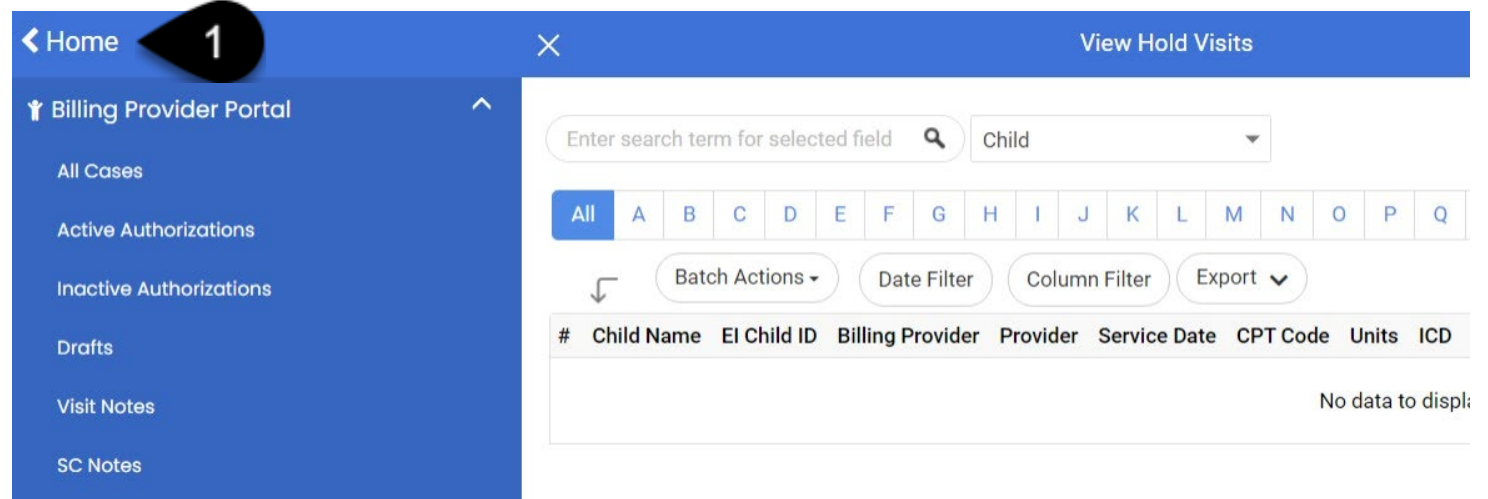
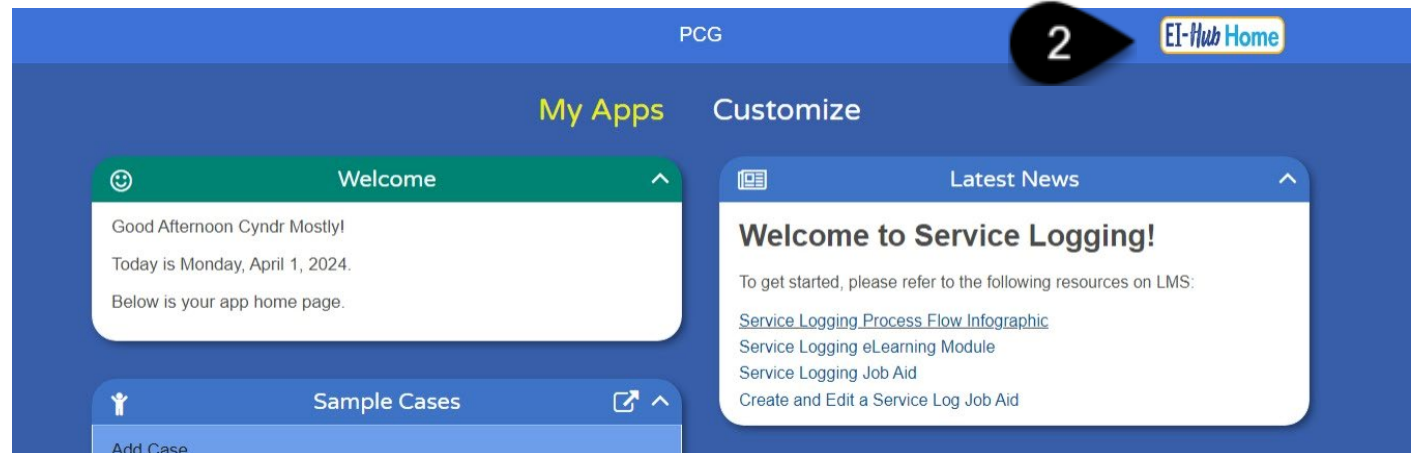
## Logging a Service for Billing Providers

### 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

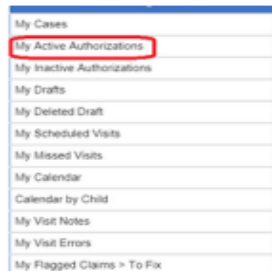
## El-Hub Service Logging Quick Review

### 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.



### Step 2

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

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

The El-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 (U)

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)

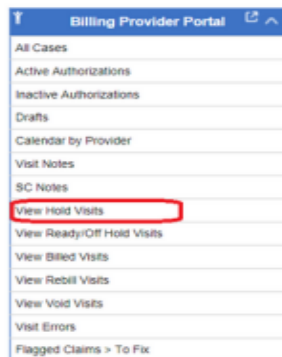
Service Coordinator Note

### 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.



# El Hub Service Logging Adding to a Voucher Process Flow



# Visit to Voucher

## Create a Voucher

### How To

#### Create a Voucher

#### Step / Action

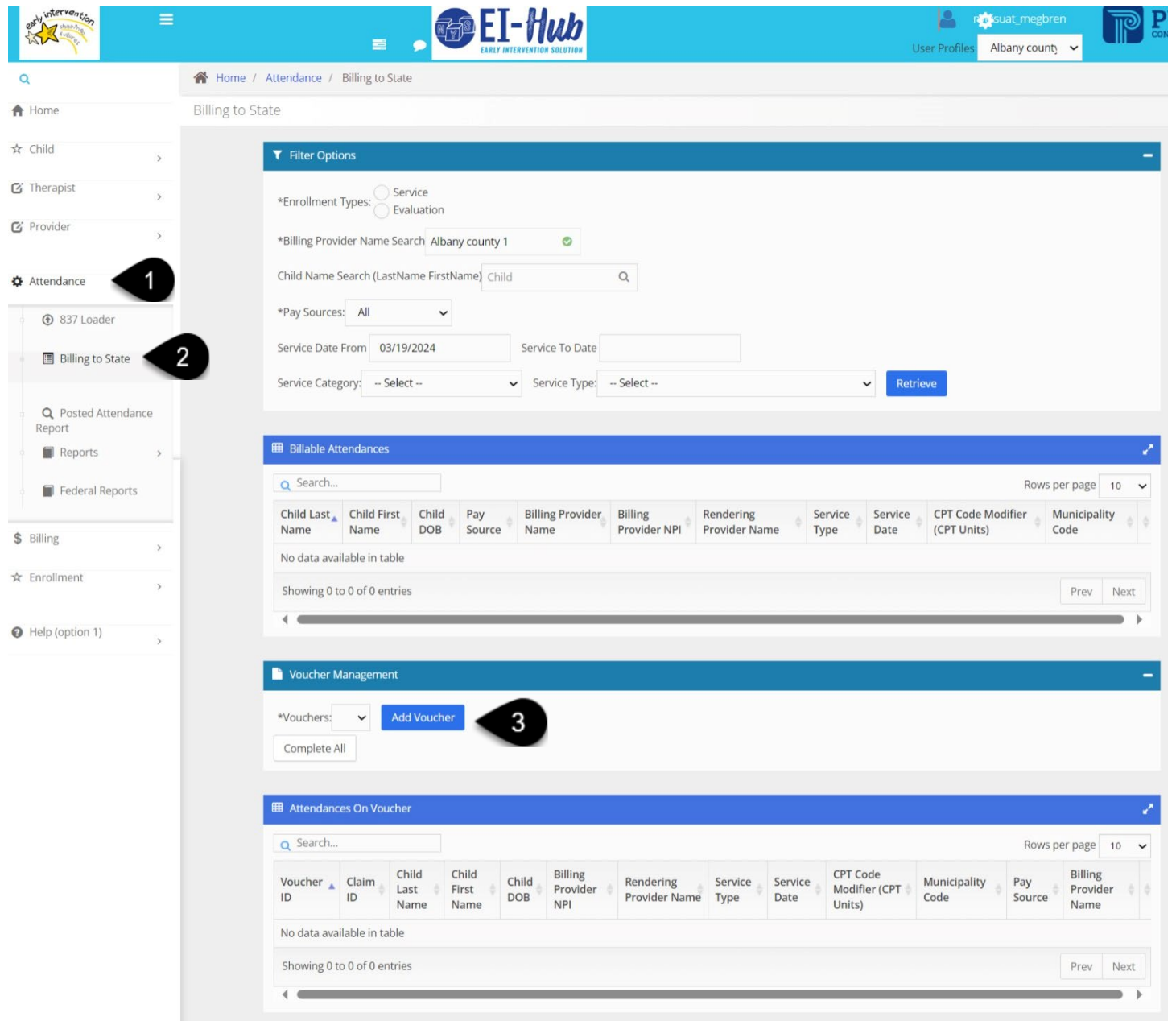
1. Select/click **Attendance**.
2. Select/click **Billing to State**.
3. Under **Voucher Management**, select **Add Voucher**.

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.



The screenshot shows the 'Add Voucher' form with the following fields and callouts:

- \*Enrollment Type:** Radio buttons for 'Service' (callout 1) and 'Evaluation'.
- \*Company:** Text field showing 'Albany county 1' (callout 2).
- \*Pay Source:** Dropdown menu showing 'Albany' (callout 3).
- \*Voucher Number:** Text field (callout 4).
- Description:** Text area.
- Notes:** Text area.
- OK:** Button (callout 5).



# Billing & Claiming

## Create and Complete Voucher (CM)

### How To

#### Create and Complete voucher

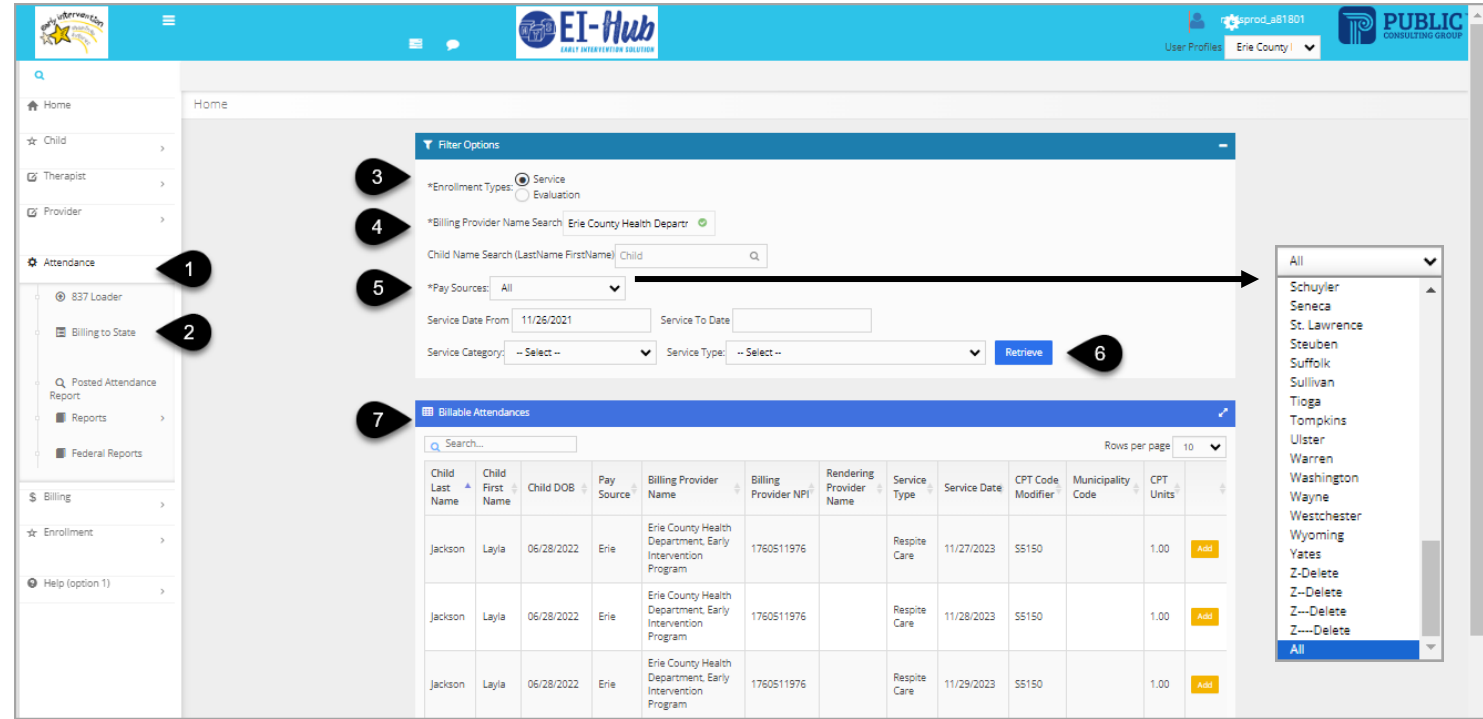
#### Step / Action

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.



The screenshot shows the EI-Hub web application interface. The left sidebar contains a navigation menu with options: Home, Child, Therapist, Provider, Attendance, 837 Loader, Billing to State, Posted Attendance Report, Reports, Federal Reports, Billing, Enrollment, and Help (option 1). The main content area is titled 'Home' and features a 'Filter Options' section with the following fields: \*Enrollment Types (Service/Evaluation), \*Billing Provider Name Search (Erie County Health Departm), Child Name Search (LastName FirstName), \*Pay Sources (All), Service Date From (11/26/2021), Service To Date, Service Category (Select), and Service Type (Select). A 'Retrieve' button is located below these fields. Below the filter options is a 'Billable Attendances' table with columns: Child Last Name, Child First Name, Child DOB, Pay Source, Billing Provider Name, Billing Provider NPI, Rendering Provider Name, Service Type, Service Date, CPT Code Modifier, Municipality Code, CPT Units, and an 'Add' button. The table contains three rows of data for a child named Jackson Layla. A dropdown menu on the right side of the table shows a list of municipalities, with 'All' selected.

## 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.

## 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.

Billable Attendances											
<input type="text" value="Search..."/>										Rows per page 10	
Child Last Name	Child First Name	Child DOB	Pay Source	Billing Provider Name	Billing Provider NPI	Rendering Provider Name	Service Type	Service Date	CPT Code Modifier	Municipality Code	CPT Units
Jackson	Layla	06/28/2022	Erie	Erie County Health Department, Early Intervention Program	1760511976		Respite Care	11/27/2023	S5150		1.00
Jackson	Layla	06/28/2022	Erie	Erie County Health Department, Early Intervention Program	1760511976		Respite Care	11/28/2023	S5150		1.00



Voucher Management

\*Vouchers: Erie109607956 ▼

Add Voucher

Complete All

Attendances On Voucher

Search...

Rows per page 10 ▼

Voucher ID ▲	Claim ID	Child Last Name	Child First Name	Child DOB	Billing Provider NPI	Rendering Provider Name	Service Type	Service Date	CPT Code Modifier	CPT Units	Municipality Code	Pay Source	Billing Provider Name
Erie109607956	Z567381	Jackson	Layla	06/28/2022	1760511976		Respite Care	11/27/2023	SS150	1.00		Erie	Erie County Health Department, Early Intervention Program

Showing 1 to 1 of 1 entries

Prev

1

Next

Delete Voucher

Complete Voucher



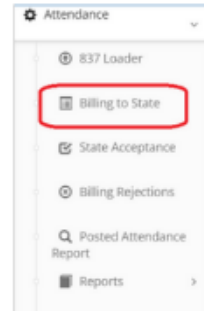
# Billing & Claiming

## 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

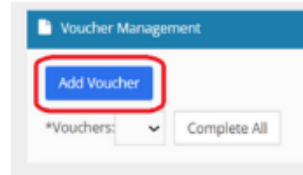
Claims are loaded onto a voucher (invoice)

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.

A screenshot of a table with columns: 'Rendering Provider Name', 'Service Type', 'Service Date', 'CPT Code Modifier (CPE Units)', and 'Municipality Code'. The table has three rows of data. To the right of each row is a yellow 'Add' button, which is highlighted with a red rectangle in the original image. The table also has a 'Rows per page' dropdown set to 10.

Rendering Provider Name	Service Type	Service Date	CPT Code Modifier (CPE Units)	Municipality Code
	Respite Care	03/15/2024	SS150 (2.00)	
Betterly, Patricia	Service Coordination - Initial	03/28/2024		
Mostly, Cyndy	Service Coordination - Initial	04/01/2024		

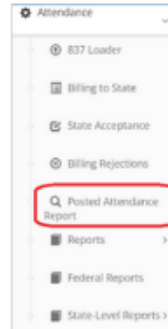
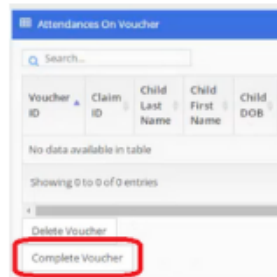


### Step 3

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](mailto: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

# Submission of 837P File To EI-Hub User Guide



# Billing & Claiming

## Adding an 837

### How To

#### Add an 837

#### Step / Action

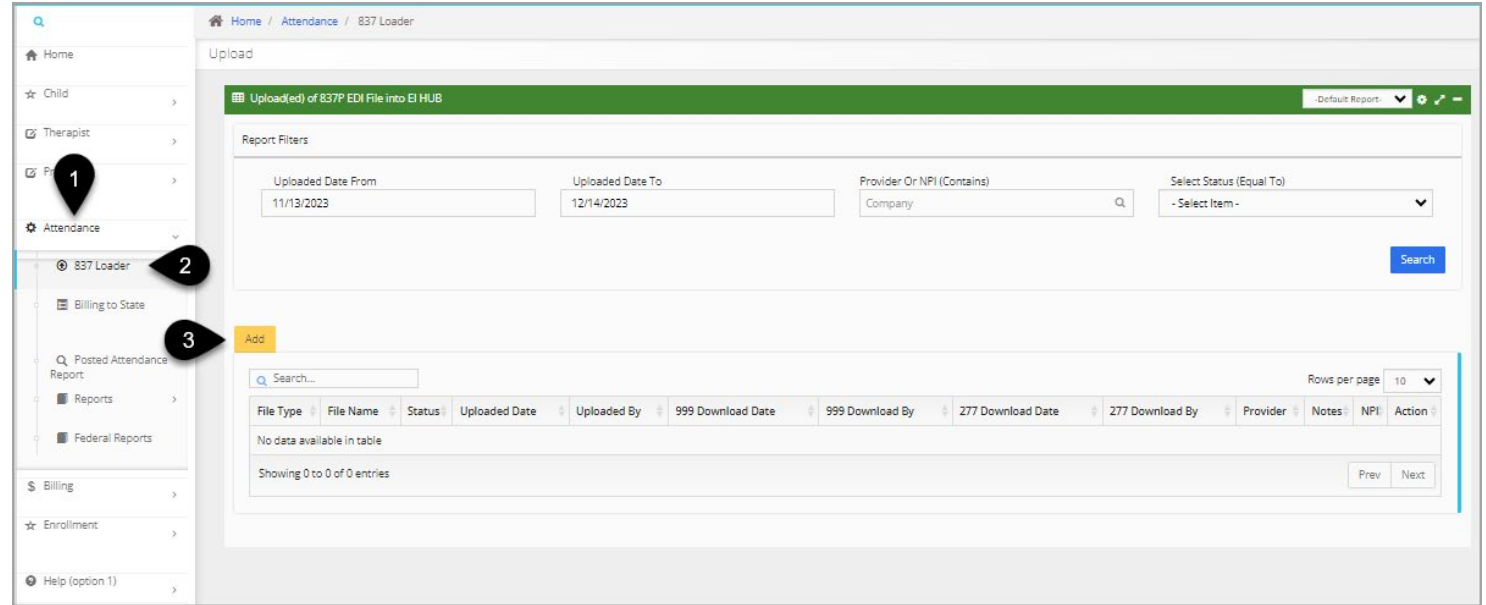
1. Select/click **Attendance**.
2. Select/click **837 Loader**.
3. Select/click the **Add** button.

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.



The screenshot shows the '837 Loader' interface in the EI-Hub system. The left sidebar contains a navigation menu with items: Home, Child, Therapist, Provider, Attendance, 837 Loader, Billing to State, Posted Attendance Report, Reports, Federal Reports, Billing, Enrollment, and Help (option 1). The main content area is titled 'Upload' and 'Upload(ed) of 837P EDI File into EI HUB'. It features a 'Report Filters' section with fields for 'Uploaded Date From' (11/13/2023), 'Uploaded Date To' (12/14/2023), 'Provider Or NPI (Contains)' (Company), and 'Select Status (Equal To)' (- Select Item -). A 'Search' button is located to the right of these filters. Below the filters is an 'Add' button. At the bottom, there is a table with columns: File Type, File Name, Status, Uploaded Date, Uploaded By, 999 Download Date, 999 Download By, 277 Download Date, 277 Download By, Provider, Notes, NPI, and Action. The table currently shows 'No data available in table' and 'Showing 0 to 0 of 0 entries'. A 'Rows per page' dropdown is set to 10. 'Prev' and 'Next' buttons are at the bottom right of the table.

# Billing & Claiming

## Adding 837s

### How To

#### Add an 837

#### Step / Action

- Using the **\*Document Type** drop-down menu, select Insurance 837 File.
- Enter the **Document Name**.
- Select/click the **Choose File** button to attach the file.
- Enter **Notes** if applicable.
- 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 4  
Insurance 837 File

Document Name 5

Choose File No file chosen 6

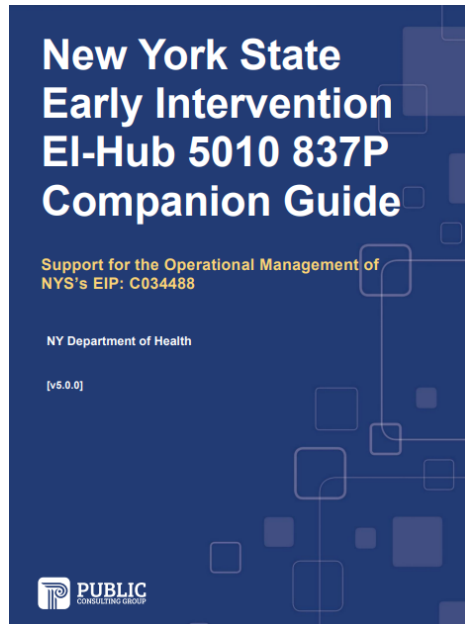
Notes 7

8 Confirm Upload of 837P EDI File into EI HUB Cancel

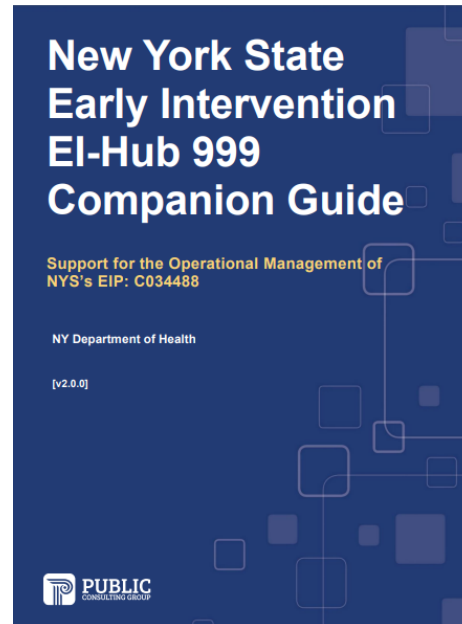
# Billing & Claiming

## *Helpful Companion Guides & User Guides*

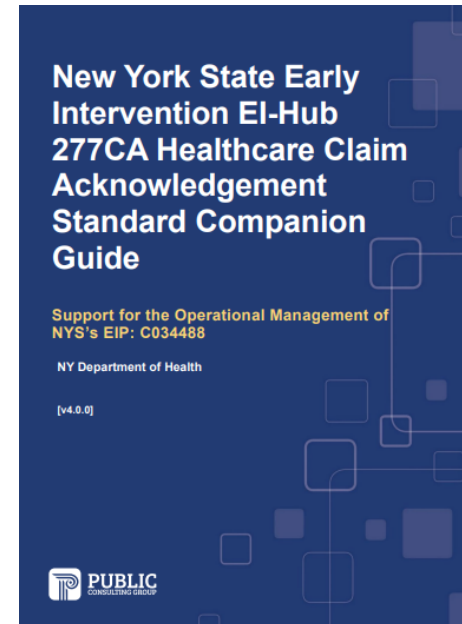
### 5010 837P



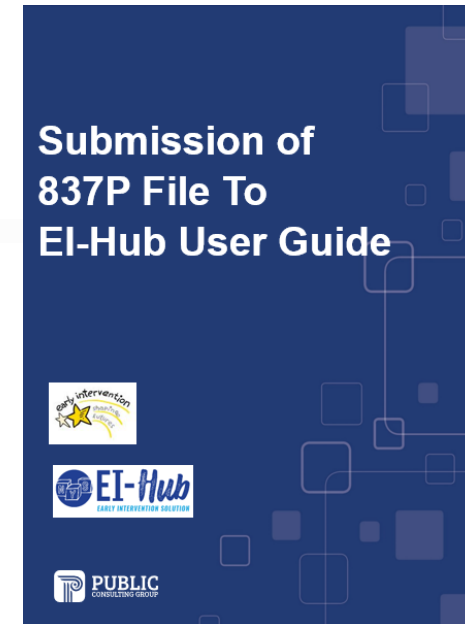
### 999 - Files



### 277 - Files



### 837-P Files



### 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

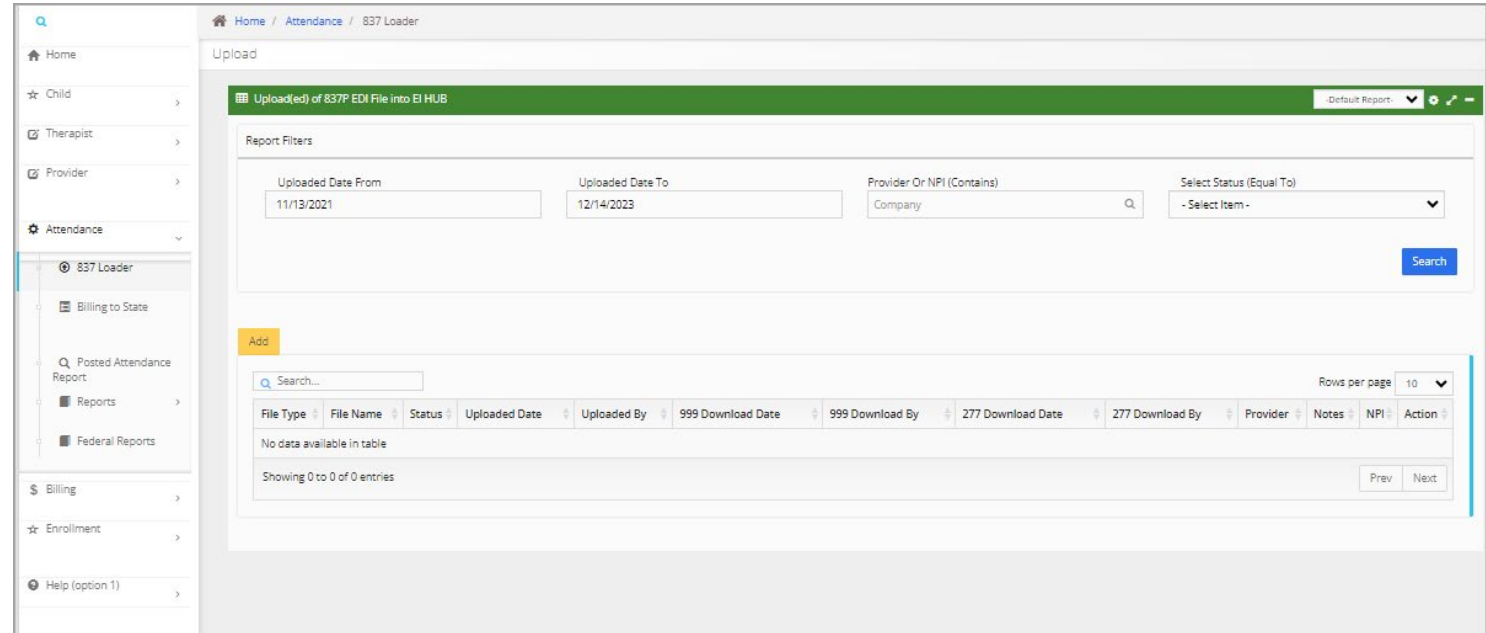
### How To

Search & generate a report for uploaded 837s.



### 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).



The screenshot shows the '837 Loader' interface in the EI-Hub system. The left sidebar contains a navigation menu with options: Home, Child, Therapist, Provider, Attendance, 837 Loader (selected), Billing to State, Posted Attendance Report, Reports, Federal Reports, Billing, Enrollment, and Help (option 1). The main content area is titled 'Upload' and features a green header bar that reads 'Upload(ed) of 837P EDI File into EI HUB'. Below this, there are 'Report Filters' with fields for 'Uploaded Date From' (11/13/2021), 'Uploaded Date To' (12/14/2023), 'Provider Or NPI (Contains)' (Company), and 'Select Status (Equal To)' (- Select Item -). A 'Search' button is located to the right of these filters. Below the filters, there is an 'Add' button and a search bar. The main section is a table with columns: File Type, File Name, Status, Uploaded Date, Uploaded By, 999 Download Date, 999 Download By, 277 Download Date, 277 Download By, Provider, Notes, NPI, and Action. The table currently shows 'No data available in table' and 'Showing 0 to 0 of 0 entries'. A 'Rows per page' dropdown is set to 10, and 'Prev' and 'Next' buttons are at the bottom right of the table area.

# Billing & Claiming

## 837 Report Search

### How To

Search & generate a report for uploaded 837s

#### Step / Action

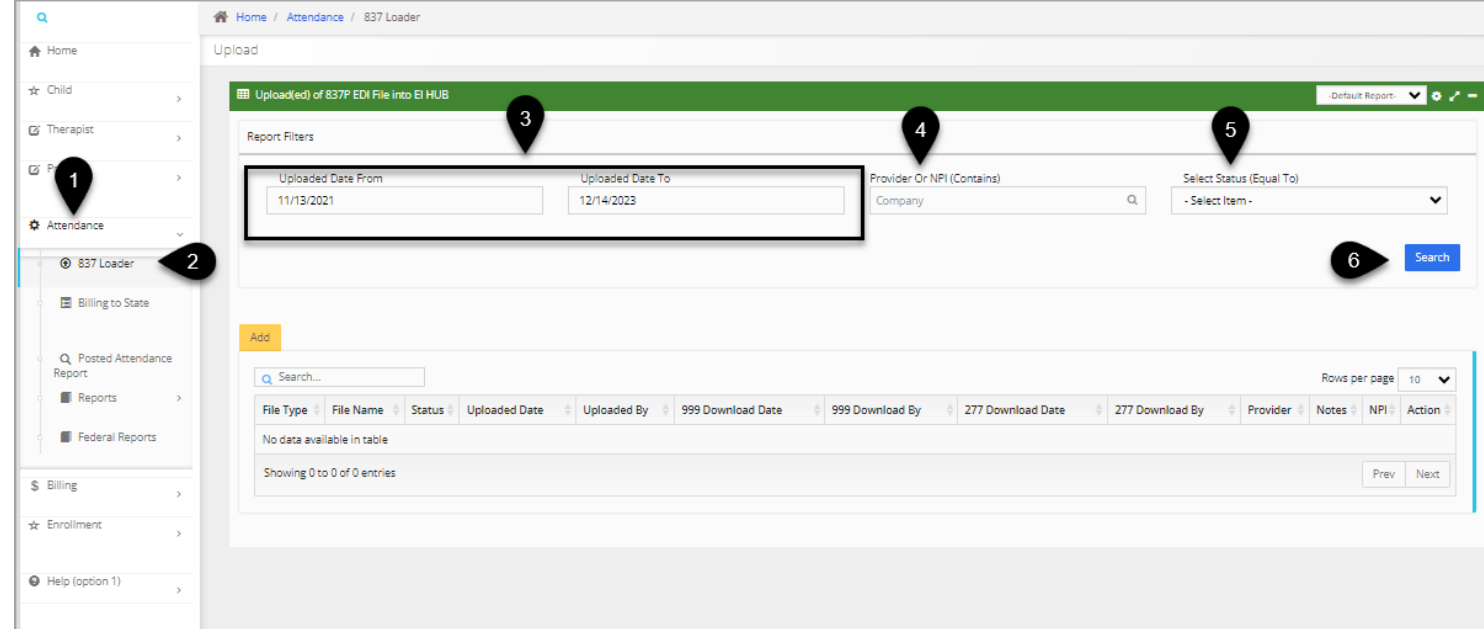
1. Select/click **Attendance**.
2. Select/click **837 Loader**.
3. Enter the **Uploaded Date From** and **Uploaded Date To** as a range value.
4. Enter the **Provider Or NPI (Contains)** value if applicable.
5. **Select Status** field options are Accepted or Rejected.
6. Select/click the **Search** button.

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.



The screenshot shows the '837 Loader' page in the EI-Hub system. The left sidebar contains a navigation menu with 'Attendance' selected. The main area is titled 'Upload' and 'Upload(ed) of 837P EDI File into EI HUB'. Below this, there are 'Report Filters' including 'Uploaded Date From' (11/13/2021), 'Uploaded Date To' (12/14/2023), 'Provider Or NPI (Contains)' (Company), and 'Select Status (Equal To)' (- Select Item -). A 'Search' button is located at the bottom right of the filters. Below the filters, there is an 'Add' button and a table with columns: File Type, File Name, Status, Uploaded Date, Uploaded By, 999 Download Date, 999 Download By, 277 Download Date, 277 Download By, Provider, Notes, NPI, and Action. The table currently shows 'No data available in table' and 'Showing 0 to 0 of 0 entries'. The bottom of the page has 'Prev' and 'Next' buttons.



# Billing & Claiming

## 837 Report Search

### How To

Search & generate a report for uploaded 837s.

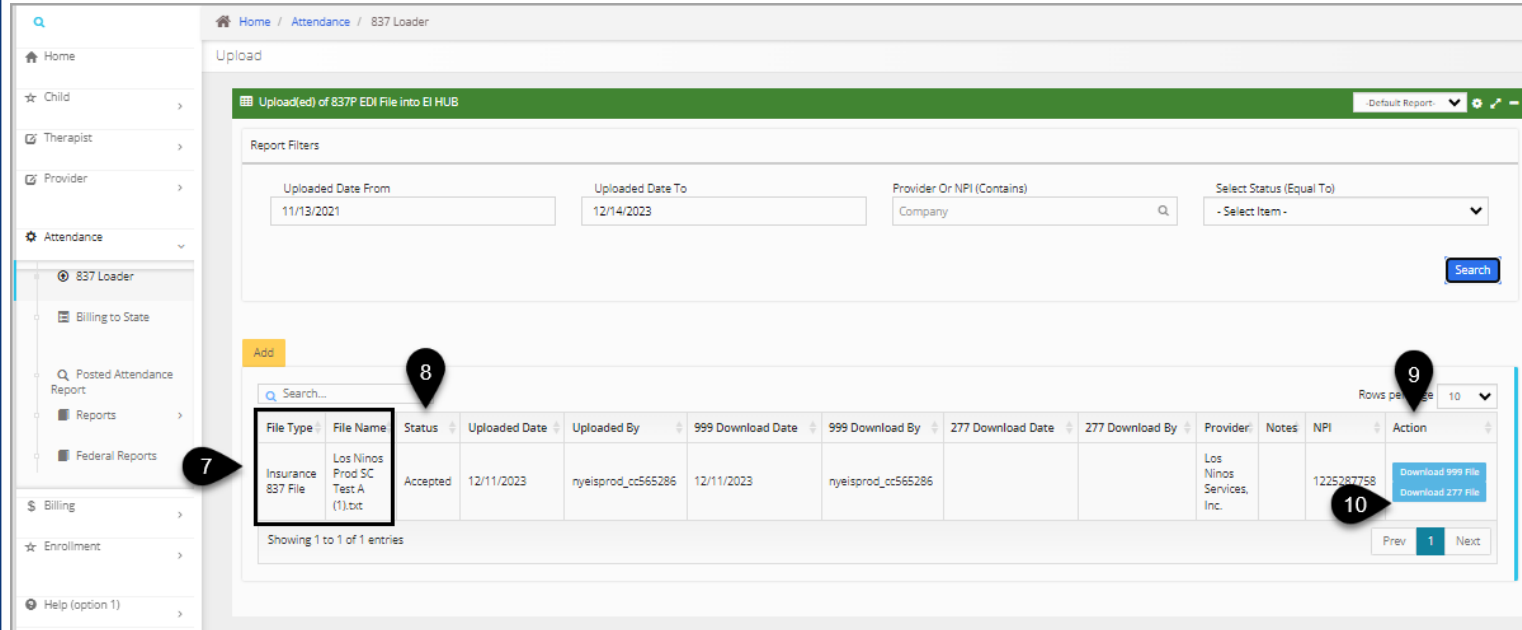
### Step / Action

- Both **File Type** and **File Name** are entered when 837s are added.
- The **Status** indicated Accepted or Rejected.
- Action items are updated when 837s are accepted or rejected.
- 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](mailto:nyeitraining@pcgus.com) and help desk 1-866-315-3747 Option 8.



Home / Attendance / 837 Loader

Upload

Upload(ed) of 837P EDI File into EI HUB

Report Filters

Uploaded Date From: 11/13/2021    Uploaded Date To: 12/14/2023    Provider Or NPI (Contains): Company    Select Status (Equal To): - Select Item -

Search

Add

File Type	File Name	Status	Uploaded Date	Uploaded By	999 Download Date	999 Download By	277 Download Date	277 Download By	Provider	Notes	NPI	Action
Insurance 837 File	Los Ninos Prod SC Test A (1).txt	Accepted	12/11/2023	nyeisprod_cc565286	12/11/2023	nyeisprod_cc565286			Los Ninos Services, Inc.		1225287758	<a href="#">Download 999 File</a> <a href="#">Download 277 File</a>

Showing 1 to 1 of 1 entries

Prev 1 Next

# Billing & Claiming

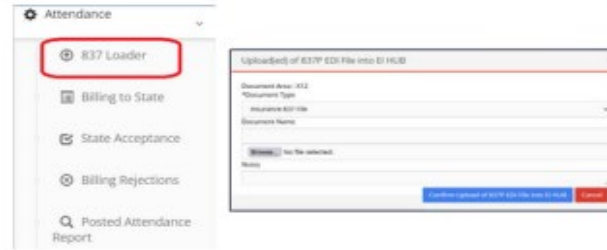
## 837 Loader & Claim Status (Quick Reference)

### 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.

Status	Upload Date	Uploaded By	999 Download Date	999 Download By	277 Download Date	277 Download By	Provider	Notes	NP	Action
Rejected	04/08/2022	Information					Fulton County Provider		1380738762	
Accepted	04/08/2022	Information	04/08/2022	Information	05/04/2022	Blank	Fulton County Provider		1380738762	Download 999 File Download 277 File

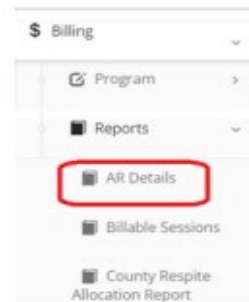
A secondary validation process will occur and users will receive a 277 file indicating if claims within a file were accepted/rejected. The 277 file also contained information on what triggered the claim to be rejected, and the voucher number for accepted claims that were sent to EI Billing for payment.

### Step 3

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

*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

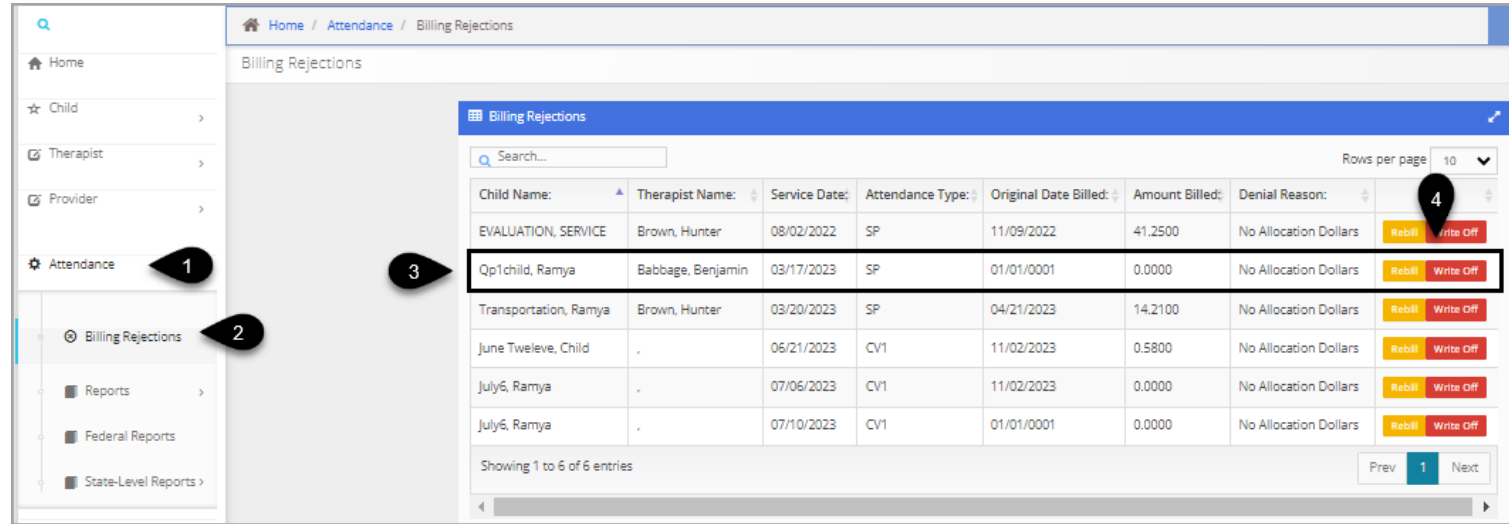
#### Step / Action

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



Child Name:	Therapist Name:	Service Date:	Attendance Type:	Original Date Billed:	Amount Billed:	Denial Reason:	
EVALUATION, SERVICE	Brown, Hunter	08/02/2022	SP	11/09/2022	41.2500	No Allocation Dollars	Rebill Write Off
Qp1child, Ramya	Babbage, Benjamin	03/17/2023	SP	01/01/0001	0.0000	No Allocation Dollars	Rebill Write Off
Transportation, Ramya	Brown, Hunter	03/20/2023	SP	04/21/2023	14.2100	No Allocation Dollars	Rebill Write Off
June Twelve, Child	.	06/21/2023	CV1	11/02/2023	0.5800	No Allocation Dollars	Rebill Write Off
July6, Ramya	.	07/06/2023	CV1	11/02/2023	0.0000	No Allocation Dollars	Rebill Write Off
July6, Ramya	.	07/10/2023	CV1	01/01/0001	0.0000	No Allocation Dollars	Rebill Write Off

Showing 1 to 6 of 6 entries

Prev 1 Next

# Billing & Claiming

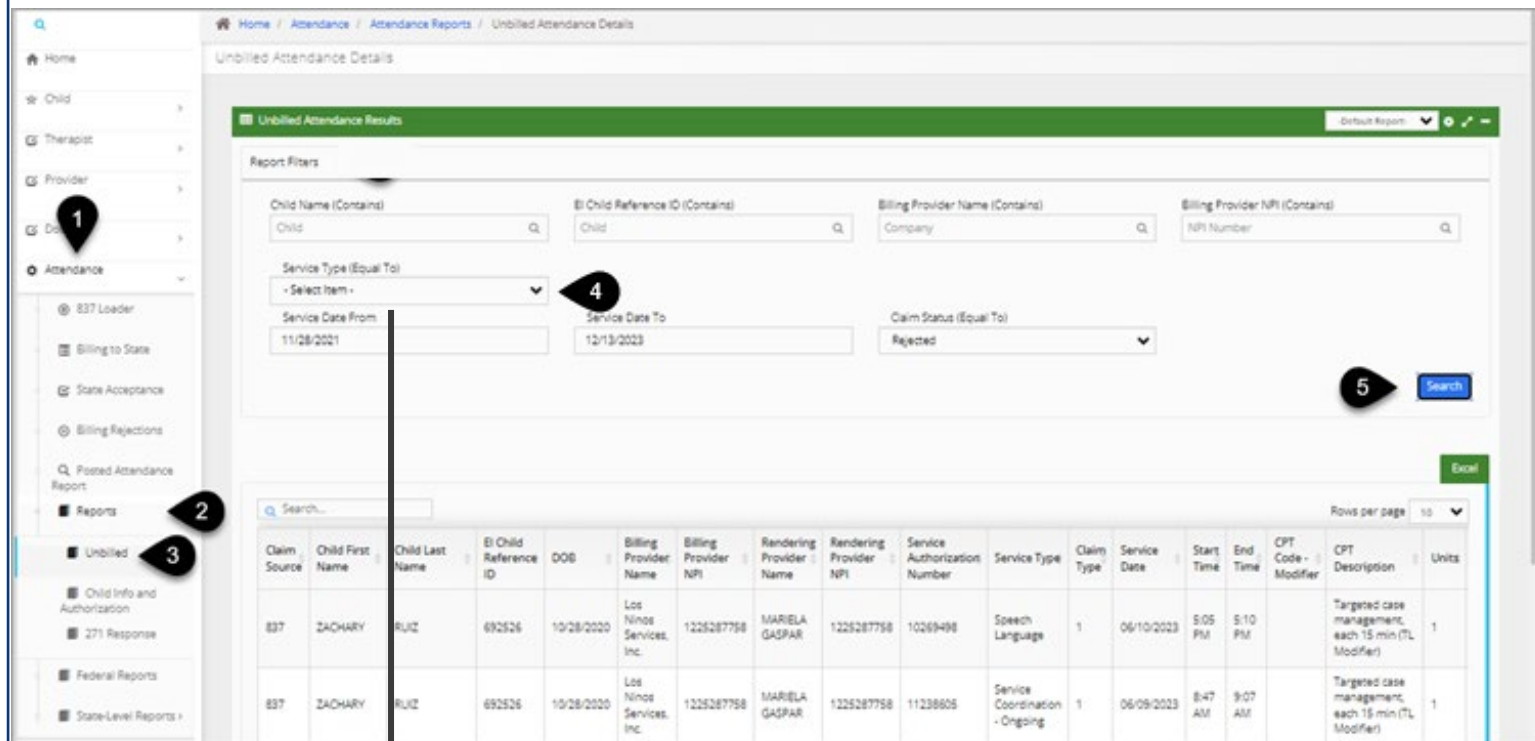
## Unbilled Attendance Report

### 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.



Unbilled Attendance Details

Unbilled Attendance Results

Report Filters

Child Name (Contains): Child  
 BI Child Reference ID (Contains): Child  
 Billing Provider Name (Contains): Company  
 Billing Provider NPI (Contains): NPI Number

Service Type (Equal To): - Select Item -  
 Service Date From: 11/28/2021  
 Service Date To: 12/13/2023  
 Claim Status (Equal To): Rejected

Search

Claim Source	Child First Name	Child Last Name	BI Child Reference ID	DOB	Billing Provider Name	Billing Provider NPI	Rendering Provider Name	Rendering Provider NPI	Service Authorization Number	Service Type	Claim Type	Service Date	Start Time	End Time	CPT Code - Modifier	CPT Description	Units
837	ZACHARY	RUIZ	692626	10/28/2020	Los Ninios Services, Inc.	1226287758	MARIELA GASPAR	1226287758	10269498	Speech Language	1	06/10/2023	5:05 PM	5:10 PM		Targeted case management, each 15 min (TL Modifier)	1
837	ZACHARY	RUIZ	692626	10/28/2020	Los Ninios Services, Inc.	1226287758	MARIELA GASPAR	1226287758	11238605	Service Coordination - Ongoing	1	06/09/2023	8:47 AM	9:07 AM		Targeted case management, each 15 min (TL Modifier)	1

- Select Item -
- Applied Behavior Analyst Services
  - Assistive Technology
  - Assistive Technology - Facility
  - ATD DME
  - Audiology
  - Audiology - Facility
  - Basic Group Developmental
  - Basic Group Developmental with 1:1 Aide
  - Bilingual Evaluation Add-on - NonPhysician
  - Bilingual Evaluation Add-on - Physician
  - Bilingual Multi-disciplinary Evaluation Add-on
  - EIOD
  - Enhanced Group Developmental
  - Enhanced Group Developmental with 1:1 Aide
  - Family Caregiver Support Group
  - Family Counseling
  - Family Counseling - Facility
  - Family Support
  - Family Support - Facility

# 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

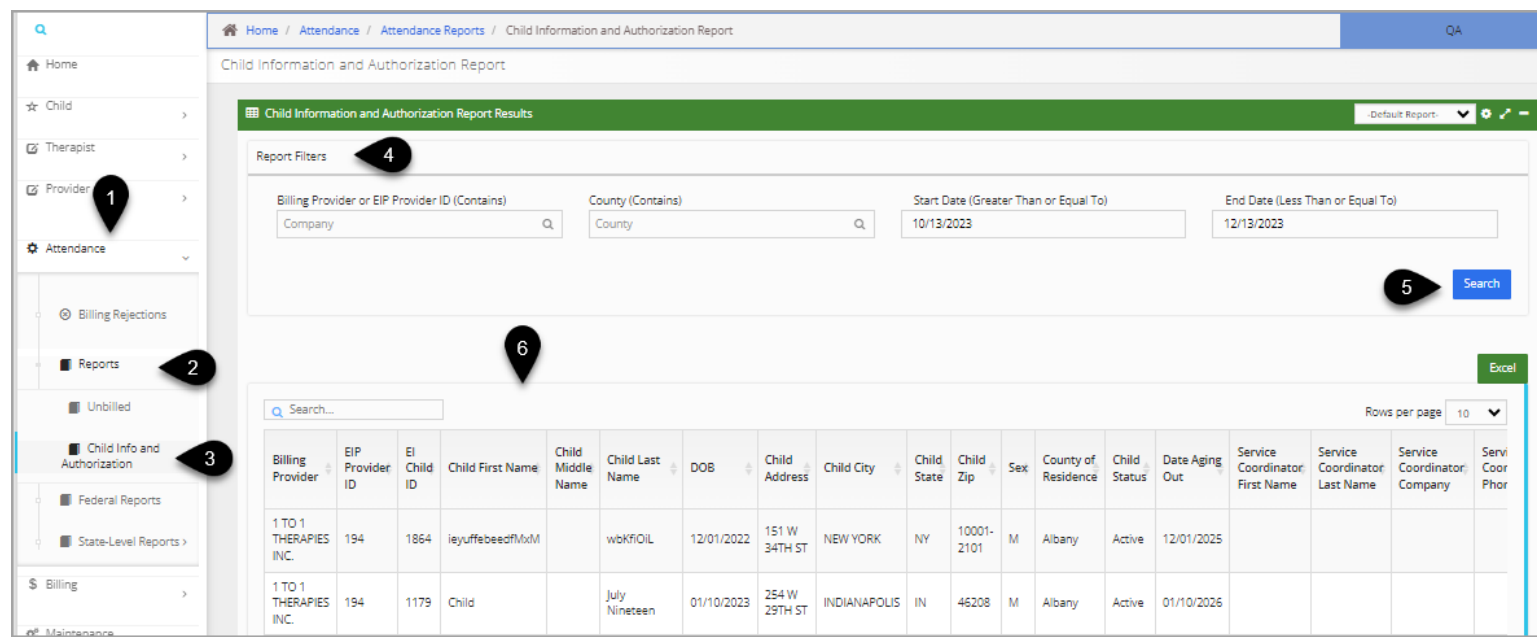
## Child Information and Authorization Report

### 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.



Billing Provider	EIP Provider ID	EI Child ID	Child First Name	Child Middle Name	Child Last Name	DOB	Child Address	Child City	Child State	Child Zip	Sex	County of Residence	Child Status	Date Aging Out	Service Coordinator First Name	Service Coordinator Last Name	Service Coordinator Company	Service Coordinator Phone
1 TO 1 THERAPIES INC.	194	1864	leyuffbeedf/m/m		wkKfOIL	12/01/2022	151 W 34TH ST	NEW YORK	NY	10001-2101	M	Albany	Active	12/01/2025				
1 TO 1 THERAPIES INC.	194	1179	Child		July Nineteen	01/10/2023	254 W 29TH ST	INDIANAPOLIS	IN	46208	M	Albany	Active	01/10/2026				

### 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

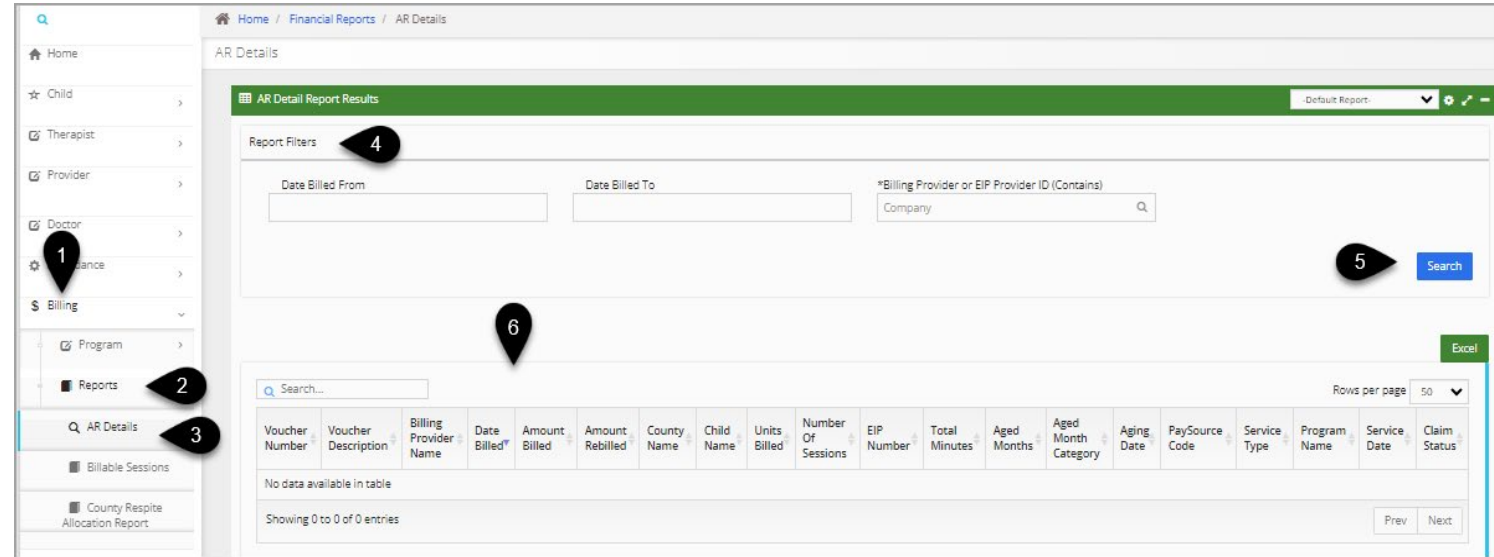
### How To

#### 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



The screenshot shows the 'AR Details' page in the EI-Hub system. The left sidebar contains a navigation menu with items: Home, Child, Therapist, Provider, Doctor, Insurance, Billing, Program, Reports, AR Details, Billable Sessions, and County Respite Allocation Report. The main content area is titled 'AR Details' and contains a section for 'AR Detail Report Results'. This section includes 'Report Filters' with fields for 'Date Billed From', 'Date Billed To', and '\*Billing Provider or EIP Provider ID (Contains)'. A 'Search' button is located to the right of these filters. Below the filters is a table with columns: Voucher Number, Voucher Description, Billing Provider Name, Date Billed, Amount Billed, Amount Rebilled, County Name, Child Name, Units Billed, Number Of Sessions, EIP Number, Total Minutes, Aged Months, Aged Month Category, Aging Date, PaySource Code, Service Type, Program Name, Service Date, and Claim Status. The table currently displays 'No data available in table' and 'Showing 0 to 0 of 0 entries'. A 'Search' input field is located above the table. The interface also includes a 'Rows per page' dropdown set to 50 and an 'Excel' button.



## 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.