

ElHub- Early Intervention Billing and Claiming User Guide

June 27, 2024



<https://bac.prod.cteihub.com/Public/Portal.aspx>

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1. Revision History

Version Number	Release Date	Author	Revision Summary
v.0.1.0	6.27.2024	La Toria Lane	

2. System Overview

2.1 ElBilling Portal

The ElBilling Portal provides the functionality that supports the Early Intervention (EI) Service Providers to submit billing for early intervention services through the Department's State Fiscal Agent (SFA). It is an access point for providers, and Lead Agency Staff, to obtain information about the EI fiscal process.





3. System Requirements

3.1 Software Requirements

Software/Browser Requirements	Recommend for full functionality
	Microsoft Edge 42.17134.1.0 and higher
	Google Chrome version 70.0.3538.102 and higher
	Mozilla Firefox version 63.0.3 and higher

4. Navigation

4.1 Icon Hyperlinks and Buttons

ICON HYPERLINK / BUTTON	DESCRIPTION
	<p>This hyperlinked icon directs you to the welcome homepage ("Welcome to the Connecticut Birth to Three Fiscal Portal Intervention Fiscal Portal").</p> <p>The location of this button is on the top – left corner of your screen.</p>
 	<p>The location of this button is on the top-right corner of your screen.</p> <p>Step / Action</p> <ol style="list-style-type: none"> 1. The CT EI URL opens a pre-login page with alerts, system news, important links, and the call center phone number and hours 2. Enter your Username and Password. Click the Login button. <div data-bbox="435 919 1175 1255">  </div> <ul style="list-style-type: none"> • Once logged in, a set of Dashboards on the Home page appears. • Clicking the LOGOUT button (top right) logs you out of EIBilling and directs you to the EIBilling Welcome page.

4.2 Navigation Bar (Pre-Login)

The table below exhibits what all users can view without login into the EIBilling web portal.



Home Information ▶ Training FAQ ▶ FCP Payments

SELECTION TAB	DESCRIPTION
Home	Clicking this button directs you to the EIBilling login page.
Information	Clicking this button invokes a drop-down list, they are as follows: <ul style="list-style-type: none"> For Provider: When clicked, directs the user to the Provider_Information page (Read-only).
Training	Clicking this button directs you to the Training and Support Information page.
FAQ	Clicking this button invokes a drop-down list, they are as follows: <ul style="list-style-type: none"> For Families: When clicked, direct the user to the Family Information page (Read-only). For Providers: When clicked, it directs the user to the Provider Information page (Read-only).
FCP Payments	This is a legacy menu item as CT B23 no longer collects Family Cost Participation (FCP) Payments.

4.3 Navigation Bar (Post Login)

The table below exhibits what State, EI Service Coordinators, and Providers users under their specific login can view.

Home Claiming ▶ Maintenance ▶ Reports ▶ Help ▶ My Account

SELECTION TAB	DESCRIPTION
Home	When clicked, it directs you to the Dashboards on the Home page.  Prerequisite: Users must be logged into the EIBilling web portal.
Claiming	When clicked, it invokes a drop-down list; they are as follows: <ul style="list-style-type: none"> Insurance: <ul style="list-style-type: none"> ➤ Upload Insurance 835 File: When clicked, it directs you to the Upload Insurance 835 Files page. Workable Claims: <ul style="list-style-type: none"> ➤ Insurance: When clicked, it directs you to the Insurance Claims Needing Attention page ➤ Medicaid: When clicked, it directs you to the Medicaid Claims Needing Attention page  Prerequisite: Users must be logged into the EIBilling web portal

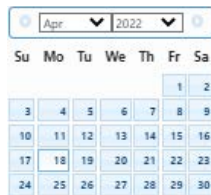
SELECTION TAB	DESCRIPTION
Maintenance	<p>When clicked, it invokes a drop-down list; they are as follows:</p> <ul style="list-style-type: none"> • Provider Profile: When clicked, it directs you to the Provider Profile page. • User List: When click, it directs you to the User Maintenance page.
Reports	<p>When clicked, it invokes a drop-down list; they are as follows:</p> <ul style="list-style-type: none"> • Claiming: <ul style="list-style-type: none"> ➤ Child lookup: It allows the user to search for every child who has ever been in his/her caseload. ➤ Claim Lookup: It allows the user to search for any claim that has successfully migrated to EI Billing. ➤ Claim Research: It allows the user to search for claims using a variety of parameters. ➤ Claim Status: It allows the user to search for a claim using the claim's status as a primary parameter. ➤ Claims in Progress: It allows the user to view all outstanding claims and separates them by the name of the particular insurance company, Medicaid, Escrow, and by Status. ➤ Visit Payment Summary: The user can view the cost of all past services a child receives and payments for those services, separates them by date and payment type. • CPT Codes: The Current Procedure Terminology (CPT) allows users to search for a CPT code's narrative description. • Family Cost Participation Reports: <p>NOTE: The state of Connecticut no longer requires Family Cost Participation as of July 1, 2022</p> <ul style="list-style-type: none"> ➤ View FCP Payment History: It allows the user to see all past Family Cost Participation payments from a specified date range. ➤ View Invoices: It allows the user to view bills from a specified date range by family. ➤ View Statement Details: The user can view the specific information of the family cost participation invoices. • Financial: <ul style="list-style-type: none"> ➤ Escrow Checks: It shows all Escrow payments by date. ➤ Invoice Batch Statuses: The user can search for every invoice and claim approved by Birth to Three from an invoicing perspective. ➤ Provider Payment Profile: It allows the user to view the aggregate total of both paid claims from insurance, Medicaid, and Escrow and outstanding claims from both insurance, Medicaid, and Escrow. ➤ Provider Payment Summary: The user can view a total of specified of funds paid to the provider from both insurance, Medicaid, and Escrow. • Insurance <ul style="list-style-type: none"> ➤ Claims Awaiting EOBs: The user can view claims 25 days or older that have not received remittance from insurance and no EOB has been entered by the provider. ➤ Insurance Remittance Data: It allows the user to search insurance remittance by child, payer, remittance type, and/or date. ➤ Insurance 835 Checks: The user can view, ➤ Posted EOBs: The user can view claims that have remittance from insurance and an EOB has been entered and processed by the provider.

SELECTION TAB	DESCRIPTION
	<ul style="list-style-type: none"> • <u>Insurance 835 Remittance Details:</u> The user can search for all remittances posted via 835s for each agency/provider. • <u>Invalid Licensed Professional Data:</u> The user can view a list of unlicensed professionals by provider name. • Medicaid: <ul style="list-style-type: none"> ➢ <u>Medicaid 835 Checks:</u> It shows the user an itemized view of every Medicaid payment issued to every EI agency/provider. ➢ <u>Medicaid 835 Remittance Details:</u> The user can view every claim adjudicated on every Medicaid remit. ➢ <u>Medicaid Claim Batches:</u> It allows the user to view Medicaid claims by batch date providing the interchange number, claim account, and claim account. ➢ <u>Medicaid Claim By Status</u> allows the user to search each remit for a denied claim based on the Adjustment and Remark code. ➢ <u>Medicaid 835 Results:</u> It provides the user with a summary of every Medicaid Remit issued. • Summary Reports: <ul style="list-style-type: none"> ➢ <u>Summary by Service Type:</u> The user can view all payments received and outstanding claims by the type of service billed.
Help	<p>When clicked, it invokes a drop-down list; they are as follows:</p> <ul style="list-style-type: none"> • <u>Contacts:</u> When clicked, it directs you to the Connecticut Birth to Three Contacts page. • FAQ: <ul style="list-style-type: none"> ➢ <u>For Families:</u> When clicked, it directs you to the Family FAQ page (Read-only). ➢ <u>For Providers:</u> When clicked, it directs you to the Provider FAQ page (Read-only). • Information: <ul style="list-style-type: none"> ➢ <u>For Providers:</u> When clicked, it directs you to the Provider Information page (Read-only). • <u>Training:</u> When clicked, it directs you to the Training and Support Information page.

4.4 Calendar Picker

Clicking any date field on a form invokes the calendar picker (shown below).

- If a Date field is populated (e.g., 04/18/2022) and the user clicks in the date field, the calendar picker appears, showing the data entered into the date field.
- If a Date field is blank and the user clicks in the date field, the calendar picker shows the current system date.



ACTION BUTTON	DESCRIPTION
Directional Arrows	<p> If you click on the left arrow, the system goes back (previous) a month.</p> <p> The system advances (next) a month if you click on the right arrow.</p>
Month Drop-down	▼ To select a 3-digit month (e.g., Nov), click the drop-down arrow and choose from the list of months.
Year Drop-down	▼ To select a year (e.g., 2018), click the drop-down arrow and choose from the list of months.
Day Block	Click the appropriate day block on the calendar picker to select a day manually.
<esc>	To cancel/close the calendar picker, using the keyboard, depress the <esc> (Escape) key, or click anywhere outside (e.g., screen) of the calendar picker.

On most (not all) reports in EI Billing, there must be a date of separation.


4.5 Spreadsheet/Grid – Sorting Column Headers

To “order by” columns in the spreadsheet/grid, click on a column header you want to sort.

ACTION BUTTON	DESCRIPTION
	An up arrow first appears inside the column header.
	Click on the down arrow icon in the column header again, switch between sorting the column in ascending or descending order.

Multiple clicking toggles the up/down arrows. For example, clicking on another column sorts the table based on the first column header clicked.

4.6 Pagination Display Controller

CONTROLLER	DESCRIPTION
	<p>Pagination allows you to view large amounts of content more accessible to find and break up several entries into multiple pages, allowing you to toggle through the material with ease. For example, you'll see this controller at the bottom of a Report page.</p> <ul style="list-style-type: none"> Page one (1) shows up by default. Clicking past page ten (10) selection, an ellipse button "..." becomes enabled at the controller's beginning. When clicking on any number/page, the number button is no longer has an underline beneath the page number (which means the current page displayed).

4.7 Typeahead

Typeahead, also known as autocomplete or autosuggest. It is a language prediction tool search interface that provides suggestions for you when **typing** in a query into a search field (example shown below).

Child:

4.8 Home Page Message Banner

All-important EIBilling system messages (examples shown below) posted below the Welcome graphic on the home page.

EIBilling System Maintenance
5-31-2023 The EIBilling system will be down for maintenance on 5-31-2023 from 6:00 p.m. ET - 7:00 p.m. ET. The downtime should take approximately 1 hour.

Claiming and Billing Issues Alerts
Visit Payment Summary Report
The Visit Payment Summary Report is now available under Reports, Claiming. A guide to using this report can be found under Help. Information for providers and it is the first item listed.

i Special alerts are typically seen pre-login. Messages include routine maintenance, call center closures due to training, or call center closures due to periodic training.


4.9 Global Search

Use the search field (below) to perform a global EIBilling portal search.

What would you like to do?

i Search only produces results for EI portal destinations (clickable destinations under headings). It will not allow search for specific claims or children.

4.10 Tooltip

 Hovering your mouse pointer over this icon (?) provides a popup tooltip.

5. Pre-Login (All Users)

5.1 Home (Main Page)

The EIBilling web portal homepage is a public URL that all internet users (e.g., non-registered) can access. The Early Intervention Fiscal Portal (EIBilling) homepage provides users with information and assistance navigating the system (Weekly Provider Tips, System News, Important Links, and Customer Service Center contact number and hours of operation.).

Birth to Three Fiscal Portal

Home Information Training FAQ FCP Payments LOGIN

Welcome to the Connecticut Birth to Three Fiscal Portal

This site is developed for the Birth to Three Billing Providers to submit billing for early intervention services through the OEC's Billing and Collection contractor and for families to pay their Family Cost Participation fee. It is an access point for Billing Providers, OEC staff and families to obtain information about the Birth to Three fiscal process.

EIBilling System Maintenance
6-12-2023 The 823 EIBilling system will be down for maintenance on 6-15-2023 from 6:00 p.m. ET – 7:00 p.m. ET. The downtime should take approximately 1 hour.

Login Here

Username

Password

Login

[Forgot Username](#) | [Forgot Password](#)

Weekly Provider Tips

[View All Links](#)

System News

[View All Links](#)

- MultiPlan Offers**
PCG will accept MultiPlan offers on behalf of Programs
- Payers Who Send ERAs (835s)**
This item contains a list of payers who send Electronic Remittance Advices to PCG and as a result it is not required for programs to fax copies of checks to PCG.
- Letter to Programs - Commercial Billing, EOB Fax Numbers and Training**
Letter to Programs providing useful information regarding Commercial billing, transition timelines, EOB fax number and training sessions/signup.
- Requesting a new insurance**
To request a new insurance plan for filing 823 early intervention claims to commercial insurance, providers will need to contact the PCG help desk first and request the insurance name be added in EIBilling. Please have the following information available and ready to provide to the call center agent: The insurance plan name as it appears on the insurance card. If applicable the electronic claims payer ID (this can sometimes be found on the back of the insurance ID card). If applicable the mailing address of where the claims can be mailed to. Please allow 2-3 business day for the changes to take effect in the SPIDER drop down options.

Important Links

[Rejection and Denial Codes](#)


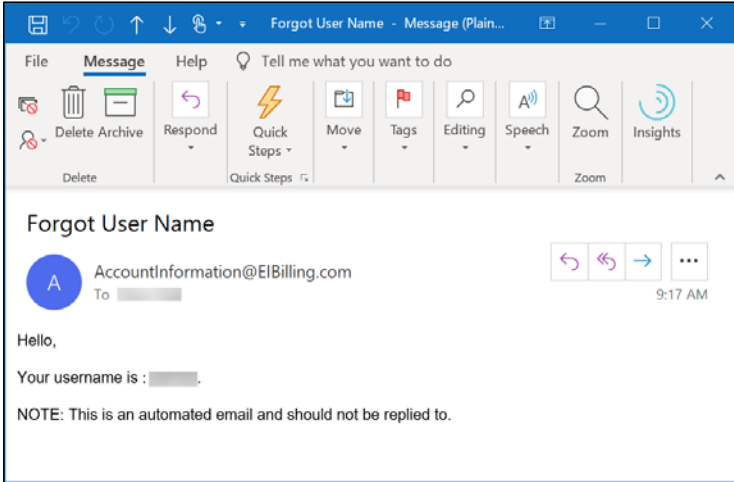
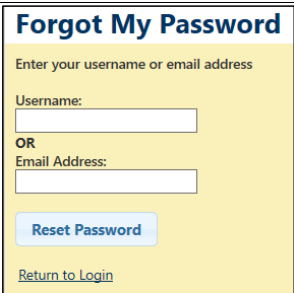
Customer Service Center



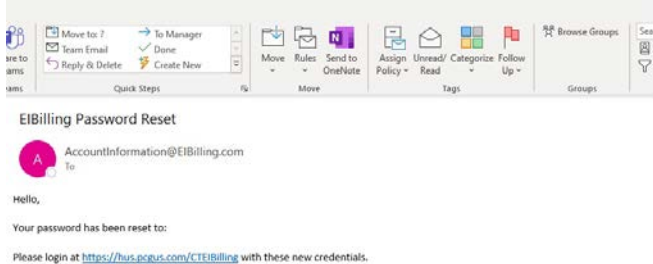
1-844-293-0023

Hours of Operation: Monday-Friday 8 a.m. to 5 p.m. ET

GROUP	DESCRIPTION				
Login Here	<div data-bbox="511 426 933 623" data-label="Form"> </div> <p>The hyperlinks, fields, and buttons are as follows:</p> <ul style="list-style-type: none"> • Username: Enter your unique alphanumeric username. • Password: Enter your unique alphanumeric password. • Login: When clicked, the system verifies the Username and Password. If a registered user, the system will open the Dashboard page. • Forgot Username: If you forget your username, clicking this hyperlink opens the Forgot My Username page (shown below). <ul style="list-style-type: none"> • Click the Return to Login hyperlink to cancel this request and return to the “Log in” page. <div data-bbox="548 911 898 1058" data-label="Form"> </div> <table border="1"> <thead> <tr> <th>ACTION BUTTON</th><th>DESCRIPTION</th></tr> </thead> <tbody> <tr> <td>Send Username</td><td>When clicked, if the username exists in the system, an email is sent to the user's email account and instructed via a link to reset the username (e.g., shown below).</td></tr> </tbody> </table> <p>Step / Action</p> <ol style="list-style-type: none"> 1. Enter your email address: Entered the appropriate email address (e.g., User123@gmail.com). 2. Click the Send Username button. <p>i If the username already exists in the EIBilling database, a message bar appears (shown below).</p> <div data-bbox="644 1465 876 1501" data-label="Form"> </div> <ul style="list-style-type: none"> • Leaving the Enter your email address field blank or entering an unrecognized email and clicking the Send Username button, the system populates a warning message bar (shown below). <div data-bbox="617 1633 904 1669" data-label="Form"> </div>	ACTION BUTTON	DESCRIPTION	Send Username	When clicked, if the username exists in the system, an email is sent to the user's email account and instructed via a link to reset the username (e.g., shown below).
ACTION BUTTON	DESCRIPTION				
Send Username	When clicked, if the username exists in the system, an email is sent to the user's email account and instructed via a link to reset the username (e.g., shown below).				

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GROUP	DESCRIPTION
	<ul style="list-style-type: none"> If more than one (1) username exists for the email address, the system populates a warning message bar (shown below).  <p>i If the User does not receive a system-generated email message in their email account Inbox, it may be in the user's spam box (an example shown below).</p>  <ul style="list-style-type: none"> Return to Login: This hyperlink returns the user to the Login page (shown below). Forget Password: If you forgot your password, clicking this hyperlink opens the Forgot My Password page (shown below).
Forgot My Password	 <p>Step / Action</p> <ol style="list-style-type: none"> Clicking the Forgot Password gives the User two options: enter the username or an Email Address. <ul style="list-style-type: none"> Username: The appropriate Username (e.g., My username) entered.

GROUP	DESCRIPTION
	<ul style="list-style-type: none"> • Email Address: The appropriate email address (e.g., User123@gmail.com) entered. 2. If you have more than one account linked to the same email address, only fill out the username (leave the email blank). 3. If you enter both (Username and Email Address) or just the email address, the system prompts a message. <p></p> <p> If the User does not receive a system-generated email message in their email account Inbox, it may be in the user's spam box.</p> 

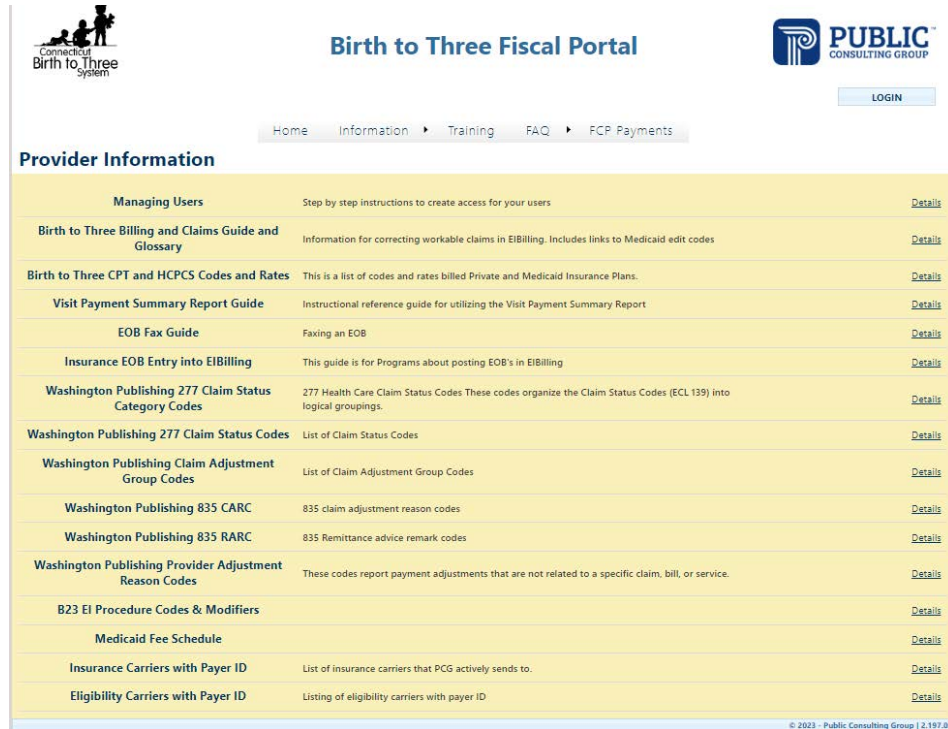
5.2 Text Hyperlinks

A text hyperlink is a word, phrase, or image that you can click on to jump to a specific section within this document. Text hyperlinks are often blue and underlined, but for Accessibility requirements, the font color is black.

5.3 Information

The pages below provide helpful information (e.g., sample forms) for providers. The EIBilling administration team manages the content.

5.3.1 For Providers Page



Birth to Three Fiscal Portal

Home Information Training FAQ FCP Payments

Provider Information

Managing Users	Step by step instructions to create access for your users	Details
Birth to Three Billing and Claims Guide and Glossary	Information for correcting workable claims in ElBilling. Includes links to Medicaid edit codes	Details
Birth to Three CPT and HCPCS Codes and Rates	This is a list of codes and rates billed Private and Medicaid Insurance Plans.	Details
Visit Payment Summary Report Guide	Instructional reference guide for utilizing the Visit Payment Summary Report	Details
EOB Fax Guide	Faxing an EOB	Details
Insurance EOB Entry into ElBilling	This guide is for Programs about posting EOB's in ElBilling	Details
Washington Publishing 277 Claim Status Category Codes	277 Health Care Claim Status Codes These codes organize the Claim Status Codes (ECL 139) into logical groupings.	Details
Washington Publishing 277 Claim Status Codes	List of Claim Status Codes	Details
Washington Publishing Claim Adjustment Group Codes	List of Claim Adjustment Group Codes	Details
Washington Publishing 835 CARC	835 claim adjustment reason codes	Details
Washington Publishing 835 RARC	835 Remittance advice remark codes	Details
Washington Publishing Provider Adjustment Reason Codes	These codes report payment adjustments that are not related to a specific claim, bill, or service.	Details
B23 El Procedure Codes & Modifiers		Details
Medicaid Fee Schedule		Details
Insurance Carriers with Payer ID	List of insurance carriers that PCG actively sends to.	Details
Eligibility Carriers with Payer ID	Listing of eligibility carriers with payer ID	Details

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LABEL	DESCRIPTION
Provider Information	This page (read-only) displays any relevant information. A hyperlink adjacent to the posted content is available, and when clicked, it directs you to a document or webpage (e.g., ElBilling Knowledge Base).

5.4 Training and Support Information Page

This page provides you with how-to information such as Webinars, Videos, Fact Sheets, and Request Training.

Birth to Three Fiscal Portal

Home Information Training FAQ FCP Payments

Training and Support Information

We are committed to provide knowledge support to all new and returning users. Receive self-paced and instructor-led online assistance, as well as access to important information to assist your inquiries and Birth to Three Central Billing Office process training needs.

Webinars

Below are previously recorded Webinars to assist Providers and Service Coordinators:

- [Logging Into EIBilling](#)
- [Lifecycle of a Claim](#)
- [Claiming Tab](#)
- [Tips for Working with the Insurance](#)
- [Available Resources](#)

Videos

Below are tutorial videos to assist Providers and Service Coordinators:

Fact Sheets

Below is an EIBilling Fact Sheet to assist Providers and Service Coordinators:

- [New Users Fact Sheet](#)

This fact sheet provides EIBilling users with detailed information to facilitate the billing process.

Request Training

If you would like to setup additional training sessions or have questions concerning the EIBilling process and training, please feel free to contact our training team.

[Click Here](#) to see the Training Times Calendar.

Email: cteitraining@ecsgroup.com


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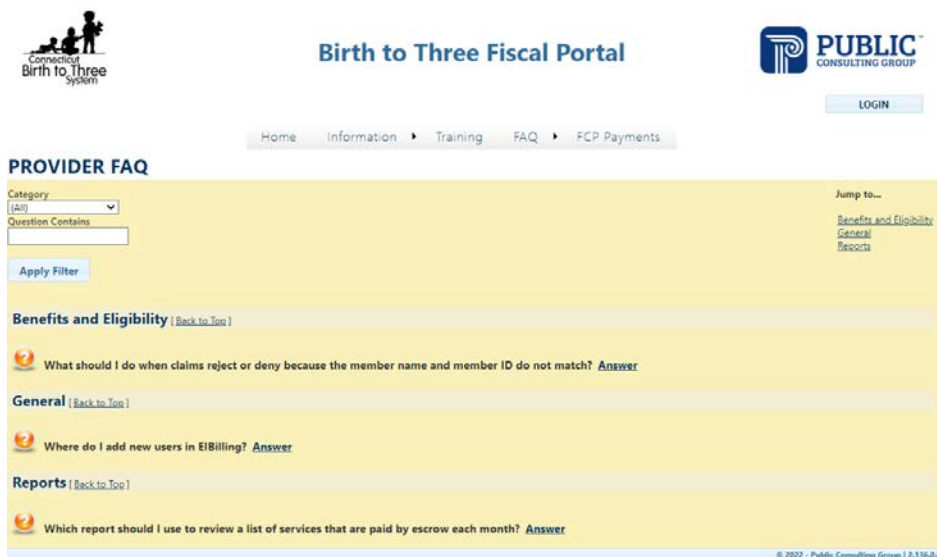
GROUP	DESCRIPTION
Webinars	This group contains hyperlinks to any relevant pre-recorded webinars, generally about the EIBilling web portal.
Videos	This group contains tutorials that pertain to the operation of the EIBilling web portal.
Fact Sheets	This group contains EIBilling Fact Sheet to assist Providers.
Request Training	This group provides contact information if you would like to set up additional training sessions or have questions concerning the EI fiscal process (EIBilling) and training.

5.5 FAQ

The pages below provide helpful FAQs for counties and providers. The EIBilling administration team manages the content.


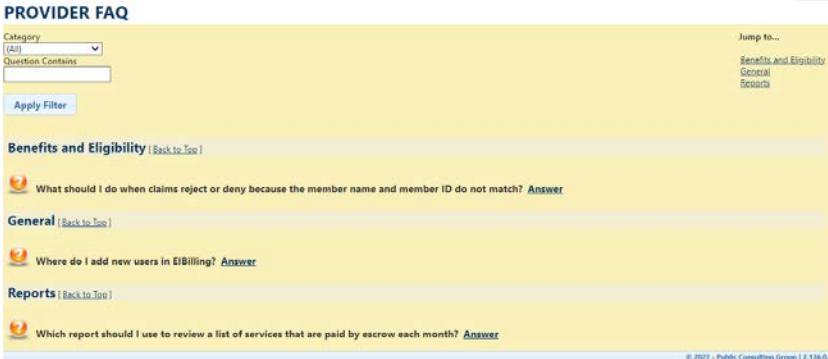
5.5.1 For Providers Page

 This page displays Provider FAQs with adjacent hyperlink **Answers**, and when clicked, the answer displays below the Question (an example shown below).



FIELD	DESCRIPTION
Category <div> <div>(All) ▼</div> <div> (All) Benefits and Eligibility General Reports </div> </div>	This drop-down retains selections added to the County FAQ page: <ul style="list-style-type: none"> • Selecting All displays all FAQ categories relevant to Providers. • Selecting a specific category such as “Benefits and Eligibility” displays only Benefits and Eligibility FAQs for Providers.
Questions Contains	Use this search field (box) to type in a keyword and click the Apply Filter button. Your search results are then filtered. Please see the “Apply Filter” section example below.
Jump to...	Clicking a specific FAQ Category hyperlink from the available hyperlinks beneath “Jump to...” (example below) positions the FAQ-centered screen. <div> Jump to... Benefits and Eligibility General Reports </div>

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BUTTON	DESCRIPTION
<p>Apply Filter</p> 	<p>When clicking this button, the system uses your keyword entered in the Question Contains field and displays your FAQ results (example below).</p>  <p>The screenshot shows the 'PROVIDER FAQ' page. It includes a 'Category' dropdown menu set to '(All)', a 'Question Contains' search bar, and an 'Apply Filter' button. On the right, there is a 'Jump to...' section with links for 'Benefits and Eligibility', 'General', and 'Reports'. Below the search bar, there are three sections of FAQ results, each with a category header and a list of questions with 'Answer' links:</p> <ul style="list-style-type: none"> Benefits and Eligibility Back to Top <ul style="list-style-type: none"> What should I do when claims reject or deny because the member name and member ID do not match? Answer General Back to Top <ul style="list-style-type: none"> Where do I add new users in EIBilling? Answer Reports Back to Top <ul style="list-style-type: none"> Which report should I use to review a list of services that are paid by escrow each month? Answer <p>© 2022 - Public Consulting Group E.I.B.B.C.</p>

5.6 FCP Payments

NOTICE:

The state of Connecticut no longer requires Family Cost Participation as of July 1, 2021

FIELD	DESCRIPTION
Account Number	This field allows the user to enter their family cost account number
Total Balance Due	Enter the total remaining Family Cost balance associated with the account.
Zip Code	Enter the address associated with the account/family.
First Service Date	The user can enter the date of the first service received associated with this cost.

NOTICE:

The state of Connecticut no longer requires Family Cost Participation as of July 1, 2021

6. Post-Login (Registered Users)

6.1 Dashboard Page (Home Page)

The EIBilling Dashboard view is based on the User type. All-State users' have the same Dashboard where they can see "In-Process Claims Status" and "Payment Profile."

In-Process Claims Status				
Source	Status	# Claims	Amount	
SPIDER	INSURANCE	3242	\$964,754.31	
SPIDER	MEDICAID	181	\$48,835.86	
SPIDER	VOIDED	461	\$65,379.33	

Payment Profile				
Provider Payment Profile				

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6.2 Dashboards

6.2.1 In – Process Claims Status

In-Process Claims Status				
Source	Status	# Claims	Amount	
SPIDER	INSURANCE	3242	\$964,754.31	
SPIDER	MEDICAID	181	\$48,835.86	
SPIDER	VOIDED	461	\$65,379.33	

COLUMN	DESCRIPTION
Source	This column displays the source where the data came from
Status	This column displays the claim's payment source
# Claims	This column displays the total number of claims by payment source
Amount	This column displays the total cost of in process claims by payment source.

6.2.2 Payment Profile

Provider Payment Profile

From 5/14/2023 To 6/12/2023

Run

	Submitted	Paid	Pending
Insurance	N/A	\$722,629.45	\$1,036,104.61
Medicaid	N/A	\$7,666,213.38	\$259,976.21
Escrow	N/A	\$5,686,213.38	\$24,465.01
Total		\$15,699,220.60	\$1,194,154.45

% Paid 92.39%
% Pending 7.61%

Escrow Medicaid 835s Insurance 835s EOBs

Excel CSV PDF

Payment Number	Payment Date	Payment Method	Payment Amount	Refund Amount	Safety Net Repayment Amount	Escrow Payment Amount	Number of Claims	
135150	5/31/2023	Paper Check	\$71,200.84			\$71,200.84	1516	View Claims
135149	4/30/2023	Paper Check	\$63,888.62			\$63,888.62	1379	View Claims
135104	3/31/2023	Paper Check	\$81,698.43			\$81,698.43	1760	View Claims

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FIELD	DESCRIPTION
From	Use the calendar picker (activated by clicking in the field) and select the 'from' date.
To	Use the calendar picker and select the 'to' date.

BUTTON	DESCRIPTION
Run	Click this button to generate the Provider Payment Profile Summary based on your criteria (Start and End dates).

COLUMN	DESCRIPTION
Submitted	This column displays the amount of funds submitted to a payment source.
Paid	This column displays the amount of funds paid from a payment source.
Pending	This column displays the amount of fund awaiting to be paid to the provider.

ROW	DESCRIPTION
Insurance	This row displays the amount of insurance funds submitted, paid, and pending to the provider.
Medicaid	This row displays the amount of Medicaid funds submitted, paid, and pending to the provider.
Escrow	This row displays the amount of escrow funds submitted, paid, and pending to the provider.
Total	This row displays the total amount of funds submitted, paid, and pending to the provider.
% Paid	The percentage of funds that have been paid to the provider.
% Pending	The percentage of funds awaiting to be paid to the provider.




TAB	DESCRIPTION
Escrow	This tab provides further details about escrow paid to the provider

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Medicaid 835s	This tab provides further details about Medicaid 835s paid to the provider.
Insurance 835s	This tab provides further details about Insurance 835s paid to the provider.
EOBs	This tab provides further details about the EOBs.

6.2.2.1 Escrow

Escrow Medicaid 835s Insurance 835s EOBs								
Excel CSV PDF								
Payment Number	Payment Date	Payment Method	Payment Amount	Refund Amount	Safety Net Repayment Amount	Escrow Payment Amount	Number of Claims	
135150	5/31/2023	Paper Check	\$71,200.84			\$71,200.84	1516	View Claims
135149	4/30/2023	Paper Check	\$63,888.62			\$63,888.62	1379	View Claims
135104	3/31/2023	Paper Check	\$81,698.43			\$81,698.43	1760	View Claims

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Payment Number	The column displays the payment number.
Payment Date	The column displays the date payment was received.
Payment Method	This column displays how the payment was made.
Payment Amount	This column displays the total cost of the payment.
Refund Amount	This column displays the refund received, if applicable.
Safety Net Repayment Amount	This column displays the funds received from the Public Health and Social Services Emergency Fund that was repaid.
Escrow Payment Amount	This column displays the amount of escrow paid per payment number.
Number of Claims	This column displays the number of claims included in the payment.
View Claims	To view claims, click on the View Claims hyperlink. When clicked, the Payment Details Page appears (see below).

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Payment Details

Form																CSV	PDF
ID	Date Of Birth	Authorization Number	Service Date	Current Status	Escrow Amount Paid on This Payment	Escrow Amount Refunded on This Payment	Total Claim Amount	Total Amount from Escrow	Escrow Batch Date	Amount From Insurance	Insurance Payment Date	Amount From Medicaid	Medicaid Payment Date	Patient Acct #	Provider Invoice Number		
	7/8/2020		4/21/2023	CLOSED	\$150.00		\$150.00	\$150.00	5/31/2023	\$0.00	5/19/2023	\$0.00					
Weyra	7/8/2020		4/14/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00					
Weyra	7/8/2020		4/24/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00					
	7/24/2020		4/19/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00					
	7/24/2020		4/26/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00					
	9/26/2020		4/11/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00					
	9/26/2020		4/18/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00					
Weyra	7/8/2020		4/21/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00					




i Please refer to section 6.2.2.1.1 Payment Details for descriptions on the columns and buttons.

6.2.2.1.1 Payment Details

Payment Details

[Excel](#)
[CSV](#)
[PDF](#)

	Date Of Birth	Authorization Number	Service Date	Current Status	Escrow Amount Paid on This Payment	Escrow Amount Refunded on This Payment	Total Claim Amount	Total Amount From Escrow	Escrow Batch Date	Amount From Insurance	Insurance Payment Date	Amount From Medicaid	Medicaid Payment Date	Patient Acct #	Provider Invoice Number
	7/8/2020		4/21/2023	CLOSED	\$150.00		\$150.00	\$150.00	5/31/2023	\$0.00	5/19/2023	\$0.00			
Weyra	7/8/2020		4/14/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00			
Weyra	7/8/2020		4/24/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00			
	7/24/2020		4/15/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00			
	7/24/2020		4/26/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00			
	9/26/2020		4/11/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00			
	9/26/2020		4/18/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00			
	7/8/2020		4/21/2023	CLOSED	\$0.00		\$150.00	\$0.00	5/31/2023	\$0.00		\$150.00			

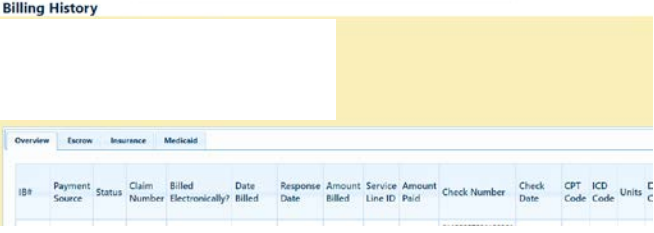
BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 




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Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this when the payer does not have a claim on record, OSC has updated the child's information, or when some data point on the claim needs to be updated and sent back to the designated payer.
---------------------------------	--

COLUMN	DESCRIPTION
Check Number	The column displays the check number.
Check Date	The column displays the date check was received.
Payment Method	This column displays how the payment was made.
EI Data Source	This column displays where the EI data source originated
Child Last Name	This column displays the last name of the child.
Child First Name	This column displays the first name of the child.
Date of Birth	This column displays the date of birth of the child.
Authorization Number	This column displays the authorization number issued by B23. (Not Applicable in CT)
Service Date	This column displays the date of service care was provided.
Current Status	This column displays the current status of the payment.
Escrow Amount Paid on This Payment	This column displays the amount paid of escrow paid on a claim payment.
Escrow Amount Refunded on This Payment	This column displays the amount refunded of escrow paid on a claim payment.
Total Claim Amount	This column displays the total amount of the claim.
Total Amount from Escrow	This column displays the total amount of the claim that represent escrow.
Escrow Batch Date	This column displays the escrow batch date.
Amount from Insurance	This column displays the amount of funds paid to the provider from insurance.
Insurance Payment Date	This column displays the date insurance made payment for the claim.
Amount from Medicaid	This column displays the amount of funds paid to the provider from Medicaid.
Medicaid Payment Date	This column displays the date Medicaid made payment for the claim.
Patient Acct #	This column displays the unique patient account number.
Provider Invoice Number	This column displays the unique invoice number a provider has.
Therapist First Name	This column displays the last name of the therapist.
Therapist Last Name	This column displays the first name of the therapist.
Therapist NPI	This column displays the National Provider Identifier number of the Therapist.
Medicaid Denial Code	This column displays the denial code for the Medicaid claim submitted for the service provided for the child

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Insurance Denial Code	This column displays the denial code for the Insurance claim submitted for the service provided for the child
Billing History	<p>To view billing history, click on the Billing History hyperlink. When clicked, the Billing History page appears (see below).</p>  <p>i Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.</p>

BUTTON	DESCRIPTION
Excel	<p>Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below).</p> 
CSV	<p>Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below).</p> 
PDF	<p>Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).</p> 

6.2.2.1.1a Billing History

The billing history allows the user to view various points of payments and charges for service the child has received. It gives the view point in an overview, by escrow, insurance, and Medicaid. A break down of each tab is below.

6.2.2.1.1a – 1 Overview

Overview															Escrow	Insurance	Medicaid
ID																	
	Response Date	Amount Billed	Service Line ID	Amount Paid	Check Number	Check Date	CPT Code	ICD Code	Units	Denial Code	Denial Source	e277 Information	e277 Claim Reference Number	835 Status	835 CAR Group Code		
1	05/25/2023	\$180.00		\$0.00			96112	F94.8				-					

COLUMN	DESCRIPTION
IB#	This column displays the insurance billing ID number.
Payment Source	This column displays who made the payment.

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COLUMN	DESCRIPTION
Status	This column displays the insurance status of the child.
Claim Number	This column displays the claim number.
Billed Electronically	This column displays if the services were billed electronically.
Date Billed	This column displays the date billed for the child.
Response Date	This column displays the date the bill was responded to.
Amount Billed	This column displays the amount billed for the service provided for the child.
Service Line ID	This column displays the line-item control number submitted to an insurance company
Amount Paid	This column displays the amount paid for the service provided for the child.
Check Number	This column displays the check number issued for the payment.
Check Date	This column displays the date the check was issued.
CPT Code	This column displays the CPT (Current Procedural Terminology) code, also known as service codes for medical procedures
ICD Code	This column displays the ICD10 code the agency provided.
Units	This column displays the number of units rendered.
Denial Code	This column displays the denial code for the claim submitted for the service provided for the child
Denial Source	This column displays the denial source for the claim submitted for the service provided for the child
E277 Information	This column displays the 277 claim status determination code.
E277 Claim Reference Number	This column displays an entities reference number assigned to a claim during processing.
835 Status	This column displays the 835 adjudication determination status.
835 Car Group Code	This column displays the 835 Claim Adjustment Group Code
835 CAR Code	This column displays the Claim Adjustment Reason Code
835 Remark Code	This column displays the Remittance Advice Remark Code
835 Cycle	This column displays the check or trace number value
Insurance Claim ID	This column displays the unique ID for the insurance claim.
Insurance Company	This column displays the insurance company of the child.
Policy #	This column displays the policy number of the child's insurance plan.
Member ID	This column displays the member ID of the child's insurance plan.
Referring Provider NPI	This column displays the referring provider name.
835 Payer Claim ID	This column displays the claim reference number assigned by the insurance company
Medicaid 835 Files	This column displays the file name of the 835 reports

6.2.2.1.1a – 2 Escrow

Overview

Escrow

Insurance

Medicaid

Status	Amount Billed	Amount Paid	Check Number	Check Date	Units
CLOSED	\$150.00	\$150.00		03/31/2023	

COLUMN	DESCRIPTION
Status	This column displays the insurance status of the child.
Amount Billed	This column displays the amount billed to the insurance company.
Amount Paid	This column displays the amount paid for the service provided for the child.
Check Number	This column displays the check number issued for the payment.
Check Date	This column displays the date the check was issued.
Units	This column displays the number of units rendered.

** If no data is found, ElBilling displays the following message pad below.**

No data found to display.

6.2.2.1.1a – 3 Insurance

OverviewEscrowInsuranceMedicaid															
mounted	Amount Paid	Check Number	Check Date	CPT Code	ICD Code	Denial Code	Denial Source	e277 Information	e277 Claim Reference Number	835 Status	835 CAR Group Code	835 CAR Code	835 Remark Code	835 Cycle	835 Action
								AZ19-							

COLUMN	DESCRIPTION
Status	This column displays the insurance status of the child.
Billed Electronically	This column displays if the services were billed electronically.
Data Billed	This column displays the insurance assigned group number provided by the agency.
Response Date	This column displays the date the bill was responded to.
Amount Billed	This column displays the discipline type of the therapist.
Check Number	This column displays the check number issued for the payment.
Check Date	This column displays the date the check was issued.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.
Denial Code	This column displays the denial code for the claim submitted for the service provided for the child
Denial Source	This column displays the denial source for the claim submitted for the service provided for the child
E277 Information	This column displays the 277 claim status determination code.
E277 Claim Reference Number	This column displays an entities reference number assigned to a claim during processing.
835 Status	This column displays the 835 adjudication determination status.
835 Car Group Code	This column displays the 835 Claim Adjustment Group Code
835 CAR Code	This column displays the Claim Adjustment Reason Code
835 Remark Code	This column displays the Remittance Advice Remark Code
835 Cycle	This column displays the check or trace number value
835 Action	This column displays the act completed for the claim

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COLUMN	DESCRIPTION
Insurance Company	This column displays the insurance company of the child.
Policy #	This column displays the policy number of the child's insurance plan.
Member ID	This column displays the member ID of the child's insurance plan.
Referring Provider NPI	This column displays the referring provider name.
Payment Type	This column displays the method the payment was made.

6.2.2.1.1a – 2 Medicaid

Overview	Escrow	Insurance	Medicaid
----------	--------	-----------	----------

Status	Billed Electronically?	Date Billed	Response Date	Amount Billed	Amount Paid	Check Number	Check Date	CPT Code	ICD Code	Denial Code	Denial Source	e277 Information	e277 Claim Reference Number	835 Status
PAID	Yes	06/21/2023		\$120.00	\$120.00		06/27/2023	H2014	F82			>-		PAID

COLUMN	DESCRIPTION
Status	This column displays the insurance status of the child.
Billed Electronically	This column displays if the services were billed electronically.
Data Billed	This column displays the insurance assigned group number provided by the agency.
Response Date	This column displays the date the bill was responded to.
Amount Billed	This column displays the discipline type of the therapist.
Check Number	This column displays the check number issued for the payment.
Check Date	This column displays the date the check was issued.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.
Denial Code	This column displays the denial code for the claim submitted for the service provided for the child
Denial Source	This column displays the denial source for the claim submitted for the service provided for the child
E277 Information	This column displays the 277 claim status determination code.
E277 Claim Reference Number	This column displays an entities reference number assigned to a claim during processing.
835 Status	This column displays the 835 adjudication determination status.
835 Car Group Code	This column displays the 835 Claim Adjustment Group Code
835 CAR Code	This column displays the Claim Adjustment Reason Code
835 Remark Code	This column displays the Remittance Advice Remark Code
835 Cycle	This column displays the check or trace number value
835 Action	This column displays the act completed for the claim
Insurance Company	This column displays the insurance company of the child.
Policy #	This column displays the policy number of the child's insurance plan.
Member ID	This column displays the member ID of the child's insurance plan.
Referring Provider NPI	This column displays the referring provider name.

COLUMN	DESCRIPTION
Payment Type	This column displays the method the payment was made.

 If no data is found, EIBilling displays the following message pad below.

No data found to display.

6.2.2.2 Medicaid 835s

Escrow

Medicaid 835s

Insurance 835s




EOBs

Excel

CSV

PDF

Medicaid Cycle	Check Or Trace Number	Issue Date	Check Amount	Adjustments	Gross Payment	Production Date	
		01/23/2018	\$0.00	\$0.00	\$0.00	01/19/2018	Details
		01/23/2019	\$20,422.50	\$0.00	\$20,422.50	01/18/2019	Details
		04/20/2020	\$101,668.75	\$0.00	\$101,668.75	04/24/2020	Details

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Medicaid Cycle	The column displays the Medicaid cycle.
Check or Trace Number	The column displays the check or transaction number issued to the agency
Issue Date	This column displays the date the bill was issued.
Check Amount	This column displays the amount of money paid.
Adjustments	This column displays the sum of monetary adjustments prior to final check amount.
Gross Payment	This column displays the gross paid amount before monetary adjustments are applied.
Production Date	This column displays the date the report was added to EIBilling.
Details	To view details, click on the Details hyperlink. When clicked, the Medicaid 835 Check Details appear (see below).

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Medicaid 835 Check Details



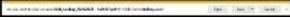
Amount Billed	Amount Paid	Status	Medicaid Cycle	Check Date	Billing Provider NPI	TSN	CAR Group Code	CAR Code	Remark Code	Procedure Code	Patient Account Number	Authorization Number	Serv Type
\$150.00	\$150.00	PAID	0490	04/26/2020						H2014			
\$150.00	\$150.00	PAID	0490	04/26/2020						H2014			
\$180.00	\$180.00	PAID	0490	04/26/2020						H2014			
\$180.00	\$180.00	PAID	0490	04/26/2020						H2014			
\$126.00	\$126.00	PAID	0490	04/25/2020						T1027			
\$150.00	\$150.00	PAID	0490	04/25/2020						H2014			

i Please refer to section 6.2.2.2a Medicaid 835 Check Details for descriptions on the columns and buttons.

6.2.2.2a Medicaid 835 Check Details

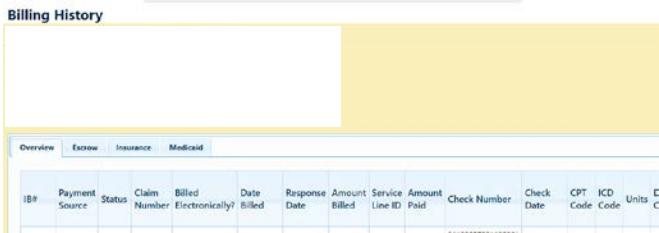
Medicaid 835 Check Details

Amount Billed	Amount Paid	Status	Medicaid Cycle	Check Date	Billing Provider NPI	TSN	CAR Group Code	CAR Code	Remark Code	Procedure Code	Patient Account Number	Authorization Number	Serv Type
\$150.00	\$150.00	PAID	0490	04/28/2020						H2014			
\$150.00	\$150.00	PAID	0490	04/28/2020						H2014			
\$180.00	\$180.00	PAID	0490	04/28/2020						H2014			
\$180.00	\$180.00	PAID	0490	04/28/2020						H2014			
\$126.00	\$126.00	PAID	0490	04/28/2020						T1027			
\$150.00	\$150.00	PAID	0490	04/28/2020						H2014			

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Last Name	This column displays the last name of the child.
First Name	This column displays the first name of the child.

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Service Date	This column displays the service date provided for the child.
Amount Billed	This column displays the sum of amount billed provided in an 835 report.
Amount Paid	This column displays the sum of amount paid.
Status	This column displays the insurance status of the child.
Medicaid Cycle	This column displays the check or trace number value from the 835 report.
Check Date	This column displays the date the check was issued.
Billing Provider NPI	This column displays the provider's NPI.
TSN	This column displays the claim reference number assigned by the insurance company
CAR Group Code	This column displays the 835 Claim Adjustment Group Code
CAR Code	This column displays the Claim Adjustment Reason Code
Remark Code	This column displays the Remittance Advice Remark Code
Code Procedure	This column displays the CPT/HCPCS procedure code
Patient Account Number	This column displays the unique patient account number.
Authorizations Number	This column displays the authorization number issued by B23. (Not Applicable in CT)
Service Type	This column displays the discipline type of the therapist.
Therapist First Name	This column displays the last name of the therapist.
Therapist Last Name	This column displays the first name of the therapist.
Billing History	<p>To view billing history, click on the Billing History hyperlink. When clicked, the Billing History page appears (see below).</p>  <p>i Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.</p>

6.2.2.3 Insurance 835s

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Escrow Medicaid 835s Insurance 835s EOBs						
Excel CSV PDF						
Check Or Trace Number	Check Date	Payer Name	Amount Billed	Amount Paid	Amount Applied	Check Amount
	06/12/2023	CIGNA	\$600.00	\$172.80	\$172.80	\$172.80
	06/12/2023	CIGNA	\$480.00	\$161.28	\$161.28	\$1,448.00
	06/10/2023	CIGNA	\$480.00	\$0.00	\$0.00	\$0.00
	06/09/2023	CIGNA	(\$300.00)	\$0.00	\$0.00	\$0.00
	06/09/2023	CIGNA	(\$300.00)	\$0.00	\$0.00	\$0.00
	06/09/2023	TRUSTMARK	\$300.00	\$0.00	\$0.00	\$0.00
	06/08/2023	AETNA	\$0.00	\$0.00	\$0.00	\$0.00
	06/08/2023	ANTHEM	\$1,620.00	\$0.00	\$0.00	\$0.00
	06/07/2023	AETNA	\$900.00	\$0.00	\$0.00	\$0.00
	06/07/2023	AETNA	\$4,284.00	\$171.99	\$171.99	\$1,008.52

COLUMN	DESCRIPTION
Check or Trace Number	The column displays the check or transaction number issued to the agency.
Check Date	This column displays the date the check was issued.
Payer Name	This column displays the name of the insurance company.
Amount Billed	This column displays the sum of amount billed provided in an 835 report.
Amount Paid	This column displays the sum of amount paid.
Amount Applied	This column displays the sum of the amount paid and added to an EI claim.
Check Amount	This column displays the amount that was issued on the check.

6.2.2.4 EOBs


Escrow Medicaid 835s Insurance 835s EOBs				
Excel CSV PDF				
EOB Entered Date	Insurance Company	Amount Paid	Check Number	Amount Billed
05/31/2023	TRI CARE	\$57.90		\$37.50
05/31/2023	TRI CARE	\$59.73		\$112.50
05/19/2023	TRI CARE	\$0.00		\$30.00
05/19/2023	TRI CARE	\$0.00		\$120.00
05/19/2023	TRI CARE	\$0.00		\$180.00
05/19/2023	TRI CARE	\$90.62		\$180.00
05/18/2023	CIGNA	\$67.59		\$150.00
05/15/2023	VALE HEALT PLAN	\$0.00		\$40.00
05/15/2023	VALE HEALT PLAN	\$0.00		\$80.00
05/10/2023	CIGNA	\$0.00		\$240.00

COLUMN	DESCRIPTION
EOB Entered Date	This column displays the date the EOB was entered in EIBilling.
Insurance Company	This column displays the name of the insurance company.
Amount Paid	This column displays the amount paid on a claim.
Check Number	This column displays the check number issued for the payment.
Amount Billed	This column displays the amount billed to the insurance company.

7. Claiming

7.1 Insurance

7.1.1 Upload Insurance 835 Files

 This screen enables you to enter payment or denial information from the Explanation of Benefits received from the insurer.



Upload Insurance 835 Files

Choose File: [Choose File](#) | No file chosen [Upload](#)

Search By: [ALL](#) | Upload From: [5/13/2023](#) To: [Search](#)

No file upload records to load.

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FIELD	DESCRIPTION
Search By... ALL FAILURE PENDING PROCESSING SUCCESS	Using the drop-down, make the appropriate selection from the list.
Upload from	Use the calendar picker (activated by clicking in the field), select the upload from dates 'from'
To	Use the calendar picker and select the to dates

BUTTON	DESCRIPTION
Choose File	Click this button to search on your computer for files to add to the insurance 835 files.
Upload	Based on your file selection, click this button to add a document to the insurance 835 files.

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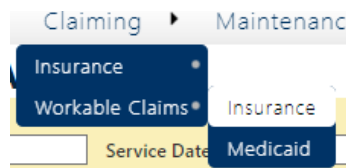
Search	Based on your criteria on the fields mentioned above, click this button to generate your query.
---------------	---

i If no uploads are found, EIBilling displays the following message pad below.

No file upload records to load.

7.2 Workable Claims

7.2.1 Insurance



Child Last Name: Child First Name: Service Date From: To: [Filter](#)

FIELD	DESCRIPTION
Child Last Name	To narrow your search, enter the child's last name for the service provided for that child.
Child First Name	To narrow your search, enter the child's first name for the service provided for that child.
Service Date From:	Use the calendar picker (activated by clicking in the field) and select the 'from' service date for the child.
To:	Use the calendar picker and select the child's 'to' service date.

BUTTON	DESCRIPTION
Filter	When clicked, the system displays your results based on your criteria selection.

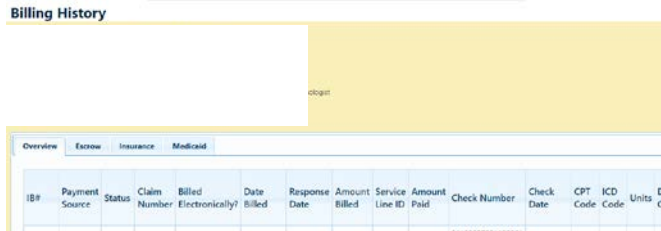
TAB	DESCRIPTION
Category 1 Problems Detected by Central Billing Office	This tab provides further details about Billing Problems Detected.
Category 2 -277 Rejections	This tab provides further details about 277 Rejections
Category 3 – 835 Errors	This tab provides further details about 835 Errors.

7.2.1.1 Category 1 Problems by Central Billing Office

Child	Policy Number	Group Number	Member ID	Service Category	Service Type	Authorization Number	Service Date	CPT Code	ICD Code	Referring Provider NPI	Errors
-------	---------------	--------------	-----------	------------------	--------------	----------------------	--------------	----------	----------	------------------------	--------

COLUMN	DESCRIPTION
Child	This column displays the name of the child.
Policy Number	This column displays the insurance policy number provided by the agency.
Group Number	This column displays the insurance assigned group number provided by the agency.
Member ID	This column displays the insurance policy number provided by the agency.
Service Category	This column displays the type of service that was provided by the therapist.
Service Type	This column displays the discipline type of the therapist.
Authorization Number	This column displays the authorization number issued by B23. (Not Applicable in CT)
Service Date	This column displays the date of service care was provided.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.
Referring Provider NPI	This column displays the referring provider name. (Not Applicable to CT)
Errors	This column displays the error message that the CBO detected is an error prior to billing.
Edit/Fix Claim	<p>To edit/fix a claim, click the Edit/Fix Claim hyperlink. The page appears (example below) when clicked.</p>
Billing History	To view billing history, click on the Billing History hyperlink. When clicked, the Billing History page appears (see below).

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COLUMN	DESCRIPTION
	 <p>Billing History</p> <p><i>Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.</i></p>

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below).
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below).
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).
Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this when the payer does not have a claim on record, OSC has updated the child's information, or when some data point on the claim needs to be updated and sent back to the designated payer.

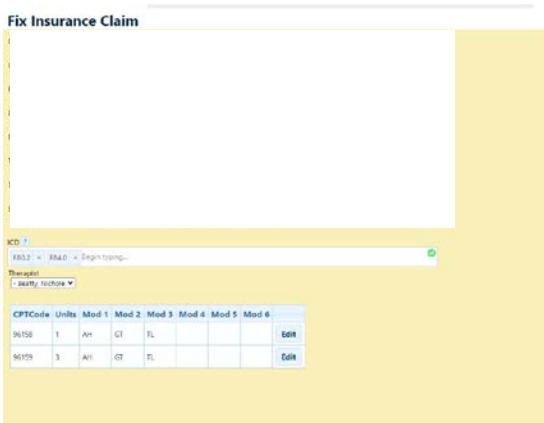
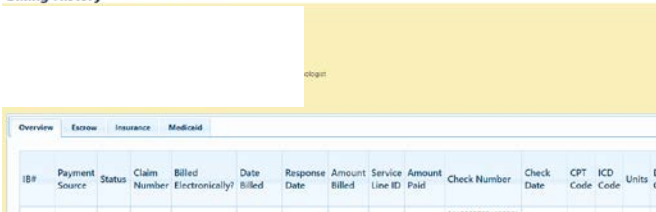
7.2.1.2 Category 2 – 277 Rejections



COLUMN	DESCRIPTION
Child	This column displays the name of the child.
Policy Number	This column displays the insurance policy number provided by the agency.
Group Number	This column displays the insurance assigned group number provided by the agency.
Service Category	This column displays the type of service that was provided by the therapist.
Service Type	This column displays the discipline type of the therapist.

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COLUMN	DESCRIPTION
E77 Information	This column displays the 277 claim status group code, 277 status reason code, and 277 message
Authorization Number	This column displays the authorization number issued by B23. (Not Applicable in CT)
Service Date	This column displays the date of service care was provided.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.
Referring Provider NPI	This column displays the referring provider name. (Not Applicable to CT)

BUTTON	DESCRIPTION
Edit/Fix Claim	<p>To edit/fix a claim, click the Edit/Fix Claim hyperlink. The page appears (example below) when clicked.</p> 
Billing History	<p>To view billing history, click on the Billing History hyperlink. When clicked, the Billing History page appears (see below).</p>  <p>i Please refer to section 6.2.2.1.1a <i>Billing History</i> for descriptions on the columns and buttons.</p>

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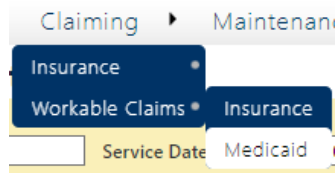
Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this when the payer does not have a claim on record, OSC has updated the child's information, or when some data point on the claim needs to be updated and sent back to the designated payer.
---------------------------------	--

7.2.1.3 Category 3 – 835 Errors

COLUMN	DESCRIPTION
Child	This column displays the name of the child.
Policy Number	This column displays the insurance policy number provided by the agency.
Group Number	This column displays the insurance assigned group number provided by the agency.
Service Category	This column displays the type of service that was provided by the therapist.
Service Type	This column displays the discipline type of the therapist.
Adjustment Code	This column displays the combination of the Claim adjustment group and claim adjustment reason code provided in the 835/EOB response from an insurance company.
Remark Code	This column displays the remark code provided in the 835/EOB response from an insurance company.
Notes	This column displays the provides a status message of why a claim denied
Service Date	This column displays the date of service care was provided.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.

BUTTON	DESCRIPTION
Edit/Fix Claim	This column displays the hyperlink to the edit claim web page where users can correct the claim.
Billing History	This column displays the hyperlink that directs the user to the billing history page.
Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this when the payer does not have a claim on record, OSC has updated the child's information, or when some data point on the claim needs to be updated and sent back to the designated payer.

7.2.2 Medicaid



Medicaid Claims Needing Attention

Child Last Name: Child First Name: Service Date From: To: [Filter](#)

[Category 1 - Problems Detected by Central Billing Office](#) [Category 3 - 835 Errors](#)

No 835 errors found.

FIELD	DESCRIPTION
Child Last Name	Enter the child's last name in this field.
Child First Name	Enter the child's first name in this field.
Service Date From:	Use the calendar picker (activated by clicking in the field) and select the 'from' service date for the child.
To	Use the calendar picker, and select the appropriate 'to' date.

BUTTON	DESCRIPTION
Filter	Based on your criteria fields mentioned above, click this button to generate your query. EIBilling provides your results in a grid fashion.

TAB	DESCRIPTION
Category 1 – Problems Detected by Central Billing Office	This tab displays Medicaid problems detected.
Category 3 – 835 Errors	This tab displays Medicaid 835 Errors

i If no problems or errors are found, EIBilling displays the following message pad below.

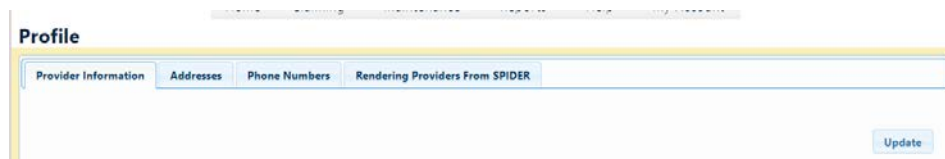
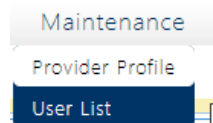
Nothing found.

BUTTON	DESCRIPTION
Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this when the payer does not have a claim on record, OSC has updated the child's information, or when some data point on the claim needs to be updated and sent back to the designated payer.




	<div>Resubmit Selected Claims</div>
--	-------------------------------------

8. Maintenance

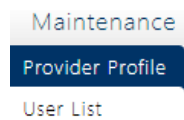
8.1 Provider Profile



TAB	DESCRIPTION
Provider Information	This tab displays the general background information about a provider.
Addresses	This tab displays the additional address for the provider.
Phone Numbers	This tab displays any additional phone numbers for a provider
Rendering Providers from SPIDER	This tab display rendering provider information received from the source system. (This is not used in CT)

BUTTON	DESCRIPTION
Update	Click this button to update the provider's background information. 
Add New Address	Click this button to add a new address to the provider profile. 
Phone Numbers	Click this button to add a new phone number to the provider profile. 

8.2 User List



User Maintenance

Search Filter Criteria

User Type:


Lock Status:

Search:


Search Results (Showing the top 100 results)

FIELD	DESCRIPTION
User Type	Use this drop-down and select the appropriate provider from the list.
Lock Status All Users All Users Locked Users Not Locked Users	Use this drop-down
Search	Enter a user name in this field.

BUTTON	DESCRIPTION
Add User	<p>Step / Action</p> <p>Click this button to add a user. Enter their user name, first name, last name, and email and click save.</p> <div> <div>Add/Edit User</div> <div> <div>User Type: <input type="text" value="Provider"/></div> <div>Username: <input type="text"/></div> <div>First Name: <input type="text"/></div> <div>Last Name: <input type="text"/></div> <div>Email: <input type="text"/></div> </div> <div> <div>Cancel</div> <div>Save</div> </div> </div>

COLUMN	DESCRIPTION
Edit User	To edit a user, click the Edit User hyperlink. The Edit User page appears when clicked similar to the add user pop up.
User Name	This column displays name used to login
First Name	This column displays the user's first name
Last Name	This column displays the user's last name
Company	This column displays the organization the user is representing
Email	This column displays the user's email.
NPI	This column displays the user's national provider identifier number.
FEIN	This column displays the federal employee identification number.
Locked	This column displays if the user is locked from the system.
Lock/Unlock User	<p>This column allows the user to lock or unlock a user from the system.</p> 
Reset Password	To reset a user's password, click the Reset Password hyperlink. The Edit User page appears when clicked similar to the add user pop up.

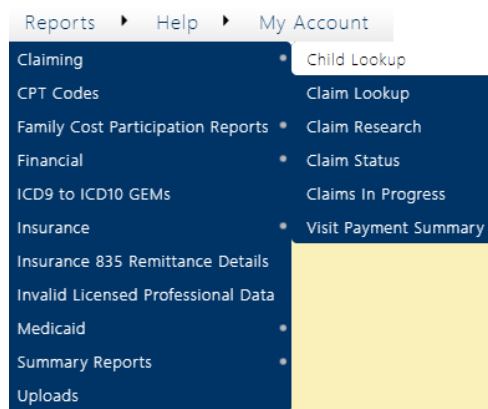
9 Reports

 The reporting screens enable you to generate various reporting to monitor the progress of claims and payments from respective payers.

9.1 Claiming

9.1.1 Child Lookup

 This screen enables you to search for every child who has ever been on your caseload.



Child Lookup

From Date To Date First Name Last Name Case ID Medicaid #




Therapist Last Name

Child Last Name	Child First Name	Child DOB	Sex	Case ID	Data Source

FIELD	DESCRIPTION
From Date	Enter the 'from date' or click this field and use the calendar picker to generate a reporting period.
To Date	Enter the 'to date' or click this field and use the calendar picker to generate a reporting period.
First Name	To narrow your search, enter the first name of the child.
Last Name	To narrow your search, enter the last name of the child.
Case ID	To narrow your search, enter the unique identification number given to every child
Medicaid #	To narrow your search, enter the Medicaid identification number given to every child
Therapist Lane	To narrow your search, enter the Therapist's last name.

 You must wait 15 seconds between exports.


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BUTTON	DESCRIPTION
Search	When clicked, the system searches the EIBilling database and displays your results based on your criteria selection.
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

  : To “order by” columns in the spreadsheet/grid, click on a column header you want to sort (see [section 4.5 Spreadsheet/Grid – Sorting Column Headers](#)).


COLUMN	DESCRIPTION
Child Last Name	This column displays the last name of the child.
Child First Name	This column displays the first name of the child.
Child DOB	This column displays the date of birth of the child.
Sex	This column displays the gender ('M' or 'F').
Case ID	This column displays the reference number associated with the claim for the service provided for the child.
Data Source	This field displays the Source system where the child's intake has taken place.
Details	To view details, click on the Details hyperlink. When clicked, personal and background details of the child appear. The tabs include Info, Services, Insurance Policies, Medicaid Eligibility, and Claims.

9.1.2 Claim Lookup

 This screen enables you to search for any claim successfully migrated to EI Billing.



Claim Lookup

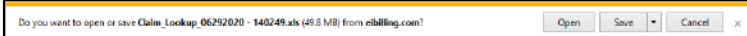





FIELD	DESCRIPTION
Authorization Number	To narrow your search, enter the authorization number for the service provided for the child.
Service Date	Enter the date (or use the calendar picker) for the child's service to narrow your search.
CIN	To narrow your search, enter the Client Identification Number (CIN); this is the unique identifier given to participants
Last Name	To narrow your search, enter the child's last name for the service provided for that child.

BUTTON	DESCRIPTION
Search	When clicked, the system displays your results based on your criteria selection (see the Claim Lookup screenshot example above).


 You must wait 15 seconds between exports.

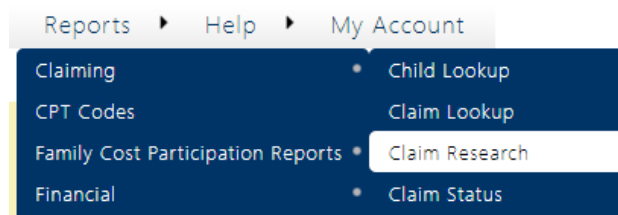
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BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).

COLUMN	DESCRIPTION
Child	Click this hyperlink to review the details (drill-down) for a specific child record/row. When clicked, a page appears with the "Details for..." (the child's name), with five (5) tabs (Info, Services, Insurance Policies, Medicaid Eligibility, and Claims).
DOB	This column displays the child's date of birth.
CIN	This column displays the Client Identification Number (CIN), the unique identifier given to participants.
Authorization Number	This column displays the authorization number for the service provided for the child.
From Date	This column displays the date the service provided began for the child.
To Date	This column displays the date the service provided ended for the child.
Procedure Code	This column displays the IDC Code used for the claim.
Service Type	This column displays the type of service(s) provided for the child.
Service Category	This column displays the category of service(s) provided for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
Billing History	To view billing history, click on the Billing History hyperlink. When clicked, the Billing History page appears (see below).   Please refer to section 6.2.2.1a Billing History for descriptions on the columns and buttons.

9.1.3 Claim Research

 This screen enables you to search for claims using a variety of parameters.



Claim Research

Payer: Status:
 Child Last Name: Child First Name: CIN: Authorization:
 Service Date From: To: Added Date From: To:

Provider Invoice #	Child Account Number	Amount	Last Insurance Billing Date	Insurance Denial Code	Insurance Denial Source	Last Medicaid Billing Date	Medicaid Denial Code	Medicaid Denial Source	Insurance Paid	Medicaid Paid	Escrow Paid	Escrow Pending	Outstanding Amount	Check Number
PTCEBA7330001	000000	0.00	00/00/00	00/00/00	00/00/00	00/00/00	00/00/00	00/00/00	0.00	0.00	0.00	0.00	0.00	0.00




FIELD	DESCRIPTION
Payer	To narrow your search, use this drop-down and select the appropriate payer from the list.
Status	To narrow your search, use this drop-down and select the appropriate status from the list.
Child Last Name	To narrow your search, enter the child's last name for the service provided for that child.
Child First Name	To narrow your search, enter the child's first name for the service provided for that child.
CIN	To narrow your search, enter the Client Identification Number (CIN); this is the unique identifier given to participants
Authorization	To narrow your search, enter the authorization number for the service provided for the child.
Service Date From	Enter the 'from' date (or use the calendar picker) for the child's service to narrow your search.

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FIELD	DESCRIPTION
To	Enter the 'to' date (or use the calendar picker) for the child's service to narrow your search.
Added Date From	Use the calendar picker and select the 'from' added date for the child's service.
To	Use the calendar picker and select the added date for the child's service.

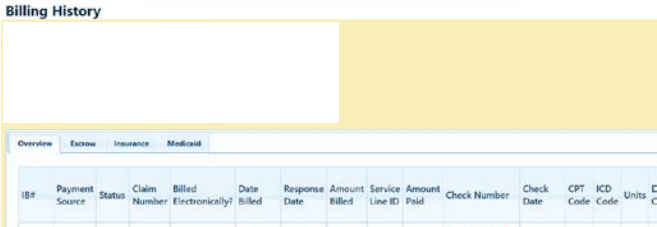
BUTTON	DESCRIPTION
Search	When clicked, the system displays your results in a grid/table based on your criteria selection (see example below).

 **You must wait 15 seconds between exports.**


BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

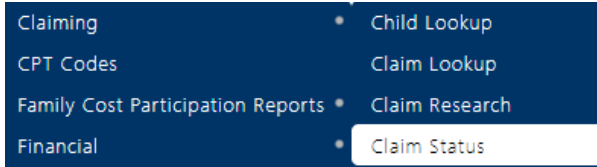
COLUMN	DESCRIPTION
Current Status	This column displays the status of the claim for the service provided for the child.
Child	This column displays the name (last and first) of the child.
DOB	This column displays the date of birth of the child.
Service Date	This column displays the service date provided for the child.
EI Data Source	This column displays where the EI data source originated.
Authorization	This column displays the service authorization number for the service provided for the child.
Service Setting	This column displays the attendance group size at the time of service. (individual, group of 2-3, group of 4-5 etc.) (Not used in CT)
Service Location	This column displays the location the child's service were being provided.
Therapist	This column displays the name of the therapist who provided service for the child.
Provider Invoice #	This column displays the provider invoice number for the service provided for the child.
Child Account Number	This column displays the child's unique account number

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COLUMN	DESCRIPTION
Billed Amount	This column displays the billed amount for the service provided for the child.
Last Insurance Billing Date	This column displays the latest insurance billing date for the child.
Insurance Denial Code	This column displays the denial code for the claim submitted to insurance for the service provided for the child.
Insurance Denial Source	This column displays the source where the denial of the claim occurred.
Last Medicaid Billing Date	This column displays the last date for the Medicaid was billed for the child.
Medicaid Denial Code	This column displays the denial code for the claim submitted to Medicaid for the service provided for the child.
Medicaid Denial Source	This column displays the source where the denial of the claim occurred.
Insurance Paid	This column displays the Insurance amount paid for the child.
Medicaid Paid	This column displays the Medicaid amount paid for the child.
Escrow Paid	This column displays the Escrow amount paid for the child.
Escrow Pending	This column displays the Escrow amount pending for the child.
Outstanding Amount	This column displays the remaining amount owed for services.
Check Number	The column displays the check number
Billing History	<p>To view billing history, click on the Billing History hyperlink. When clicked, the Billing History page appears (see below).</p>  <p>i Please refer to section 6.2.2.1.1a <i>Billing History</i> for descriptions on the columns and buttons.</p>

9.1.4 Claim Status

 This screen enables you to search for a claim using the claim's status as the primary parameter.



Claim Status

Status: Service Date From: To: Search

Excel CSV PDF



DOB	Date Of Service	EI Data Source	Authorization Number	Provider	Patient Account Number	Amount	Insurance Billing Date	Insurance Denial Code	Insurance Denial Source	Medicaid Billing Date	Medicaid Denial Code	Medicaid Denial Source	Insurance Paid	Medicaid Paid	Escrow Paid
07/16/2020	04/03/2023	SPIDER		ABC Intervention	325219	\$105.00								\$105.00	\$0.00

FIELD	DESCRIPTION
Status <div> CLOSED ESCROW INSURANCE MEDICAID ORIGINAL VOIDED </div>	To narrow your search, use this drop-down and select the appropriate status from the list.
Service Date From	Enter the 'from' date (or use the calendar picker) for the child's service to narrow your search.
To	Enter the 'to' date (or use the calendar picker) for the child's service to narrow your search.

 You must wait 15 seconds between exports.


BUTTON	DESCRIPTION
Search	When clicked, the system displays your results based on your criteria selection (see the grid/table example below).
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). <div> Do you want to open or save Claim_Status_06302020 - 141406.xls (6.50 KB) from eBilling.com? Open Save Cancel </div>

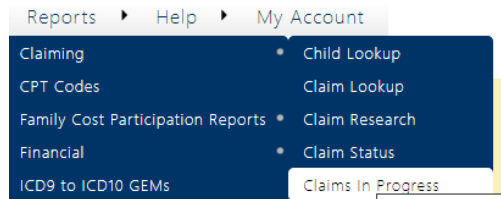
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CSV	<p>Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below).</p> 
PDF	<p>Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).</p> 

COLUMN	DESCRIPTION
Current Status	This column displays the status of the claim for the service provided for the child.
Last Name	This column displays the last name of the child.
First Name	This column displays the first name of the child.
DOB	This column displays the date of birth of the child.
Date of Service	This column displays the service date provided for the child.
EI Data Source	This column displays where the EI data source originated.
Authorization Number	This column displays the service authorization number for the service provided for the child.
Provider	This column displays the provider's name who provided the service for the child.
Patient Account Number	This column displays the unique internal number assigned by SFA to outgoing claims.
Amount	This column displays the billed amount for the service provided for the child.
Insurance Billing Date	This column displays the date the insurance billed for the child.
Insurance Denial Code	This column displays the denial code for the Insurance claim submitted for the service provided for the child.
Insurance Denial Source	This column displays the source where the denial of the Insurance claim occurred.
Medicaid Billing Date	This column displays the date the Medicaid billed for the child.
Medicaid Denial Code	This column displays the denial code for the Medicaid claim submitted for the service provided for the child.
Medicaid Denial Source	This column displays the source where the denial of the Medicaid claim occurred.
Insurance Paid	This column displays the Insurance amount paid for the child.
Medicaid Paid	This column displays the Medicaid amount paid for the child.
Escrow Paid	This column displays the Escrow amount paid for the child.
Escrow Pending	This column displays the Escrow amount pending for the child.

9.1.5 Claims In Progress

 This screen enables you to see all outstanding claims and separates them by the name of the particular insurance company by Medicaid, Escrow, and Status.



Claims In Progress

Current Status	Status	Insurance Company	# Claims	Amount	
INSURANCE	BILLED	1199 SEIU	18	\$3,330.00	Details
INSURANCE	BILLED	AETNA	55	\$9,387.00	Details
INSURANCE	NEEDS ATTENTION	AETNA	38	\$5,814.00	Details
INSURANCE	NEW	AETNA	688	\$195,639.28	Details

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below).

Do you want to open or save ClaimsInProgress.xls (4.50 KB) from eBilling.com?


Open Save Cancel

COLUMN	DESCRIPTION
Current Status	This column displays the status of an insurance company or Medicaid claim.
Status	This column displays a claim's status (Closed, Escrow, Insurance, Medicaid, New, Original, Paid, Respite, or Voided).
Insurance Company	This column displays the insurance company's name or if the claim is covered by "Medicaid."
# Claims	This column displays the number of claims submitted by the insurance company or Medicaid.
Amount	This column displays the total amount for claims by the insurance company or Medicaid.
Details	To view a claim(s) detail, click the Details hyperlink. A detailed Claims In Progress Details page appears (example below) when clicked.

Claims In Progress Details

Child	DOB	Medicaid #	El Data Source	Authorization Number	From Date	To Date	Service Category Description	Service Type Description	Procedure Code	Invoice Number	Service Date	SBA	Billing Category
								Board Certified Behavior Analyst			07/10/2017	5063	

9.1.6 Visit Payments Summary


 This screen lets you view how many claims are currently in the Needs Attention reports, the adjudication stage where the error was detected, and the claims' age range.



Visit Payment Summary

Child: Begin typing... Service Date From: To:

Case ID	Last Name	First Name	D.O.B.	Service Date	Therapist	Service Type	Service Category	Total Units Received	Total Units Paid	Billed Amount	Insurance Paid	Medicaid Paid	Escrow Paid	Void Amount	Total Paid	Insurance Company
							Certified									

FIELD	DESCRIPTION
Child	<p>Enter the child's name, using global search.</p> <p>Child: <input type="text"/> Begin typing...</p> <p> Please refer to section 4.9 Global Search for descriptions on use.</p>
Service Date From	Enter the 'from' date (or use the calendar picker) for the child's service to narrow your search.
To	Enter the 'to' date (or use the calendar picker) for the child's service to narrow your search.




BUTTON	DESCRIPTION
Search	When clicked, the system displays your results based on your criteria selection (example above and below).

COLUMN	DESCRIPTION
Case ID	


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COLUMN	DESCRIPTION
Last Name	This column displays the last name of the child.
First Name	This column displays the first name of the child.
DOB	This column displays the date of birth of the child.
Service Date	This column displays the service date provided for the child.
Therapist	The column displays the therapists name
Service Type	This column displays the type of service(s) provided for the child.
Service Category	This column displays the category of service(s) provided for the child.
Total Units Received	This column displays the total amount of units received from the source system.
Total Units Paid	This column displays the total amount of units that are paid
Billed Amount	This column displays the billed amount for the service provided for the child.
Insurance Paid	This column displays the amount insurance paid for the child services.
Medicaid Paid	This column displays the amount Medicaid paid for the child services.
Escrow Paid	This column displays the amount Escrow paid for the child services.
Void Amount	This column displays the amount of funds voided
Total Paid	This column displays the total number of claims paid.
Insurance Company	This column displays the insurance company's name or if the claim is covered by "Medicaid."
Visit ID	This column displays the unique ID assigned to a child's visit.
Program	This column displays the name of the program that delivered the services.

 **You must wait 15 seconds between exports.**

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

9.2 CPT Codes (Current Procedure Terminology)

 This screen lets you to search for a narrative description of a CPT code.



CPT Code	CPT Code Description
92507	SPEECH/HEARING THERAPY
92523	Speech-language evaluation, conducted k
96111	DEVELOPMENTAL TEST EXTEND

FIELD	DESCRIPTION
Code	To narrow your search, enter the CPT Code.

BUTTON	DESCRIPTION
Search	Click this button to return the results (example above showing grid) based on your criteria entered in the Code field above.

COLUMN	DESCRIPTION
CPT Code	This column displays the CPT (Current Procedural Terminology) code, also known as service codes for medical procedures. Each procedure has a unique five-digit code that identifies health insurance companies and the type of care provided for the child.
CPT Code Description	

9.3 Family Cost Participation Reports

NOTE: The state of Connecticut no longer requires Family Cost Participation as of July 1, 2022

TAB: View FCP Payment History

View Payment History

To view your payment history, search payment months using the filter below.

Payment Months

From: To: [View](#)

TAB: View Invoices

View Invoices

Search for a family

Account Number Child Responsible Party ID: FCP Payer

Invoice Months

From To

[Search](#)

TAB: View Statement Details

Invoice Details

To view a copy of your Family Cost Participation Invoice, search billing months using the filter below.

Search for a family

Account Number Child Responsible Party ID: FCP Payer

Invoice Months

From To

[Search](#)

No statements found.

NOTE: The state of Connecticut no longer requires Family Cost Participation as of July 1, 2022

9.4 Financial

9.4.1 Escrow Checks

Reports ▸ Help ▸ My Account





- Claiming
- CPT Codes
- Family Cost Participation Reports
- Financial
 - Escrow Checks
 - Invoice Batch Statuses
 - Provider Payment Profile
 - Provider Payment Summary
- ICD9 to ICD10 GEMs
- Insurance
- Insurance 835 Remittance Details




Escrow Checks

From: 11/1/2017 To: 7/5/2023 Filter

Excel CSV PDF

Payment Number	Payment Date	Payment Method	Payment Amount	Refund Amount	Number of Claims	Safety Net Repayment Amount	Escrow Payment Amount	
	5/31/2023	Paper Check	\$71,200.84		1516		\$71,200.84	View Claims
	4/30/2023	Paper Check	\$63,888.62		1379		\$63,888.62	View Claims
	3/31/2023	Paper Check	\$81,698.43		1760		\$81,698.43	View Claims
	2/28/2023	Paper Check	\$60,204.54		1341		\$60,204.54	View Claims
	1/31/2023	Paper Check	\$59,280.83		1224		\$59,280.83	View Claims
	12/31/2022	Paper Check	\$72,871.90		1471		\$72,871.90	View Claims
	11/30/2022	Paper Check	\$68,965.16		1361		\$68,965.16	View Claims


FIELD	DESCRIPTION
From	<p>Enter the 'from date' (or use the calendar picker) to generate a reporting period.</p> <p>*This is a required field. If left blank, EIBilling prompts the following message:</p> <p> Must provide valid date range values.</p>
To	<p>Enter the 'to date' (or use the calendar picker) to generate a reporting period.</p> <p>*This is a required field. If left blank, EIBilling prompts the following message:</p> <p> Must provide valid date range values.</p>

BUTTON	DESCRIPTION
Filter	When clicked, the system displays your results based on your criteria selection (Provider, From, and To dates).
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 


 You must wait 15 seconds between exports.


COLUMN	DESCRIPTION
Payment Number	This column displays the unique identifier assigned to the financial escrow transaction.
Payment Date	This column displays the date the escrow payment was made.
Payment Method	This column displays the escrow payment type (e.g., EFT, Paper Check, etc.).
Payment Amount	This column displays the escrow payment amount.
Refund Amount	This column displays the refund amount of the escrow payment.
Safety Net Repayment Amount	This column displays the amount specifically designated to repay the legacy Safety Net program.
Escrow Payment Amount	This column displays the escrow payment amount.
Number of Claims	This column displays the number of claims in escrow checks.
View Claims	To view claims, click on the View Claims hyperlink. When clicked, the Payment Details Page appears (see below).

COLUMN	DESCRIPTION																																																																																																																																																																										
	<div> <div>Payment Details</div> <table> <tr> <th colspan="17">Event CM PM</th> </tr> <tr> <th>I</th><th>e</th><th>Date Of Birth</th><th>Authorization Number</th><th>Service Date</th><th>Current Status</th><th>Escrow Amount Paid on This Payment</th><th>Escrow Amount Refunded on This Payment</th><th>Total Claim Amount</th><th>Total Amount From Escrow</th><th>Escrow Batch Date</th><th>Amount From Insurance</th><th>Insurance Payment Date</th><th>Amount From Medicaid</th><th>Medicaid Payment Date</th><th>Patient Acct #</th><th>Provider Invoice Number</th> </tr> <tr> <td></td><td></td><td>7/8/2022</td><td></td><td>4/21/2023</td><td>CLCSD</td><td>\$150.00</td><td></td><td>\$150.00</td><td>\$150.00</td><td>5/9/2023</td><td>\$0.00</td><td>5/18/2023</td><td>\$0.00</td><td></td><td></td><td></td> </tr> <tr> <td>Werra</td><td></td><td>7/8/2022</td><td></td><td>4/14/2023</td><td>CLCSD</td><td>\$0.00</td><td></td><td>\$150.00</td><td>\$0.00</td><td>5/9/2023</td><td>\$0.00</td><td></td><td>\$150.00</td><td></td><td></td><td></td> </tr> <tr> <td>Werra</td><td></td><td>7/8/2022</td><td></td><td>4/24/2023</td><td>CLCSD</td><td>\$0.00</td><td></td><td>\$150.00</td><td>\$0.00</td><td>5/9/2023</td><td>\$0.00</td><td></td><td>\$150.00</td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>0/04/2020</td><td></td><td>4/19/2023</td><td>CLCSD</td><td>\$0.00</td><td></td><td>\$150.00</td><td>\$0.00</td><td>5/9/2023</td><td>\$0.00</td><td></td><td>\$150.00</td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>0/04/2020</td><td></td><td>4/05/2023</td><td>CLCSD</td><td>\$0.00</td><td></td><td>\$150.00</td><td>\$0.00</td><td>5/9/2023</td><td>\$0.00</td><td></td><td>\$150.00</td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>9/26/2020</td><td></td><td>4/11/2023</td><td>CLCSD</td><td>\$0.00</td><td></td><td>\$150.00</td><td>\$0.00</td><td>5/9/2023</td><td>\$0.00</td><td></td><td>\$150.00</td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>9/26/2020</td><td></td><td>4/10/2023</td><td>CLCSD</td><td>\$0.00</td><td></td><td>\$150.00</td><td>\$0.00</td><td>5/9/2023</td><td>\$0.00</td><td></td><td>\$150.00</td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td>9/26/2020</td><td></td><td>4/10/2023</td><td>CLCSD</td><td>\$0.00</td><td></td><td>\$150.00</td><td>\$0.00</td><td>5/9/2023</td><td>\$0.00</td><td></td><td>\$150.00</td><td></td><td></td><td></td> </tr> </table> </div>	Event CM PM																	I	e	Date Of Birth	Authorization Number	Service Date	Current Status	Escrow Amount Paid on This Payment	Escrow Amount Refunded on This Payment	Total Claim Amount	Total Amount From Escrow	Escrow Batch Date	Amount From Insurance	Insurance Payment Date	Amount From Medicaid	Medicaid Payment Date	Patient Acct #	Provider Invoice Number			7/8/2022		4/21/2023	CLCSD	\$150.00		\$150.00	\$150.00	5/9/2023	\$0.00	5/18/2023	\$0.00				Werra		7/8/2022		4/14/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00				Werra		7/8/2022		4/24/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00						0/04/2020		4/19/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00						0/04/2020		4/05/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00						9/26/2020		4/11/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00						9/26/2020		4/10/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00						9/26/2020		4/10/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00			
Event CM PM																																																																																																																																																																											
I	e	Date Of Birth	Authorization Number	Service Date	Current Status	Escrow Amount Paid on This Payment	Escrow Amount Refunded on This Payment	Total Claim Amount	Total Amount From Escrow	Escrow Batch Date	Amount From Insurance	Insurance Payment Date	Amount From Medicaid	Medicaid Payment Date	Patient Acct #	Provider Invoice Number																																																																																																																																																											
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Werra		7/8/2022		4/24/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00																																																																																																																																																														
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		0/04/2020		4/05/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00																																																																																																																																																														
		9/26/2020		4/11/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00																																																																																																																																																														
		9/26/2020		4/10/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00																																																																																																																																																														
		9/26/2020		4/10/2023	CLCSD	\$0.00		\$150.00	\$0.00	5/9/2023	\$0.00		\$150.00																																																																																																																																																														

 Please refer to section 6.2.2.1.1 Payment Details for descriptions on the columns and buttons.

9.4.2 Invoice Batch Statues

 This screen lets you search for every invoice and claim approved by Birth to Three from an invoicing perspective.




- Claiming
- CPT Codes
- Family Cost Participation Reports
- Financial
 - Escrow Checks
 - Invoice Batch Statuses
 - Provider Payment Profile
 - Provider Payment Summary
- ICD9 to ICD10 GEMs
- Insurance
- Insurance 835 Remittance Details
- Invalid Licensed Professional Data
- Medicaid
- Summary Reports
- Uploads

Invoice Batch Statuses


From: 5/27/2023 To: 6/26/2023 Invoice Number:

Search

No invoices found.

FIELD	DESCRIPTION
From	Enter the 'from' date (or use the calendar picker). <div>  By default, EIBilling selects the previous end of the month 'from date' and populates the current date. </div>
To	Enter the 'to' date (or use the calendar picker).

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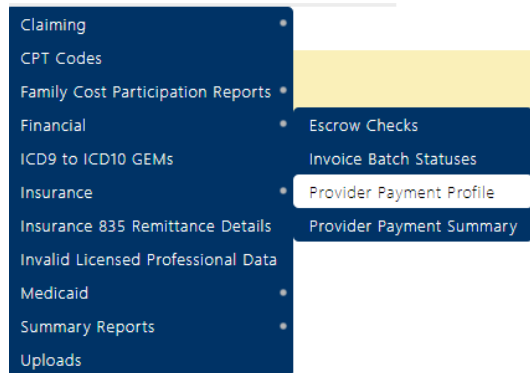
FIELD	DESCRIPTION
	 By default, EIBilling selects the previous end of the month 'from date' and populates the current date.
Invoice Number	To narrow your search, enter the invoice number for the batch.

BUTTON	DESCRIPTION
Search	Click this button to return the results (example below showing grid) based on your criteria entered (Provider, Type, From, To, and Invoice Number) above.

 If no invoices are found, EIBilling displays the following message pad below.

No invoices found.

9.4.3 Provider Payment Profile



Provider Payment Profile

From 3/15/2023 To 6/13/2023

Run

	Submitted	Paid	Pending
Insurance	N/A	\$783,679.45	\$1,036,104.61
Medicaid	N/A	\$7,884,713.34	\$259,976.21
Escrow	N/A	\$5,866,213.36	\$24,465.01
Total	\$15,699,220.60	\$14,504,706.15	\$1,194,154.45

% Paid 92.39%
% Pending 7.61%

Escrow Medicaid 835s Insurance 835s EOBs

Excel CSV PDF




Payment Number	Payment Date	Payment Method	Payment Amount	Refund Amount	Safety Net Repayment Amount	Escrow Payment Amount	Number of Claims	
	5/31/2023	Paper Check	\$71,200.84			\$71,200.84	1516	View Claims
	4/30/2023	Paper Check	\$63,808.62			\$63,808.62	1379	View Claims
	3/31/2023	Paper Check	\$81,698.43			\$81,698.43	1760	View Claims

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i Please refer to section "6.2.2 Payment Profile" for descriptions on fields, buttons, and/or hyperlinks.

9.4.4 Provider Payment Summary

FIELD	DESCRIPTION
From	Enter the 'from' or click this field and use the calendar picker to generate a reporting period.
To	Enter the 'to' or click this field and use the calendar picker to generate a reporting period.

BUTTON	DESCRIPTION
Run	Click this button to generate the Provider Payment Profile Summary based on your criteria (Start and End dates).
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Provider Name	The column displays the provider agency name.
Insurance 835s	This column displays the amount of fund from Insurance 835s

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COLUMN	DESCRIPTION
EOBs	This column displays the amount of fund from EOBs
Medicaid 835s	This column displays the amount of fund from Medicaid 835s
Escrow	This column displays the amount of fund from Escrow
View Details	To view claims, click on the View Claims hyperlink. When clicked, the Provider Payment Profile Page appears (see below).

Home • Claims • Information • Reports • Help • My Account

Provider Payment Profile

	Submitted	Paid	Pending
Insurance	N/A	\$736,150.27	\$1,047,429.61
Medicaid	N/A	\$9,022,629.34	\$145,136.21
Escrow	N/A	\$5,846,313.36	\$48,045.47
Total	\$15,811,335.68	\$14,697,097.97	\$1,114,230.63

% Paid 92.95%
% Pending 7.05%


Escrow

Medicaid 835s

Insurance 835s

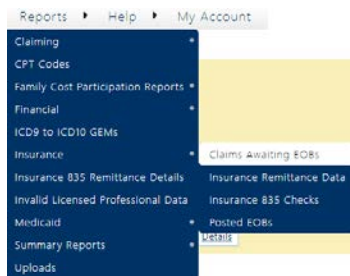
EOBs

FirstCWPDF

 Please refer to section "6.2.2 Payment Profile" for descriptions on fields, buttons, and/or hyperlinks.

9.6 Insurance




9.6.1 Claims Awaiting EOBs



Claims Awaiting EOBs

The following is a list of insurance claims 25 days or older for which ElBilling has not received remittance from the insurance company and no EOB has been entered by the provider.

Child	Service Date	Amount Billed	Date Billed	Therapist	Invoice Number	Insurance Company	Policy Number	Insurance Phone Number
-------	--------------	---------------	-------------	-----------	----------------	-------------------	---------------	------------------------

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Child	This column displays the child's name
Service Date	This column displays the service date for the service provided for the child.
Amount Billed	This column displays the amount billed for the service provided for the child.
Date Billed	This column displays the date billed for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
Insurance Company	This column displays the insurance company's name or if the claim is covered by "Medicaid"
Policy Number	This column displays the insurance policy number provided by the agency.
Insurance Phone Number	This column display the insurance company phone number

9.6.2 Insurance Remittance Data

Reports ▸ Help ▸ My Account

- Claiming
- CPT Codes
- Family Cost Participation Reports
- Financial
- ICD9 to ICD10 GEMs
- Insurance
 - Claims Awaiting EOBs
 - Insurance Remittance Data
 - Insurance 835 Checks
 - Posted EOBs
 - Details
- Insurance 835 Remittance Details
- Invalid Licensed Professional Data
- Medicaid
- Summary Reports
- Uploads

Insurance Remittance Data

Payer Check Number Provider Invoice Child ? Begin typing... Authorization

Service From To Posted From 5/25/2023 To Remittance Type All

Remittance Type	Child	Service Date	Amount Billed	Amount Paid	Case ID	Check Number	Check Date	Posted Date	Payer	CAR Group Code	CAR Code	Remark Code	CAR Description	Remark Description	Policy Number
..															

FIELD	DESCRIPTION
Payer	Enter the payer's name (e.g., insurance company) for the child's service to narrow your search.
Check Number	To narrow your search, enter the check number used to pay the amount.
Provider Invoice	To narrow your search, enter the provider invoice number.
Child	To narrow your search, enter the name of the child.
Authorization	To narrow your search, enter the authorization number for the service provided for the child.
Service From	Enter the 'from' date (or use the calendar picker) for the child's service to narrow your search.
To	Enter the 'to' date (or use the calendar picker) for the child's service to narrow your search.
Posted From	Use the calendar picker and select the 'posted from' the date the child's services were posted.
To	Use the calendar picker and select the added date for the child's service.
Remittance Type	Select the type of response the data was in. Leave this set to All if you are unsure.
<div> <div>All</div> <div>EOB Entry</div> <div>EOB Adjustment</div> <div>ERA</div> <div>835 Detail</div> </div>	

COLUMN	DESCRIPTION
Child	This column displays the child's name
Service Date	This column displays the service date for the service provided for the child.

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COLUMN	DESCRIPTION
Amount Billed	This column displays the amount billed for the service provided for the child.
Date Billed	This column displays the date billed for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
Insurance Company	This column displays the insurance company's name or if the claim is covered by "Medicaid"
Policy Number	This column displays the insurance policy number provided by the agency.
Insurance Phone Number	This column display the insurance company phone number


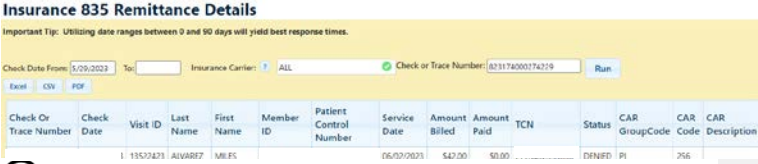

9.6.3 Insurance 835 Checks

FIELD	DESCRIPTION
Insurance Carrier	To narrow your search, use the drop down menu to select the Insurance carrier.
Check or Trace #	To narrow your search, enter the check or trace number used to pay the amount
Posted From	Use the calendar picker and select the 'posted from' the date the child's services were posted.
To	Use the calendar picker and select the added date for the child's service.

BUTTON	DESCRIPTION
Retrieve	
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below).
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below).

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PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Check or Trace Number	This column displays the check and/or trace number
Issue Date	This label displays the date payment was released to the agency/provider.  The check is released on the check release date listed in the Medicaid cycle calendar. This date is usually over two weeks after the check issue date. To see the check release date for that Medicaid cycle, providers should check their state Medicaid cycle calendar.
Payer Name	This column displays the name of the insurance company.
Amount Billed	This column displays the amount billed for the service provided for the child.
Amount Paid	This column displays the amount paid for the service provided for the child.
Amount Applied	This column displays the amount applied for the service provided for the child.
Check Amount	This column displays the total payment amount issued by the insurer.
Details	To view details, click on the Details hyperlink. When clicked, the Insurance 835 Remittance Details page appears (see below).   Please refer to section 9.7 Insurance 835 Remittance Details for descriptions on the columns and buttons.

9.6.4 Posted EOBs (Explanation of Benefits)

- This screen lets you view claims where the Explanation of Benefits responses are manually entered into the system.

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Posted EOBs

Payer: Check Number: Provider Invoice:
 Child Last Name: Child First Name: Authorization: Case ID:
 Service Date From: To: Posted From: To: [Retrieve](#)

[Excel](#) [CSV](#) [PDF](#)

EOB Entered Date	Child	Service Date	Authorization Number	Amount Billed	Amount Paid	Denial Reason	Provider Invoice #	EI Data Source	Patient Account Number	Is Adjustment	Check Number	Posted Date	Payer	Rendering Provider	
1															Billing History

FIELD	DESCRIPTION
Payer	Enter the payer's name (e.g., insurance company) for the child's service to narrow your search.
Check Number	To narrow your search, enter the check number used to pay the amount.
Provider Invoice	To narrow your search, enter the provider invoice number.
Child Last Name	To narrow your search, enter the last name of the child.
Child First Name	To narrow your search, enter the first name of the child.
Authorization	To narrow your search, enter the authorization number for the service provided for the child.
Case ID	To narrow your search, enter the unique identification number given to every child
Service Date From	To narrow your search, use the calendar selector, and select the services 'from' date for the child.
To	To narrow your search, use the calendar selector, and select the services 'to' date for the child.
Posted From	The "Posted From" and "To" display the Explanation of Benefit responses manually entered into the system during a specified range. Narrow your search and enter the latest date ('From') to see data in data results.
To	Narrow your search and enter the earliest date ('To') to see dates to include in the data results.

BUTTON	DESCRIPTION
Retrieve	Based on your criteria fields mentioned above, click this button to generate your query. EIBilling provides your results in a grid fashion (example shown below).

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COLUMN	DESCRIPTION																																
EOB Enter Date	This column displays when the entry dates Explanation of Benefits (EOBs) in EIBilling.																																
Child	Click this hyperlink to review the details (drill-down) for a specific child record/row. When clicked, a page appears with the “Details for...” (the child’s name), with five (5) tabs (Info , Services , Insurance Policies , Medicaid Eligibility , and Claims).																																
Service Date	This column displays the service date for the service provided for the child.																																
Authorization Number	This column displays the service authorization number for the service provided for the child.																																
Amount Billed	This column displays the amount billed for the service provided for the child.																																
Amount Paid	This column displays the amount paid for the service provided for the child.																																
Denial Reason	This column displays a brief description of the denial reason for the child.																																
Provider Invoice Number	This column displays the provider invoice number.																																
EI Data Source	This column displays where the EI data source originated.																																
Patient Account Number	This column displays the patient number provided by the service provider for offering service to the child.																																
Is Adjustment	This column displays the claims where corrections (adjustments) were made to previously entered claims.																																
Check Number	This column displays the check number that paid the bill for the service provided for the child.																																
Posted Date	This column displays the date that the explanation of benefits information was entered into the system.																																
Payer	This column displays the name of the Payer (e.g., insurance company) name.																																
Rendering Provider	This column displays the rendering provider of the individual who provided the care for the child.																																
Billing History	<p>To view billing history, click on the Billing History hyperlink. When clicked, the Billing History page appears (see below).</p> <div><p>Billing History</p><div></div><div><div>OverviewEnrollInsuranceMedicaid</div><table><tr><th>IB#</th><th>Payment Source</th><th>Status</th><th>Claim Number</th><th>Billed Electronically?</th><th>Date Billed</th><th>Response Date</th><th>Amount Billed</th><th>Service Line ID</th><th>Amount Paid</th><th>Check Number</th><th>Check Date</th><th>CPT Code</th><th>ICD Code</th><th>Units</th><th>C</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></div></div>	IB#	Payment Source	Status	Claim Number	Billed Electronically?	Date Billed	Response Date	Amount Billed	Service Line ID	Amount Paid	Check Number	Check Date	CPT Code	ICD Code	Units	C																
IB#	Payment Source	Status	Claim Number	Billed Electronically?	Date Billed	Response Date	Amount Billed	Service Line ID	Amount Paid	Check Number	Check Date	CPT Code	ICD Code	Units	C																		

<

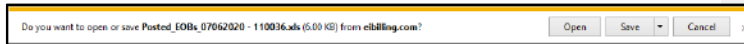
i You must wait 15 seconds between exports.

BUTTON	DESCRIPTION
--------	-------------

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Excel

Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below).



CSV

Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below).



PDF

Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).



9.7 Insurance 835 Remittance Details



This screen enables you to search for all remittances posted via 835s for each agency/provider.



Insurance 835 Remittance Details

Important Tip: Utilizing date ranges between 0 and 90 days will yield best response times.

Check Date From: 5/29/2023 To: Insurance Carrier: ? ALL Check or Trace Number: Run

Excel CSV PDF

Patient Control Number	Service Date	Amount Billed	Amount Paid	TCN	Status	CAR GroupCode	CAR Code	CAR Description	Remark Code	Remark Description	Invoice Number	El Data Source	Payer Name	Insurance Company Name	Carrier Name
						PR	2		N640			SPIDER	AETNA	AETNA	Aetna



To “order by” columns in the spreadsheet/grid, click on a column header you want to sort (see [section 3.5 Spreadsheet/Grid – Sorting Column Headers](#)).



Utilizing date ranges between 0 and 90 days will yield the best response times.

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FIELD	DESCRIPTION
Check Date From	Manually enter (or use the Calendar Picker) data as the selected insurance payment date.
To	Manually enter (or use the Calendar Picker) the check date 'to' data as of the selected date of insurance payment.
Insurance Carrier	To narrow your search, enter a name or street address; you may enter "All" (or leave blank) to select all.
Check or Trace Number	To narrow your search, enter the Check or Trace number, or leave blank to search all.

BUTTON	DESCRIPTION
Run	To generate a Medicaid 835 Checks query, click this button. When clicked, EIBilling generates a based on your Provider selection (example shown above).

COLUMN	DESCRIPTION
Check Or Trace Number	This column displays the payment number issued by the insurer.
Check Date	This column displays the date of payment from the insurer.
Visit ID	
Last Name	This column displays the last name of the child.
First Name	This column displays the first name of the child.
Member ID	This column displays the member ID of the child's insurance plan.
Patient Control Number	This column displays a unique alpha-numeric identification number for this claim assigned by the provider to facilitate retrieval of individual case records and payment posting.
Service Date	This column displays the type of service(s) provided for the child.
Amount Billed	This column displays the amount billed for the service provided for the child.
Amount Paid	This column displays the insurance amount paid for the service provided for the child.
TCN	This column displays the claim number assigned by the insurance company.
Status	This column displays an insurance company's status or Medicaid payment (e.g., Paid, Closed, Medicaid, etc.).
CAR Group Code	This column displays a categorization of a payment adjustment.
CAR Code	This column displays the CAR Code that explains why the claim was paid differently than billed or why the claim was denied.
CAR Description	This column displays the denial reason in narrative format.
Remark Code	This column displays the remark code for the service provided for the child.
Remark Description	This column displays the remark description for the service provided for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
EI Data Source	This column displays where the EI data source originated.
Payer Name	This column displays the name of the insurance company.
Insurance Company Name	This column displays the insurance company's name or if the claim is covered by "Medicaid."
Carrier Name	This column displays the insurance carrier

9.8 Invalid Licensed Professional Data



Invalid License Professional Data

Provider: ABC Intervention

Last Name	First Name	NPI	License #	Profession Code	Problem

FIELD	DESCRIPTION
Provider	Use this drop-down and select the appropriate provider from the list. Once selected, EIBilling generates the results (if any) and populates the following grid (example shown above).
	*This is a required field.

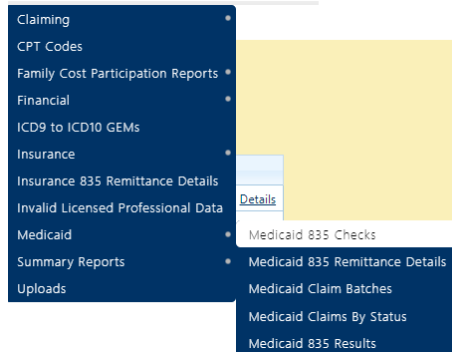
COLUMN	DESCRIPTION
Last Name	This column displays the last name of the provider.
First Name	This column displays the first name of the provider.
NPI	This label displays the provider's National Provider Identifier number.
License #	This column displays the provider license number.
Profession Code	This column displays the professional number of the provider.
Problem	This column displays the license problem associated with the provider.


BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below).

9.9 Medicaid

A reporting suite that shows you a variety of Medicaid reports.

9.9.1 Medicaid 835 Checks



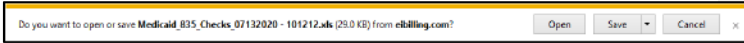

 This screen enables you to itemize a view of every Medicaid payment issued to every EI agency/provider.

Medicaid 835 Checks

Excel CSV PDF

Medicaid Cycle	Check Or Trace Number	Issue Date	Check Amount	Adjustments	Gross Payment	Production Date	
MOD_		01/23/2018	\$0.00	\$0.00	\$0.00	01/19/2018	Details
3559		01/23/2019	\$28,422.50	\$0.00	\$28,422.50	01/18/2019	Details
0490		04/28/2020	\$181,668.75	\$0.00	\$181,668.75	04/24/2020	Details


 You must wait 15 seconds between exports.

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).

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Do you want to open or save Medicaid_835_Checks_07132020 - 101300.pdf (81.1 KB) from eBilling.com?

Open Save Cancel

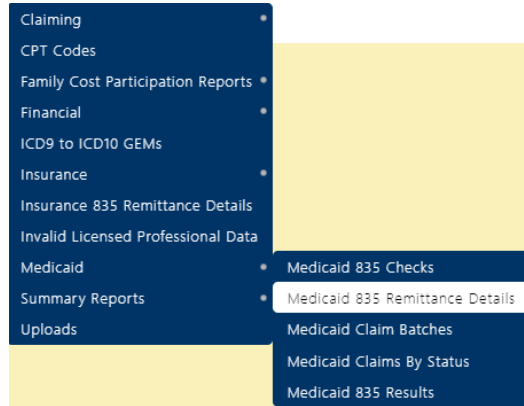
COLUMN	DESCRIPTION																														
Medicaid Cycle	This column displays the Medicaid calls their weeks' cycles.																														
Check Or Trace Number	This column displays the payment number issued by the insurer.																														
Issue Date	<p>This label displays the date payment was released to the agency/provider.</p> <p> The check is released on the check release date listed in the Medicaid cycle calendar. This date is usually over two weeks after the check issue date. To see the check release date for that Medicaid cycle, providers should check their state Medicaid cycle calendar.</p>																														
Check Amount	This column displays the total payment amount issued by the insurer.																														
Adjustments	This column displays the amount (which can be \$0.00) for any Medicaid 835 check adjustment. To view adjustment details for a "check number," click the dollar amount value hyperlink. When selected/clicked, the Medicaid 835 Check Adjustments page appears (see example below).																														
Gross Payment	This column displays the Medicaid gross payments.																														
Production Date	This column displays the Medicaid Cycle production date.																														
Details	<p>To view details on a Medicaid 835 Check, click the Details hyperlink adjacent to the appropriate record/row. When selected/clicked, you are directed to the Medicaid 835 Check Details page (example shown below).</p> <div><h3>Medicaid 835 Check Details</h3><div>Excel CSV PDF</div><table><tr><th>ervice ate</th><th>Amount Billed</th><th>Amount Paid</th><th>Status</th><th>Medicaid Cycle</th><th>Check Date</th><th>Billing Provider NPI</th><th>TSN</th><th>CAR Group Code</th><th>CAR Code</th><th>Remark Code</th><th>Procedure Code</th><th>Patient Account Number</th><th>Authorization Number</th><th>Serv Type</th></tr><tr><td>3/30/2020</td><td>\$150.00</td><td>\$150.00</td><td>PAID</td><td>0490</td><td>04/08/2020</td><td></td><td></td><td></td><td></td><td></td><td>H2014</td><td></td><td></td><td></td></tr></table></div>	ervice ate	Amount Billed	Amount Paid	Status	Medicaid Cycle	Check Date	Billing Provider NPI	TSN	CAR Group Code	CAR Code	Remark Code	Procedure Code	Patient Account Number	Authorization Number	Serv Type	3/30/2020	\$150.00	\$150.00	PAID	0490	04/08/2020						H2014			
ervice ate	Amount Billed	Amount Paid	Status	Medicaid Cycle	Check Date	Billing Provider NPI	TSN	CAR Group Code	CAR Code	Remark Code	Procedure Code	Patient Account Number	Authorization Number	Serv Type																	
3/30/2020	\$150.00	\$150.00	PAID	0490	04/08/2020						H2014																				

9.9.2 Medicaid 835 Remittance Details



This screen lets you view every claim adjudicated on every Medicaid remit.

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Medicaid Remittance Details

From: To: Check or Trace #:

FIELD	DESCRIPTION
From	Enter the 'from' date (or use the calendar picker).
To	Enter the 'to' date (or use the calendar picker). <div> <i>i</i> By default, EIBilling selects the current 'to date.' </div>
Check or Trace Number	This field enables a drop-down and selects the most current number from the list. To choose a different check or trace number, use the drop-down, and select the appropriate check/trace number from the list.

BUTTON	DESCRIPTION
Run	To generate a Medicaid 835 Remittance report, click this button. When clicked, EIBilling generates a based on your Provider selection (example shown above).

Unable to see Results *i* You must wait 15 seconds between exports.

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). <div> Do you want to open or save Medicaid_Remittance_Details_07132020 - 131853.xls (22.0 KB) from eibilling.com? <input type="button" value="Open"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="x"/> </div>

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CSV

Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below).

Do you want to open or save Medicaid_Remittance_Details_07132020 - 141614.csv from eBilling.com?

Open Save Cancel

PDF

Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).

Do you want to open or save Medicaid_Remittance_Details_07132020 - 141644.pdf (94.3 KB) from eBilling.com?

Open Save Cancel

Check Or Trace Number	Medicaid Cycle	Last Name	First Name	Patient Control Number	Authorization Number	Service Date	Amount Billed	Amount Paid	TCN	Status	CAR Group Code	CAR Code	CAR Description	Remark Code	Remark Description	Invoice Number	EI Data Source	Patient Account Number
2235		Donald		8127290129	8390375	06/02/2020	\$67.00	\$67.00		PAID						1187	NYEIS	
2235		Donald		8127290130	8390375	06/09/2020	\$67.00	\$67.00		PAID						1187	NYEIS	
2235		Donald		8127290131	8390375	06/11/2020	\$67.00	\$0.00		DENIED	CO	97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Please Refer to the 835 Healthcare Policy Identification Segment (loop 21-10 Service Payment Information REF) if present.	835	Service denied because payment already made for same/similar procedure within set time frame.	1187	NYEIS	

COLUMN	DESCRIPTION
Check or Trance Number	This column displays the check or trace number of the Medicaid 835 Check adjustment.
Medicaid Cycle	This column displays the Medicaid calls their weeks' cycles.
Last Name	This column displays the child's last name for the payment made for the service provided.
First Name	This column displays the child's first name for the payment made for the service provided.
Patient Control Number	This column displays a unique alpha-numeric identification number for this claim assigned by the provider to facilitate retrieval of individual case records and payment posting.
Authorization Number	This column displays the provider authorization number for the service provided for the child.
Service Date	This column displays the type of service(s) provided for the child.
Amount Billed	This column displays the amount billed for the service provided for the child.
Amount Paid	This column displays the insurance amount paid for the service provided for the child.
TCN (Transaction Control Number)	This column displays Medicaid's unique identifier assigned to each claim they process.
Status	This column displays the status of Medicaid 825 payment "BILLED," "PAID," etc.
CAR Group Code	This column displays a categorization of a payment adjustment.
CAR Code	This column displays the Code that explains why the claim was paid differently than billed or why it was denied.
CAR Description	This column displays the denial reason in narrative format.

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COLUMN	DESCRIPTION
Remark Code	This column displays the remark code for the service provided for the child.
Remark Description	This column displays the remark description for the service provided for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
EI Data Source	This column displays where the EI data source originated.
Patient Account Number	This column displays the patient account number for the child.

9.9.3 Medicaid Claim Batches



Medicaid Claim Batches



Excel

CSV

PDF

Batch Date	Interchange Number	Claim Count	Claim Amount	
12/12/2017	107	31	\$1,764.00	Details

Unable to see Results ⓘ You must wait 15 seconds between exports.


BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 

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PDF

Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).

Do you want to open or save Medicaid_Remittance_Details_07132020 - 141644.pdf (54.3 KB) from eibilling.com?

COLUMN	DESCRIPTION																																																																																																																														
Batch Date	This column displays the batch date																																																																																																																														
Interchange Number	This column displays the interchange number																																																																																																																														
Claim Count	This column displays the total amount of claims in each batch																																																																																																																														
Claim Account	This column displays the cost of the claim																																																																																																																														
Details	<p>To view details, click on the Details hyperlink. When clicked, the Medicaid 835 Check Details appear (see below).</p> <div><p>Medicaid 835 Check Details</p><table><tr><th colspan="14"></th></tr><tr><th>Excel</th><th>CSV</th><th>PDF</th><th colspan="11"></th></tr><tr><th>Amount Billed</th><th>Amount Paid</th><th>Status</th><th>Medicaid Cycle</th><th>Check Date</th><th>Billing Provider NPI</th><th>TSN</th><th>CAR Group Code</th><th>CAR Code</th><th>Remark Code</th><th>Procedure Code</th><th>Patient Account Number</th><th>Authorization Number</th><th>Serv Type</th></tr><tr><td>\$150.00</td><td>\$150.00</td><td>PAID</td><td>0490</td><td>04/26/2020</td><td></td><td></td><td></td><td></td><td></td><td>H2014</td><td></td><td></td><td></td></tr><tr><td>\$150.00</td><td>\$150.00</td><td>PAID</td><td>0490</td><td>04/26/2020</td><td></td><td></td><td></td><td></td><td></td><td>H2014</td><td></td><td></td><td></td></tr><tr><td>\$180.00</td><td>\$180.00</td><td>PAID</td><td>0490</td><td>04/26/2020</td><td></td><td></td><td></td><td></td><td></td><td>H2014</td><td></td><td></td><td></td></tr><tr><td>\$180.00</td><td>\$180.00</td><td>PAID</td><td>0490</td><td>04/26/2020</td><td></td><td></td><td></td><td></td><td></td><td>H2014</td><td></td><td></td><td></td></tr><tr><td>\$126.00</td><td>\$126.00</td><td>PAID</td><td>0490</td><td>04/26/2020</td><td></td><td></td><td></td><td></td><td></td><td>T1027</td><td></td><td></td><td></td></tr><tr><td>\$150.00</td><td>\$150.00</td><td>PAID</td><td>0490</td><td>04/26/2020</td><td></td><td></td><td></td><td></td><td></td><td>H2014</td><td></td><td></td><td></td></tr></table></div> <p> Please refer to section 6.2.2.2a Medicaid 835 Check Details for descriptions on the columns and buttons.</p>															Excel	CSV	PDF												Amount Billed	Amount Paid	Status	Medicaid Cycle	Check Date	Billing Provider NPI	TSN	CAR Group Code	CAR Code	Remark Code	Procedure Code	Patient Account Number	Authorization Number	Serv Type	\$150.00	\$150.00	PAID	0490	04/26/2020						H2014				\$150.00	\$150.00	PAID	0490	04/26/2020						H2014				\$180.00	\$180.00	PAID	0490	04/26/2020						H2014				\$180.00	\$180.00	PAID	0490	04/26/2020						H2014				\$126.00	\$126.00	PAID	0490	04/26/2020						T1027				\$150.00	\$150.00	PAID	0490	04/26/2020						H2014			
Excel	CSV	PDF																																																																																																																													
Amount Billed	Amount Paid	Status	Medicaid Cycle	Check Date	Billing Provider NPI	TSN	CAR Group Code	CAR Code	Remark Code	Procedure Code	Patient Account Number	Authorization Number	Serv Type																																																																																																																		
\$150.00	\$150.00	PAID	0490	04/26/2020						H2014																																																																																																																					
\$150.00	\$150.00	PAID	0490	04/26/2020						H2014																																																																																																																					
\$180.00	\$180.00	PAID	0490	04/26/2020						H2014																																																																																																																					
\$180.00	\$180.00	PAID	0490	04/26/2020						H2014																																																																																																																					
\$126.00	\$126.00	PAID	0490	04/26/2020						T1027																																																																																																																					
\$150.00	\$150.00	PAID	0490	04/26/2020						H2014																																																																																																																					

9.9.4 Medicaid Claims By Status

 This screen lets you search for claims by adjudication decisions for each Medicaid cycle.

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Claiming	
CPT Codes	
Family Cost Participation Reports	
Financial	
ICD9 to ICD10 GEMs	
Insurance	
Insurance 835 Remittance Details	
Invalid Licensed Professional Data	
Medicaid	Medicaid 835 Checks
Summary Reports	Medicaid 835 Remittance Details
Uploads	Medicaid Claim Batches
	Medicaid Claims By Status
	Medicaid 835 Results

Medicaid 835 Claims By Status

Cycle: Adjustment Code: Remark Code: [Retrieve](#)

[Excel](#) [CSV](#) [PDF](#)

TSN	Procedure Code	Provider NPI	Provider Name	Patient Control #	Child Last Name	Child First Name	Child DOB	Child Sex	Medicaid #	ICD	Medicaid # Confirmation Status	Service Start Date	EI Data Source	Therapist Last
-----	----------------	--------------	---------------	-------------------	-----------------	------------------	-----------	-----------	------------	-----	--------------------------------	--------------------	----------------	----------------

FIELD	DESCRIPTION
Cycle	To narrow your search, enter the Medicaid Cycle number.
Adjustment Code	To narrow your search, enter the adjustment code.
Remark Code	To narrow your search, enter the remark code.

BUTTON	DESCRIPTION
Retrieve	Based on your criteria fields mentioned above, click this button to generate your query. EIBilling provides your results in a grid/table fashion (example shown below).

COLUMN	DESCRIPTION
Details (Hyperlink)	To view details, click on the Details hyperlink. When clicked, the Medicaid 835 Check Details appear (see below).

Medicaid 835 Check Details

Amount Billed	Amount Paid	Status	Medicaid Cycle	Check Date	Billing Provider NPI	TSN	CAR Group Code	CAR Code	Remark Code	Procedure Code	Patient Account Number	Authorization Number	Serv Type
\$150.00	\$150.00	PAID	0490	04/28/2020						H2014			
\$150.00	\$150.00	PAID	0490	04/28/2020						H2014			
\$180.00	\$180.00	PAID	0490	04/28/2020						H2014			
\$180.00	\$180.00	PAID	0490	04/28/2020						H2014			
\$126.00	\$126.00	PAID	0490	04/28/2020						T1027			
\$150.00	\$150.00	PAID	0490	04/28/2020						H2014			



Please refer to section 6.2.2.2a Medicaid 835 Check Details for descriptions on the columns and buttons.

Commented [LT1]: Unable to confirm the hyperlink goes to Medicaid 835 Details link does not work

Commented [CC2R1]: Currently this does not work. I created a bug ticket for developers to resolve the issue.

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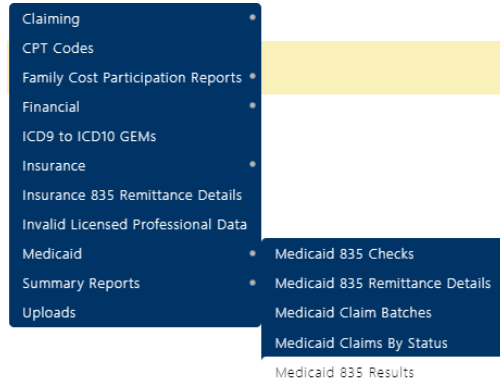
COLUMN	DESCRIPTION
TSN	This column displays the claim reference number assigned by the insurance company
Procedure Code	This column displays the procedure code of the service provided for the child.
Procedure NPI	This column displays the procedure NPI code of the service provided for the child.
Provider Name	This column displays the provider's name of the service provided for the child.
Patient Control Number	This column displays a unique alpha-numeric identification number for this claim assigned by the provider to facilitate retrieval of individual case records and payment posting.
Child Last Name	This column displays the child's last name in which the service was provided.
Child First Name	This column displays the child's first name in which the service was provided.
Child DOB	This column displays the date of birth (DOB) of the child.
Child Sex	This column displays the sex/gender of the child.
Medicaid Number	
ICD	This column displays the <u>ICD9 code</u> assigned to the child for the service provided.
Medicaid # Confirmation Status	This column displays the Medicaid number confirmation status.
Service Start Date	This column displays the service start date for the services provided to the child.
EI Data Source	This column displays the Early Intervention (EI) source provided for the child.
Therapist Last	This column displays the therapist's Last name for the service provided for the child.
Therapist First	This column displays the therapist's first name for the service provided for the child.
Therapist NPI	This column displays the National Provider Identifier number of the Therapist.
SBA ID	This column displays the strength-based assessment (SBA) number for the child.
Medicaid Cycle	This column displays the Medicaid calls their weeks' cycles.
Status	This column displays the status of the service provided for the child.
Adjustment Code	This column displays the adjustment code for Medicaid 835.
CAR Description	This column displays the denial reason in narrative format.
Remark Code	This column displays the remark code for the service provided for the child.
Remark Description	This column displays the remark description for the service provided for the child.
Amount Billed	This column displays the amount billed for Medicaid 835.
Amount Paid	This column displays the insurance amount paid for Medicaid 835.

9.9.5 Medicaid 835 Results



This screen lets you view a summary of every Medicaid Remit issued.

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Medicaid 835 Results

Cycle:

Medicaid Cycle	Status	Adjustment Code	CAR Description	Remark Code	Remark Description	Count	Amount Billed	Amount Paid
	DENIED	CO-119				1	\$150.00	\$0.00


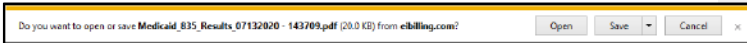
FIELD	DESCRIPTION
Cycle	To narrow your search, use the drop-down and select the appropriate Medicaid Cycle number. i EIBilling displays the latest Cycle number (top of the list).

BUTTON	DESCRIPTION
RUN	To generate a Medicaid 835 Results query, click this button (see grid/table example below showing results).

i You must wait 15 seconds between exports.


BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). <div> Do you want to open or save Medicaid_835_Results_07132020 - 143552.xls (5.00 KB) from eibilling.com? <input type="button" value="Open"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> </div>

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CSV	<p>Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below).</p> 
PDF	<p>Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).</p> 

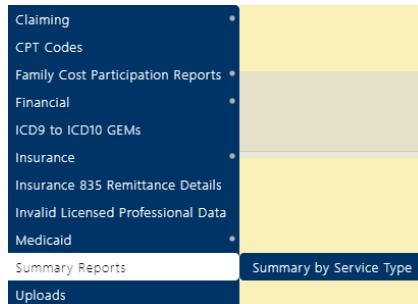
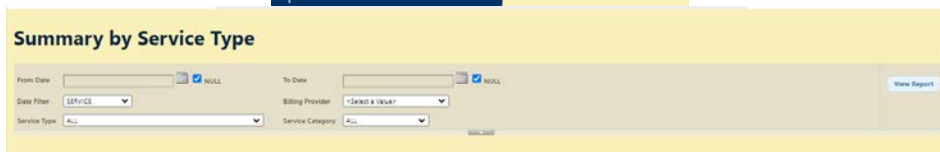
COLUMN	DESCRIPTION
Medicaid Cycle (hyperlink)	This column displays the Medicaid Cycle number. To view the Medicaid Cycle number details, click the Medicaid Cycle hyperlink adjacent to the record/row.
Status	This column displays the status (e.g., DENIED, PAID, etc.) for Medicaid 835.
Adjustment Code	This column displays the adjustment code for Medicaid 835.
CAR Description	This column displays the denial reason in narrative format.
Remark Code	This column displays the remark code for the service provided for the child.
Remark Description	This column displays the remark description for the service provided for the child.
Count	This column displays the count (quantity) of Medicaid 835.
Amount Billed	This column displays the amount billed for Medicaid 835.
Amount Paid	This column displays the insurance amount paid for Medicaid 835.




9.10 Summary Reports

 A reporting suite enables a comprehensive and detailed view of claiming payment tendencies by payer, provider, and municipality.

9.10.1 Summary by Service Type

 This screen lets you view claims paid, paid by whom, and pending by type of service provider





 The 'Summary by Service Type' reporting interface. It features a yellow header with the title. Below the header is a form with several fields: 'From Date' and 'To Date' (both with calendar icons and a 'NULL' checkbox), 'Date Filter' (a dropdown menu currently showing 'SERVICE'), 'Billing Provider' (a dropdown menu with a 'Select a Value' placeholder), 'Service Type' (a dropdown menu currently showing 'ALL'), and 'Service Category' (a dropdown menu currently showing 'ALL'). A 'View Report' button is located on the right side of the form.

FIELD	DESCRIPTION
From Date <input type="checkbox"/> Null	Enter the 'from date' (or use the calendar picker ) to generate a reporting period. To show all, select the "Null" checkbox.
To Date <input type="checkbox"/> Null	Enter the 'to date' (or use the calendar picker ) to generate a reporting period. To show all, select the "Null" checkbox.
Date Filter 	Use this drop-down and select the appropriate date type from the list.
Billing Provider	Use this drop-down and select the appropriate billing provider from the list.
Service Type	Use this drop-down and select the appropriate service type from the list.

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































FIELD	DESCRIPTION
Service Category 1-Time Consultation 1-Time Consultation-R ALL Assessment Assessment-R EI Service EI Service-R Evaluation Evaluation-R Face to Face Visit Face to Face Visit-R IFSP Meeting IFSP Meeting-R Parent Cancelled Staff Cancelled Voice Contact Only	Use this drop-down and select the appropriate service category from the list.

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BUTTON	DESCRIPTION
View Report	<p>When clicked and based on your criteria on the fields mentioned above, the system searches the EIBilling database and displays your results in a grid (example shown below).</p> <p> When clicked, it may take some time (depending on the date range) for your report to generate.</p> <div data-bbox="696 596 842 686">  Loading... Cancel </div>

Summary of Claims for County

Service Category Description	Service Type Description	Service Method Description	Number Of Services	Number Of Children	Total Claims Billed	Open Claims	Total Billed Amount	Total Paid Amount	Insurance Claims Pending	Insurance Pending Amount	Insurance Claims Paid	Insurance Paid
■	Service Category Total		352	314	3202	3423	1,155,868.6	142,278.43	471	144,637.72	31	3,232.23
■ 1-Time Consultation	Service Category Total		40	147	153	4	23,109	21,225.35	14	2,406.00	16	1,688.95
■ 1-Time Consultation-R	Service Category Total		0	42	42	3	5,490	5,070	6	780.00	4	329.78
■ Assessment	Service Category Total		560	2885	3675	502	902,190	904,431.83	393	98,730.00	29	7,044.17
■ Assessment-R	Service Category Total		7	1439	1691	147	478,080	458,691.8	227	57,400.00	26	4,698.15
■ EI Service	Service Category Total		4529	5460	76372	3273	11,398,725	21,483,550.73	16316	2,459,462.24	11110	1,241,838.04

COLUMN	DESCRIPTION																																							
Service Category Description 	<p>This column displays the name of the service category. Expanding (click) a service category hive, for example, “General Service,” you’ll notice the adjacent “Service Type Description” column detail expanded. Also, the “Service Method Description” column provides additional hives (example below).</p> <table><tr><th>Service Category Description</th><th>Service Type Description</th><th>Service Method Description</th></tr><tr><td> Core evaluation</td><td>Service Category Total</td><td></td></tr><tr><td> Evaluation/NonPhys</td><td> Speech/Lang</td><td>Service Type Total</td></tr><tr><td></td><td>Service Category Total</td><td></td></tr><tr><td> General Service</td><td></td><td>Basic Grp Enh Grp Service Type Total</td></tr><tr><td></td><td> Assist Tech</td><td>Indiv/Home Service Type Total</td></tr><tr><td></td><td> Occupatnl Thr</td><td>Indiv/Center Indiv/Home Service Type Total</td></tr><tr><td></td><td> Physical Thr</td><td>Indiv/Center Indiv/Home Service Type Total</td></tr><tr><td></td><td> Social Work</td><td>Ext Home Indiv/Home Service Type Total</td></tr><tr><td></td><td> Spec Instruct</td><td>Ext Home Indiv/Home Service Type Total</td></tr><tr><td></td><td>Speech/Lang </td><td>Ext Home Indiv/Center Indiv/Home Service Type Total</td></tr><tr><td></td><td> Vision</td><td>Indiv/Home Service Type Total</td></tr><tr><td></td><td>Service Category Total</td><td></td></tr></table>	Service Category Description	Service Type Description	Service Method Description	 Core evaluation	Service Category Total		 Evaluation/NonPhys	 Speech/Lang	Service Type Total		Service Category Total		 General Service		Basic Grp Enh Grp Service Type Total		 Assist Tech	Indiv/Home Service Type Total		 Occupatnl Thr	Indiv/Center Indiv/Home Service Type Total		 Physical Thr	Indiv/Center Indiv/Home Service Type Total		 Social Work	Ext Home Indiv/Home Service Type Total		 Spec Instruct	Ext Home Indiv/Home Service Type Total		Speech/Lang 	Ext Home Indiv/Center Indiv/Home Service Type Total		 Vision	Indiv/Home Service Type Total		Service Category Total	
Service Category Description	Service Type Description	Service Method Description																																						
 Core evaluation	Service Category Total																																							
 Evaluation/NonPhys	 Speech/Lang	Service Type Total																																						
	Service Category Total																																							
 General Service		Basic Grp Enh Grp Service Type Total																																						
	 Assist Tech	Indiv/Home Service Type Total																																						
	 Occupatnl Thr	Indiv/Center Indiv/Home Service Type Total																																						
	 Physical Thr	Indiv/Center Indiv/Home Service Type Total																																						
	 Social Work	Ext Home Indiv/Home Service Type Total																																						
	 Spec Instruct	Ext Home Indiv/Home Service Type Total																																						
	Speech/Lang 	Ext Home Indiv/Center Indiv/Home Service Type Total																																						
	 Vision	Indiv/Home Service Type Total																																						
	Service Category Total																																							

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COLUMN	DESCRIPTION																														
Service Type Description	This column displays a brief description of the service type.																														
Service Method Description	This column displays a brief description of the service method.																														
Number of Services	This column displays the number of services provided to children.																														
Number of Children	This column displays the number of children who received services.																														
Total Claims Billed	<div>This column displays the total quantity of claims billed. Click the hyperlink (numeric value) to view more details (drill-down) on the total claims billed for a record/row; select/click the hyperlink (numeric value).</div> <table><tr><th>Service Category Description</th><th>Service Type Description</th><th>Service Method Description</th><th>Number Of Services</th><th>Number Of Children</th><th>Total Claims Billed</th></tr><tr><td></td><td>Service Category Total</td><td></td><td>1</td><td>1</td><td>1</td></tr><tr><td>Assistive tech dev</td><td>Assist Tech</td><td>Service Type Total</td><td>9</td><td>4</td><td>9</td></tr><tr><td></td><td>Service Category Total</td><td></td><td>9</td><td>4</td><td>9</td></tr><tr><td>Bilingual Core Eval</td><td>Service Category Total</td><td></td><td>376</td><td>376</td><td>376</td></tr></table>	Service Category Description	Service Type Description	Service Method Description	Number Of Services	Number Of Children	Total Claims Billed		Service Category Total		1	1	1	Assistive tech dev	Assist Tech	Service Type Total	9	4	9		Service Category Total		9	4	9	Bilingual Core Eval	Service Category Total		376	376	376
Service Category Description	Service Type Description	Service Method Description	Number Of Services	Number Of Children	Total Claims Billed																										
	Service Category Total		1	1	1																										
Assistive tech dev	Assist Tech	Service Type Total	9	4	9																										
	Service Category Total		9	4	9																										
Bilingual Core Eval	Service Category Total		376	376	376																										
	EIBilling generates another report/grid (see below, Summary By Service Type Details).																														
Open Claims	This column displays the number of open claims.																														
Total Billed Amount	This column displays the total billed number of claims.																														
Total Paid Amount	This column displays the total number of claims paid.																														
Insurance Claims Pending	This column displays the total insurance claims pending.																														
Insurance Pending Amount	This column displays the total amount of insurance claims.																														
Insurance Claims Paid	This column displays the total insurance claims paid.																														
Insurance Paid	This column displays the total of insurance-paid claims.																														
Medicaid Claims Pending	This column displays the total Medicaid claims pending.																														
Medicaid Pending Amount	This column displays the total amount of Medicaid claims.																														
Medicaid Claims Paid	This column displays the total Medicaid claims paid.																														
Medicaid Paid	This column displays the total Medicaid paid claims.																														
Escrow Claims Pending	This column displays the total escrow claims pending.																														
Escrow Pending Amount	This column displays the total amount of escrow claims.																														
Escrow Claims Paid	This column displays the total escrow claims paid.																														
Escrow Paid	This column displays the total of escrow paid claims.																														

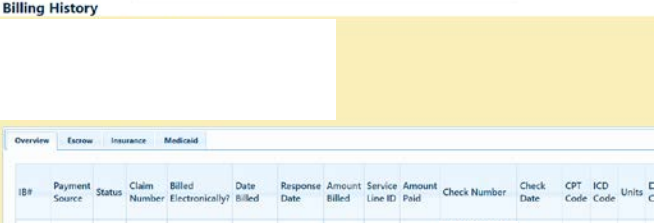
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Summary By Service Type Details


Child Last Name	Child First Name	Child DOB	Child CIN	Source System	Provider Name	Provider NPI	Authorization #	Service Category	Service Type	Service Method	Service Date	Current Status	Claim Amount	Insurance Billing Date	Insurance Denial Code	Insurance Denial Source	Insurance Paid	Medicaid Billing Date	Medicaid Denial Code	Medicaid Denial Source	Medicaid Paid	Escrow Paid	Escrow Pending	Outstanding Amount	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/21/2020	Medicaid	147.00	06/23/2020	C20002	147.00		06/23/2020			147.00	0.00	0.00	147.00	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/23/2020	C20002	147.00					06/23/2020			147.00	0.00	0.00	147.00	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/23/2020	C20002	147.00					06/23/2020			147.00	0.00	0.00	147.00	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/23/2020	C20002	147.00					06/23/2020			147.00	0.00	0.00	147.00	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/23/2020	C20002	147.00					06/23/2020			147.00	0.00	0.00	147.00	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/23/2020	C20002	147.00					06/23/2020			147.00	0.00	0.00	147.00	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/23/2020	C20002	147.00					06/23/2020			147.00	0.00	0.00	147.00	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/23/2020	C20002	147.00					06/23/2020			147.00	0.00	0.00	147.00	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/23/2020	C20002	147.00					06/23/2020			147.00	0.00	0.00	147.00	Billing History
David	Andrew	10/04/2017	15487862	NIOS	NIOS Family Engage of New York, Inc.	1194014851	1194014851	040001	Eligible Core Eval		06/23/2020	C20002	147.00					06/23/2020			147.00	0.00	0.00	147.00	Billing History

COLUMN	DESCRIPTION
Child's Last Name	This column displays the last name of the child.
Child's First Name	This column displays the first name of the child.
Child DOB	This column displays the child's date of birth.
Child CIN	This column displays the Client Identification Number (CIN) for the child; this is the unique identifier given to participants.
Source System	This column displays the data source
Provider Name	This column displays the provider's name for the service provided for the child.
Provider NPI	This label displays the provider's National Provider Identifier number.
Authorization #	This column displays the provider authorization number for the service provided for the child.
Service Category	This column displays a brief description of the service category.
Service Type	This column displays a brief description of the service type.
Service Method	This column displays a brief description of the service method.
Service Date	This column displays the type of service(s) provided for the child.
Current Status	This column displays an insurance company's status or Medicaid payment (e.g., Paid, Closed, Medicaid, etc.).
Claim Amount	This column displays the claim amount for the service provided for the child.
Insurance Billing Date	This column displays the date the insurance billed for the child.
Insurance Denial Code	This column displays the insurance denial code for the claim submitted for the service provided for the child.
Insurance Denial Source	This column displays the source where the denial of the claim occurred.
Insurance Paid	This column displays the amount of insurance paid for the claim.
Medicaid Billing Date	This column displays the date the Medicaid billed for the child.
Medicaid Denial Code	This column displays the Medicaid denial code for the claim submitted for the service provided for the child.
Medicaid Denial Source	This column displays the source where the denial of the Medicaid claim occurred.
Medicaid Paid	This column displays the amount of Medicaid paid for the claim.
Escrow Paid	This column displays the amount paid by the state escrow for the claim.
Escrow Pending	This column displays state escrow pending for the claim.
Outstanding Amount	This column displays the outstanding amount of the claim.
Billing History	To view billing history, click on the Billing History hyperlink. When clicked, the Billing History page appears (see below).

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COLUMN	DESCRIPTION
	 <p>Billing History</p> <p><i>Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.</i></p>

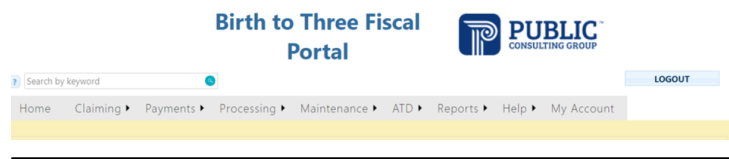
10 Help

 For help with the EIBilling application, the following sub-menus are as follows.

10.1 Contacts

PCG hosts a Web-2-Case Customer Service application for CT B23 Providers. All customer service requests will be made through a submission request form within the CT B23 Fiscal Portal. All customer service requests generated through the Web-2-Case system will be handled by the CT B23 EI Billing Team through a triage process.

Below are the screens that a provider will see in the CT B23 Portal. A new link under the Help Menu has been added: "HelpHub Web-2-Case." This link will open a new window and allow the user to fill in the form and submit a service request.



Once submitted the user will see a screen notification that the submission has been successful.

10.2 FAQ

10.2.1 For Families



Please refer to section "5.5.1 For Families Page" for descriptions on fields, buttons, and hyperlinks.



10.2.2 For Providers

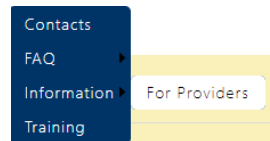


Please refer to section "5.5.2 For Providers Page" for descriptions on fields, buttons, and hyperlinks.



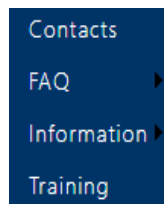
10.3 Information

10.3.1 For Providers




i Please refer to section "5.3.1 For Providers Page" for descriptions on fields, buttons, and hyperlinks.

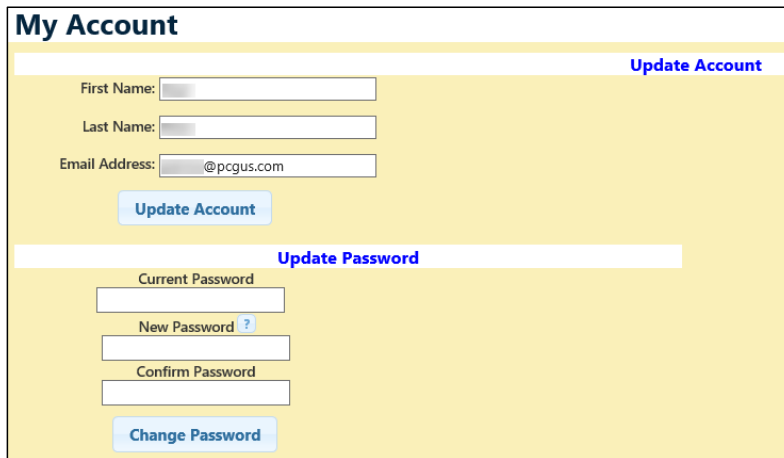
10.4 Training



i Please refer to section "5.4 Training and Support Information Page" for the following groups: Webinars, Videos, Fact Sheets, and Request Training hyperlinks.

11 My Account

 This screen lets you update personal information regarding the EI Billing portal-including email address and password.




11.1 Update Account

FIELD	DESCRIPTION
First Name	This field displays the user's first name.
Last Name	This field displays the user's last name.
Email Address	This field displays the user's email address (e.g., corporate email).

BUTTON	DESCRIPTION
Update Account	To update any modifications of the fields mentioned above, click this button.

11.2 Update Password

FIELD	DESCRIPTION
Current Password	Enter your current password for EIBilling to confirm your password is on file.
New Password	Enter your new password.
	 Password must comply with the following requirements: <ul style="list-style-type: none"> The password must be between 8 and 50 characters long.
Confirm Password	Enter your new password again so EIBilling can confirm your new password.

BUTTON	DESCRIPTION
Change Password	To update your changes in the fields mentioned above, click this button.

12 Abbreviations and References

ABBREVIATIONS / REFERENCES	FULL TEXT
270	ELIGIBILITY, COVERAGE OR BENEFIT INQUIRY
271	ELIGIBILITY, COVERAGE OR BENEFIT RESPONSE
277	HEALTH CARE INFORMATION STATUS NOTIFICATION
835	ELECTRONIC REMITTANCE ADVICE
837P	ELECTRONIC HEALTHCARE CLAIM FOR PROFESSIONAL BILLING
999	FILE LEVEL STATUS ACKNOWLEDGEMENT
ABA	APPLIED BEHAVIOR ANALYSIS
ACH	AUTOMATED CLEARING HOUSE
ADJUDICATION MATRIX	A LIST OF HOW CLAIM ERRORS WILL BE PROCESSED
AT	ASSITIVE TECHNOLOGY
ATD	ASSITIVE TECHNOLOGY DEVICE
AVRS	MEDICAID ASSIGNED TRADING PARTNER ID
ATN	APPLICATION TRACKING NUMBER
B23 (BIRTH 2 THREE)	BIRTH TO THREE
CBO	CENTRAL BILLING OFFICE
CMAP	CONNECTICUT MEDICAL ASSISTANCE PROGRAM
CMS	CENTERS FOR MEDICARE AND MEDICAID SERVICES
CMS 1500	HEALTH INSURANCE CLAIM FORM (SEE HCFA 1500)
CPT	CURRENT PROCEDURAL TERMINOLOGY
DT	DEVELOPMENTAL THERAPY
EDI	ELECTRONIC DATA INTERCHANGE
EFT	ELECTRONIC FUNDS TRANSFER
EI BILLING	THE CBOS WEB BASED PORTAL FOR EIS PROGRAMS TO USE
EIN	EMPLOYER IDENTIFICATION NUMBER
EIS	EARLY INTERVENTION SERVICES
EITS	EARLY INTERVENTION TREATMENT SERVICE
EOB	EXPLANATION OF BENEFITS
ERA	ELECTRONIC REMITTANCE ADVICE

ABBREVIATIONS / REFERENCES	FULL TEXT
ESCROW	FUNDS HELD BY THE LEAD AGENCY (STATE, FEDERAL PART C AND PART B)
FCP	FAMILY COST PARTICIPATION
FERPA	FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
FSA	FLEXIBLE SPENDING ACCOUNT
GAINWELL	MANAGES THE BILLING DATA FOR DSS
GAP	GENERAL ADMINISTRATIVE PAYMENTS
HCFA 1500	HEALTH INSURANCE CLAIM FORM (SEE CMS 1500)
HCPCS	HEALTHCARE COMMON PROCEDURE CODING SYSTEM
HIPAA	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
HRA	HEALTH REIMBURSEMENT ACCOUNT
HAS	HEALTH SPENDING/SAVINGS ACCOUNT
IB	INSURANCE BILLING ID (LINE ITEM BILLING ID)
ICD 10	INTERNATIONAL CLASSIFICATION OF DISEASES / TENTH REVISION
IDEA	Individuals with Disabilities Education Act (1986)
NPI	NATIONAL PROVIDER IDENTIFIER NUMBERS
OEC	OFFICE OF EARLY CHILDHOOD (OEC)
OT	OCCUPATIONAL THERAPIST
OSEP	OFFICE OF SPECIAL EDUCATION PROGRAMS
PA	PRIOR AUTHORIZATION
Part C	Section of IDEA pertaining to children from birth to 3 years of age
PHI	PERSONAL HEALTH INFORMATION
PII	PERSONALLY IDENTIFIABLE INFORMATION
PT	PHYSICAL THERAPIST
SBA	SERVICE BILLING ATTENDANCE ID (CLAIM ID)