Procedures to Request Electronic 837 Claiming to NYEIS

(For Providers new to Electronic Testing)

Initiate Request to Test

Prior to completing the "Request to Submit Electronic Claims":

- 1. Your agency must be an Early Intervention Program (EIP) State Approved provider. To review your Approval Status:
 - a. Log into the production NYEIS system
 - b. Click on the "My Provider Homepage" link

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navigation 2 Jone 2 Infos 4 Pry Caren		ogram Management ha New York Early Intervention System				1
O By Centra	My Shortes	its		Search		
Pry Calendar Smarth Regulatedian	Create Referral Create Invoice Submit Invoice Upload 037 Invoice Download Response Files Hy Rysvider Homepage			Child Siervice, Authorizations Invoices Venders Prevolder, Claims		
recent items	My Tasks			My Calendar		
	Task	Biddett	Deadline	Start Date	Subject.	
	34358	Accept/Reject Service Coordination Service Authorization for Flona Grace92 in Saratoga	4/19/2011		Contraction of the local division of the loc	

c. Confirm "Current Approval Status"

navigation	Provider Home: Saratoga Health Solutions - 1029)		2
Home Addresses		Edit Change Status	Print Provider Profile	
• Agreements	Details			
• Alternative IDs	Name: Sara	ratoga Health Solutions	Registered Name:	Saratoga Health Solutions
Bank Accounts	Provider Type: Age	ency	Business E-Mail:	shsolutions@mail.com
• Catchment Areas	NPI: 987	76543212	State ID:	1029
• Communications	Current Approval Status: App	proved +	Current Status Date:	10/19/2010
• Communication	Student/Intern?:			
Exceptions	Contact			
• Contacts		itate St.		
• Continuing Education		ratoga (Saratoga)	Phone Number:	518 555-5761
• Contracts	New	w York 12866		
Disposition History	Payment Details			
• Email Addresses	Payment Method: Che	ock		
• Employees/Contractors	Payment Method. Che	eun		
• Employers	Comments			
• Financials		Edit Change Status	Print Provider Profile	
• Flags		L'un Change Status		

d. If your agency has not been approved, contact the Bureau of Early Intervention's Provider Approval Unit (PAU) (via email to provider@health.ny.gov) to request an application. 2. Check that an active Appendix (Billing) agreement is in place. To check on your Appendix agreement:

navigation	Provider Home: Saratoga Health Solutions - 1	029		
Home Addresses		Edit Change Status	Print Provider Profile	
Agreements	Details			
Alternative IDs	Name:	Saratoga Health Solutions	Registered Name:	Saratoga Health Solutions
Bank Accounts	Provider Type:	Agency	Business E-Mail:	shsolutions@mail.com
• Catchment Areas	NPI:	9876543212	State ID:	1029
• Communications	Current Approval Status:	Approved	Current Status Date:	10/19/2010
• Communication	Student/Intern?:			
	Contact			
• Contacts	Contact	1 State St.		
• Continuing Education	Address:	Saratoga (Saratoga)	Phone Number:	518 555-5761
• Contracts		New York 12866		
• Disposition History	Payment Details			
• Email Addresses		al I		
• Employees/Contractors	Payment Method:	Check		
• Employers	Comments			
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• Flags		Edit Change Status) Print Provider Profile	
Languages				

a. Click on the "Agreements" link in the left hand navigation menu:

 b. Confirm there is an active Appendix agreement. There should be an Appendix agreement listed and the current date must be between the start and end dates listed:

navigation	Agreements Saratoga H	ealth Solutions - 1029			?
0 Home	New				
Addresses Agreements	Action	Туре	Start Date	End Date	
• Agreements • Alternative IDs	<u>View</u> <u>Edit</u>	Basic	9/1/2013	4/1/2018	
Bank Accounts	<u>View</u> <u>Edit</u>	Appendix 🔶	9/1/2013	4/1/2018	
• Catchment Areas					
• Communications					
• Communication Exceptions					
A Contacto	l				

- c. If your agency does not have an active Appendix agreement, contact PAU (via email to <u>provider@health.ny.gov</u>) to request an Appendix to your agreement.
- 3. Review your agencies Catchment areas:
 - a. Click on the "Catchment Areas" link in the left hand navigation menu:

navigation	Agreements Saratoga Health Solutions	- 1029		9
0 Home	New			
0 Addresses	Action	Туре	Start Date	End Date
• Agreements	<u>View</u> <u>Edit</u>	Basic	9/1/2013	4/1/2018
Alternative IDs Bank Assounts	<u>View</u> <u>Edit</u>	Appendix	9/1/2013	4/1/2018
• Communications				
0 Bank Accounts 0 Catchment Areas	<u>View</u> Edit	Appendix	9/1/2013	4/1/2018

b. If the municipality to be electronically claimed for is in the list of Provider Service Catchment Areas your agency can proceed to submit the "Request to Submit Electronic Claims."

	· ·						
navigation	Provider Service Catchment Areas: Saratoga Health Solutions - 1029						
• Home	New						
• Addresses	Action <u>Municipality</u>	Effective Start Date	Effective End Date				
• Agreements	View Edit Delete Albany	9/1/2013					
• Alternative IDs	View Edit Delete St. Lawrence	9/1/2013					
• Bank Accounts	View Edit Delete Rensselaer	9/1/2013					
• Catchment Areas	View Edit Delete Schenectady	9/1/2013					
• Communications	View Edit Delete Saratoga	1/1/2012					
• Communication Exceptions	Ten Ent Berete Bundloga	a) al 10° an					
• Contacts							
• Continuing Education							

c. If the municipality to be electronically claimed for is not listed, contact PAU (via email to <u>provider@health.ny.gov</u>) to obtain a copy of the document titled "<u>Approved Provider Amendment Request</u>"

Request Electronic Claim Testing Access

- 1. Download the "Request to Submit Electronic Claims" available in the NYEIS Electronic Claiming folder on the Health Commerce System
- 2. Complete the form
- Completed form is scanned and e-mailed to <u>NYEIS@health.ny.gov</u>. Include in the subject line: '*Provider Name*' Provider Request to Submit Electronic Claims to NYEIS.
- 4. Information will be verified and an Electronic Transmitter Identification Number (ETIN) will be assigned for each municipality you will be claiming to.
- 5. The Provider contact will receive an e-mail typically within 4-6 weeks that will include the ETINs assigned, test site URL, and current date of test site data.

Once the e-mail is received, providers have the availability to submit test claims into the NYEIS test site. Providers should also review the NYEIS "837 Professional Companion Guide" available in the NYEIS Electronic Claiming folder on the Health Commerce System.

Questions/inquiries should be emailed to <u>NYEIS@health.ny.gov</u>.