Unit 12:
Municipal Financial

Version 1.6

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Document Revision History

Date	Release	Description
1/13/2014	3.2	• Updated 'Apply a Payment' Section – Removed mention of unsolicited adjustment from 'Notes'
1/7/2014	3.2	• Updated Claiming Payment from Commercial Insurer • Updated Recording Unsolicited Adjustment • Updated Claiming Payment from State Department of Health • Updated Creating Vouchers – Updated to mention overnight allocation • Updated Creating Vouchers - Added steps for performing Voucher search. • Updated Creating Vouchers - Added new voucher allocation status definitions
6/8/2012	1.6	• Changed references to CPT Code to Procedural Code • Updated **Creating Vouchers** subtopic.
10/24/2011	1.5	• Updated **Reviewing Provider Claims** subtopic. • Added **Remove Claims From Payment File** subtopic. • Updated **Claiming Payment from Commercial Insure** subtopic. • Updated **Claiming Payment from Medicaid** subtopic. • Updated **Recording Unsolicited Adjustment** subtopic. • Added **Searching Liability Claims** subtopic. • Updated the **Commercial Electronic Claims Submissions** topic.
6/24/2011	1.4	• Added the topic **Non-NYEIS Claims Payment Advices**
3/31/2011	1.3	• Added the topic **Commercial Electronic Claims Submissions**
1/31/2011	1.2	• Updated **Generating a CMS1500** subtopic to include instructions lining up the print job with the pre-printed form.
11/22/2010	1.1	• No changes.
10/1/2010	1.0	• October 2010 NYEIS launch.

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Municipal Financial

Unit Overview

This unit describes financial processing and functionality that only a Municipality will have access to do. This includes: municipal review of provider claims, creating and receiving payment files to and from municipal finance, claiming to Third Party payors, including recording specific coverage details for Commercial Insurance, Provider recoupment, State vouchering, and Recording Unsolicited Adjustments.

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PROVIDER CLAIM PAYMENT MANAGEMENT

Reviewing Provider Claims

This section instructs how the Municipality reviews claims submitted by Providers. Submitted claims will appear in the Municipality's Invoice Review Work Queue for review. The Municipality has 90 days to review the invoice claims. If the Municipality does not finish reviewing the invoice within 90 days, the claims that have not been reviewed will be automatically set to Approved and will be sent to third party insurance.

1. Municipality User Logs into NYEIS. User Homepage Displays

2. Click **Inbox** from the Navigation Bar on Home Page. **My Workspace** page displays.

3. Click **Work Queues** from the Navigation Bar. **My Work Queues** page displays.

4. Click **View** link under Action column next to the Invoice Review Work Queue. **Work Queue Tasks: <Municipality>InvoiceReview** page displays with available Invoices.

5. Click **Reserve** link under Action column for desired task. Reserve Task page displays. Task displays with the message:

Reserve	114964	Please review the approved claims on Invoice 5ytry for the Provider iHope Inc. that was submitted on 11/04/2011		Open	2/2/2012 13:49

The last column of the task displays the deadline for reviewing the Invoice. The column can be sorted to organize tasks by the Invoices that need to be reviewed first. The column can be sorted by clicking the Deadline link in the header column.

6. Click **Reserve** button to reserve task and return to **Work Queue Tasks** page displays. Proceed to Step 7.

    Or

    Click **Reserve & View** button to display Task Home page. Proceed to Step 9.

7. Click **Reserved Tasks** in the Navigation Bar. **Reserved Tasks** page displays with task.

8. Click link under **Action** column to display task. **Task Home** page displays.

Task Home: EIS_MuniInvoiceReview - 114964

Manage

Add Comment	Reserve	Forward	Restart
Close	Un-Reserve	Defer	

Subject

Please review the approved claims on Invoice 5ytry for the Provider iHope Inc. that was submitted on 11/04/2011

Details

Task ID:	114964	Status:	Open
Priority:		Deadline:	2/2/2012 13:49
Reserved By:	MuniAll FiscalALB	Last Assigned:	11/8/2011 15:44
Time Worked:	00:00 [Change]		

Primary Action | **Supporting Information**

Review approved claims in the Invoice for iHope Inc.

9. Click **Review approved claims in the Invoice for <Provider of Record> link** in the Primary Action section. **View invoice** page displays.

View Invoice

Invoice Details

Provider of Record:	Previews Review Inc.	Invoice Number:	15002
Billing Agent Reference Number:		Billing Agent Name:	
Date Created:	10/25/2011	Invoice Date:	10/25/2011
Municipality:	Albany	Submission Method:	Manual
Status:	Submitted for Muni Review	Submitted Amount:	124.00
Entered By:		Approved Amount:	0.00

Provider Claims List

Action	Child Name	Rendering Provider Name	Claim Number	Date of Service	Service Authorization Number	Service Type / Method	Status
View Reject	Lala Land	Wells, Wallance	15002A	10/12/2011	110851	OT - Basic	Submitted For Muni Review
View Reject	Lala Land	Stills, Stephan	15002B	10/12/2011	110853	Vision - Basic	Submitted For Muni Review

Provider Claims List Pending or Denied

Action	Child Name	Rendering Provider Name	Claim Number	Date of Service	Service Authorization Number	Service Type / Method	Status

[Review Complete] [Close]

The View Invoice page displays a Provider Claims List cluster and a Provider Claims List Pending or Denied cluster. The Provider Claims list displays claims that have been approved. The Provider Claims List Pending or Denied displays pending claims (i.e. potentially violate a billing rule for which an upfront waiver has already been denied and requires submission of a justification from the provider) or denied claims (claims that will not be paid and must be corrected, if possible, based on the denial reason and then resubmitted on a new invoice.

10. To view a claim, click the **View** link in the Action Column next to the claim. **Provider Claim Homepage** Displays. Click the Back Arrow button on your browser to return to the **View Invoice** Page. If there are no claims to reject, proceed to step 15.

11. To reject an approved claim, click the **Reject** link in the Action column next to the claim. **Enter Rejection Claim** page Displays.

12. Select the **Rejection Reason**

13. Type **Comment**s (Optional). It is recommended that the municipality use the comments section to provide detailed information on the reason for rejecting the claim so that the provider can correct and resubmit the claim, if appropriate.

Click the **Save** button. **View Invoice** page Displays with the rejected claim now in the **Provider Claims List Pending or Denied** cluster with a status of Municipal Rejected. A task to review the rejected claims is sent to the Provider of Record's **Financial** Work Queue. 📖 *See* **Unit 9: Provider Management** for further information.

14. Click **Review Complete** button once the claim review is complete. **My Work Queues** page displays. Invoice displays status of **Fully Adjudicated.** If any claims on the invoice were denied due to a billing rule violation or rejected by the Fiscal user, a task is created and sent to the provider to notify them of the rejected claims. 📖 *See* **Unit 9: Provider Management** for further information.

Claims Payment

This section instructs how the Municipality can release Provider Claims for payment. Provider Claims cannot be released for payment until the Municipality Financial Worker releases Claims from this page.

The **Release Claims for Payment** page allows the Municipality Financial Worker to search for approved Claims by various criteria such as **Provider of Record**,

Invoice Number or **Service Authorization**. The User can select which Claims to release or select all to release all Claims. Claims will be included in the next Payment File to Municipality Comptroller's Office when released.

Important Information
Payment is made at the Claim Level, not the Invoice Level.

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1. Log in to NYEIS. User Home Page displays.

2. Click **Release Provider Claims** link under **My Shortcuts** section. **Release Claim for Payment** page displays.

Release Claim for Payment

Search Criteria			
Provider of Record:		SA Number:	
Provider Claim Number:		Invoice Number:	
Provider Claim Created Date From:		Provider Claim Created Date To:	

[Search]   [Reset]   [Cancel]

3. Type all known information in the **Search Criteria** section. *Leave search fields blank to view all Claims.*

Important Information
Be aware if all search fields are left blank, the search may take longer to display while searching for all available Claims. Leaving all of the search fields blank should be avoided if it is not necessary to view all available claims.

Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button*.

4. View **Search Results** section to identify Claims for payment.

Release Claim for Payment

Search Criteria					
Provider of Record:			SA Number:		
Provider Claim Number:			Invoice Number:		
Provider Claim Created Date From:			Provider Claim Created Date To:		

Search Results					
	Provider of Record	SA Number	Provider Claim Number	Invoice Number	Created Date	Amount Approved
☑	Leggs Diamond	10249	MATestMA	TestMA	2/23/2009	999.00
☑	Leggs Diamond	10249	MATest2	TestMA	2/23/2009	999.00
☐	Saratoga Children's Services	11304	111MATestAgain	999999Tets	3/10/2009	999.00
☐	Saratoga Children's Services	11304	11304TestMA	999999Tets	3/10/2009	999.00
☐	Midway Social Services	1320	TestNoCPT	10181	3/19/2009	999.00

To select *all* Claims for payment, click checkbox next to **Provider of Record** column heading. To select *individual* Claims for payment, click the checkbox next to each Claim.

5. Click **Release** button. **Release Claim for Payment** page displays. Claims are released.

Release Claim for Payment

Search Criteria			
Provider of Record:		SA Number:	
Provider Claim Number:		Invoice Number:	
Provider Claim Created Date From:		Provider Claim Created Date To:	

Search   Reset   Cancel

6. Click **Cancel** button. **Release Claim for Payment** page displays. Claims are no longer displayed in **Search Results** section.

Sending Payment File to Municipal Finance

1. Log in to NYEIS. User Home Page displays.

2. Select **Interfaces** link under **My Shortcuts** section. **Financial Interfaces** page displays.

3. Click **Send Payment File to Muni Finance** link. **View Municipality Payment File** page displays.

4. Click **Create Payment File** button. **Create Municipality Payment File** page displays. Select the **Create** button. The payment file is queued to run overnight. The User should return the next day to access the generated Payment file.

   Right click *Payment File* link. Select **Save Target As**. **Download** dialog box displays.

5. Click **Save** button. File is saved and ready to be sent to Municipal Finance.

6. The User provides Payment File to Municipal Finance. This is performed by either giving the file (by email or disk) to Municipal Finance to process into their System or by opening the file and printing out a hard copy for Municipal Finance.

   - If the User selects the file format of XML double click on the file. File opens in Internet Explorer and is displayed like a web page. **Print** page.

   - If User selects the file format of CSV or TXT, the file can be opened in Notepad or a spreadsheet package such as MS Excel. The file can be formatted for printing and printed.

> **Important Information**
> The Payment File can be viewed by going to the **Payment Issued Search** page. 📖 *See* **Unit 8: Provider - Invoicing**, *Claims*, *Viewing Claims Paid or Ready to be Paid* for further information.

Reconcile Provider Payment

Provider Payments are reconciled (recorded) by capturing the Payment Information to the Provider such as check number and check date. This Payment is reconciled (recorded) against all the Provider claims that make up this Provider payment. After Provider Claims have been reconciled / paid, the claim can next be claimed to State Voucher.

> **Important Information**
> Using the Provider Payment Reconciliation file format, a Municipality can upload and automatically reconcile payments. This upload is accessed from the financial interface link on a Fiscal User Homepage. A Municipality should work with their Finance Office to generate this file format from their system. 📖 See *Uploading Municipality Payment Remittance* for further information.

1. Log in to NYEIS. User Home Page displays.

2. Click **Payments Issued** link under **Search** section. **Payment Issued Search** page displays.

Payment Issued Search

Search Criteria

Payment Issued Batch Number:	

Name:		Provider NPI:	
Provider State ID:		Amount:	
Effective Date From:		Effective Date To:	
Delivery Method:		EFT Number:	
Check Number:			

[Search] [Reset]

Search Results

Action	Name	Provider State ID	Provider NPI	Payment Issued Batch Number	Delivery Method	Effective Date	Amount

3. Type all known information in the **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click* **Reset** *button*. Click **View** link under **Action** column of payment summary. **Provider Payment Summary** page displays.

If necessary, click **View** link under the **Action** column to view details of the Claim.

4. Click **Modify** button. **Enter Municipality Payment** page displays.

5. Type **Details** including **Check Number** or **EFT Number**, **Number of Claims**, **Payment Date**, **Payment Amount** and **Payment Method**. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk.*

    *If **Payment Method** is EFT, click **Search** 🔍 icon in **Bank Account** field to identify Bank Account. **Bank Accounts** page displays. Click **Select** link under **Action** column. **Enter Municipality Payment** page displays.*

    > **Important Information**
    > If payment type is EFT, the bank account that the user searches for and selects must be recorded in NYEIS in order for the bank to be found. The bank account information must all be entered on the provider's homepage. 📖 See **Unit 11– System Administration,** *Banks* for further information and **Unit 9 – Provider Management**, *Bank Accounts* for further information.

6. Click **Save** button. *Errors display at the top of the page if additional information is required.* **Provider Payment Summary** page displays with changes.

7. Click **Home** from the Menu Bar. User Home Page displays.

Notes:
- The **Number of Claims** and **Payment Amount Entered** *must* match what this Payment includes.
- Provider Claims are not included in the State Voucher process until this process is performed to show that the Payment has been made to the Provider.

Remove Claims from Payment File

NYEIS allows you to record one check against the payment file and then all underlying claims are updated as paid. When users receive the Payment File reconciliation information back from Muni Finance, the Finance Department may generate a check that does not include all the claims in the Payment file generated by NYEIS. In this scenario described below, the user can remove claims from the payment file so that the payment record in NYEIS reflects the actual check/remittance issued by Muni Finance.

1. Log in to NYEIS. User Home Page displays.

2. Click **Payments Issued** link under **Search** section. **Payment Issued Search** page displays.

Payment Issued Search						
Search Criteria						
	Payment Issued Batch Number:					
Name:				Provider NPI:		
Provider State ID:				Amount:		
Effective Date From:				Effective Date To:		
Delivery Method:				EFT Number:		
Check Number:						
		Search	Reset			
Search Results						
Action	Name	Provider State ID	Provider NPI	Payment Issued Batch Number	Delivery Method	Effective Date	Amount

3. Type all known information in the **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button*. Click **View** link under **Action** column of payment summary. **Provider Payment Summary** page displays

Provider Payment Summary: Albany County Department of Children, Youth & Families - 01-28-2011

[Modify] [Delete]

Details

Payment Issued Batch Number: -3210398306123382784

Pay To Provider:	Albany County Department of Children, Youth & Families	Amount:	US Dollar 410.50
Pay To Provider Address:	1 County Way Albany (Albany) New York 10001	Payment Method:	EFT
Creation Date:	1/28/2011	Check Number:	
Effective Date:	1/28/2011	Voucher Reference:	
Bank Account Number:	EFTAct101	Cash Payment Number:	
Bank Sort Code:	1	Date Paid:	7/15/2011
Status:	Reconciled	EFT Number:	33011

Action	SA Number	Child Name	Provider Claim Number	Type	Amount	Credit
View Remove	49924	QAR Test	17666	Provider Invoice Payment	396.00	0.00
View Remove	49923	QAR Test	17664	Provider Invoice Payment	14.50	0.00

[Modify] [Delete]

If necessary, click **View** link under the **Action** column to view details of the Claim.

4.   Click the **Remove** button next to a claim. The status of the claim will be set to **Approved** and will be available for inclusion in a subsequent payment file. The municipality can release the claims that were removed when they need to and include them in the appropriate payment. The **Provider Payment Summary** page displays with the Payment Amount reduced by the claim that was removed.

Delete Payment File

5.   Log in to NYEIS. User Home Page displays.

6.   Click **Payments Issued** link under **Search** section. **Payment Issued Search** page displays.

Payment Issued Search

Search Criteria

Payment Issued Batch Number:			
Name:		Provider NPI:	
Provider State ID:		Amount:	
Effective Date From:		Effective Date To:	
Delivery Method:		EFT Number:	
Check Number:			

[Search] [Reset]

Search Results

Action	Name	Provider State ID	Provider NPI	Payment Issued Batch Number	Delivery Method	Effective Date	Amount

7.   Type all known information in the **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To*

search again, click Reset button. Click **View** link under **Action** column of payment summary. **Provider Payment Summary** page displays

Provider Payment Summary:	Albany County Department of Children, Youth & Families - 01-28-2011					?

Modify   Delete

Details

Payment Issued Batch Number:	-3210398306123382784		
Pay To Provider:	Albany County Department of Children, Youth & Families	Amount:	US Dollar 410.50
Pay To Provider Address:	1 County Way Albany (Albany) New York 10001	Payment Method:	EFT
Creation Date:	1/28/2011	Check Number:	
Effective Date:	1/28/2011	Voucher Reference:	
Bank Account Number:	EFTAct101	Cash Payment Number:	
Bank Sort Code:	1	Date Paid:	7/15/2011
Status:	Reconciled	EFT Number:	33011

Action	SA Number	Child Name	Provider Claim Number	Type	Amount	Credit
View Remove	49924	QAR Test	17666	Provider Invoice Payment	396.00	0.00
View Remove	49923	QAR Test	17664	Provider Invoice Payment	14.50	0.00

Modify   Delete

If necessary, click **View** link under the **Action** column to view details of the Claim.

8. Click the **Delete** button. The status of the claims in the Payment File will be set to **Approved** and will be available for inclusion in a subsequent payment file. The municipality can release the claims that were in the deleted payment file when they need to and include them in the appropriate payment.

Uploading Municipality Payment Remittance

1. Log in to NYEIS. User Home Page displays.

2. Select **Financial Interfaces** link under **My Shortcuts** section. **Financial Interfaces** page displays.

3. Click **Receive Payment File from Muni Finance** link. **Receive Payment Remittance File from Muni Finance** page displays.

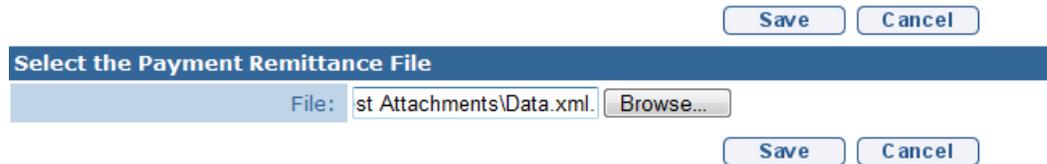**Receive Payment Remittance File from Muni Finance**

Save   Cancel

Select the Payment Remittance File

File:		Browse...

Save   Cancel

4. Click **Browse** button from **File** field. **Choose file** dialog box displays. Locate Remittance File to upload into NYEIS.
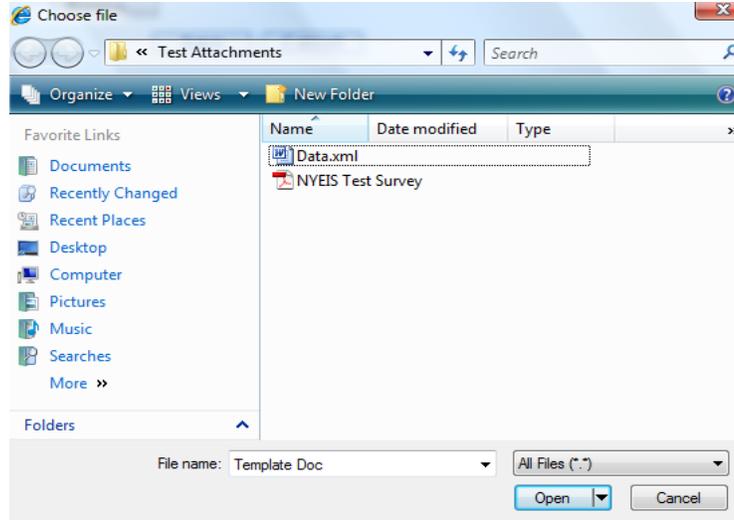
5. Click **Open** button. **Receive Payment Remittance File from Muni Finance** page displays.

6. Click **Save** button. The System uploads the **Payment File** and updates the **Payment Details** (check number and check date) and the **Payment Status** to **Reconcile,** and reconciles every **Provider Claim** within that payment. View information by searching for Provider Payment. 📖 *See* **Unit 8: Provider - Invoicing**, *Claims*, *Searching/Viewing Claims* for further information.

Provider Claim Reconciliation Status

The Provider Claim Reconciliation page shows the complete history of payment and claiming to Third Party Insurance (Commercial Insurance & Medicaid) and the State. Each time a Claim goes through the reimbursement process, it is shown in the Reimbursement List. This page also shows the voucher that the Claim is included in.

1. Log in to NYEIS. User Home Page displays.

2. Click **Provider Claims** link under **Search** section. **Provider Claim Search** page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click Reset button.* Click <u>View</u> link under **Action** column for Claim of choice. **Provider Claim Home** page displays with the following sections: **General Details**, **Reference Numbers**, **ICD Codes**, **Claim Decision**, **Supervising Provider (SP) Details, Location Information, Claim Comments** and **Service Lines**.

4. Click **Claim Reconciliation** from the Navigation Bar. **Provider Claim Reconciliation** page displays.

The User can also view the history of any Third Party Reimbursement Billing and Reconciliation in the in the **Third Party Reimbursement** section.

3rd Party Reimbursement						
Action	Claim Line	3rd Party Payor Name	Date Billed	Date Reconciled	Paid Amount	Denied Amount
View	72206	BCBS	2/23/2009 13:26	2/26/2009	450.00	549.00
View	72710	State DOH	2/26/2009 11:56	3/4/2009	274.50	0.00
View	76290	State DOH	3/3/2009 08:34		0.00	0.00

5. Click **Home** from the Navigation Bar. User Home Page displays.

Provider Claim Status History

1. Log in to NYEIS. User Home Page displays.

2. Click **Provider Claims** link under **Search** section. **Provider Claim Search** page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button.* Click **View** link under **Action** column for Claim of choice. **Provider Claim Home** page displays with the following sections: **General Details**, **Reference Numbers**, **ICD Codes**, **Claim Decision**, **Supervising Provider (SP) Details, Location Information**, **Claim Comments** and **Service Lines**.

4. Click **Status History** from the Navigation Bar. **Provider Claim Status History** page displays.
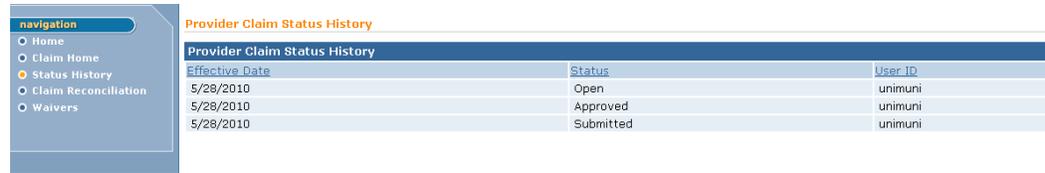
5.   Click **Home** from the Navigation Bar. User Home page displays.

Provider Recoupment

The Municipality or State can choose the Request Provider Recoupment link from their homepage to select one or many claims to recoup funds against. From a system standpoint, a recoupment is similar to a void, however a when a claim is recouped, the service utilization remains the same (the claim counts towards the amount of services provided). When a claim is voided it is considered an error or mistake and the claim is removed from the system and the service utilization is adjusted accordingly. The search page will not show any claims that are in a status of open or denied.

> **Important Information**
> After a Claim is recouped, the next payment batch to a Provider will be reduced by the amount of the Recoupment. Payment reductions can be seen on the **Payment Summary Detail List** page with the amount in the **Credit** column.

If a Recoupment occurs on a Claim that has been submitted for reimbursement to Commercial Insurance or Medicaid, a credit gets sent to the 3rd Party if the 3rd Party pays the Claim. If the recouped Claim is part of a State Voucher, a credit is created and goes into the next State Voucher.

If a Claim is recouped prior to being released for payment, the Claim will not be included in the list of Claims that can be released. This Claim will not be part of the County Payment File.

1. Log in to NYEIS. User Home Page displays.

2. Click **Request Provider Recoupment** link under **Shortcuts** section. The **Request Provider Recoupment** page displays.
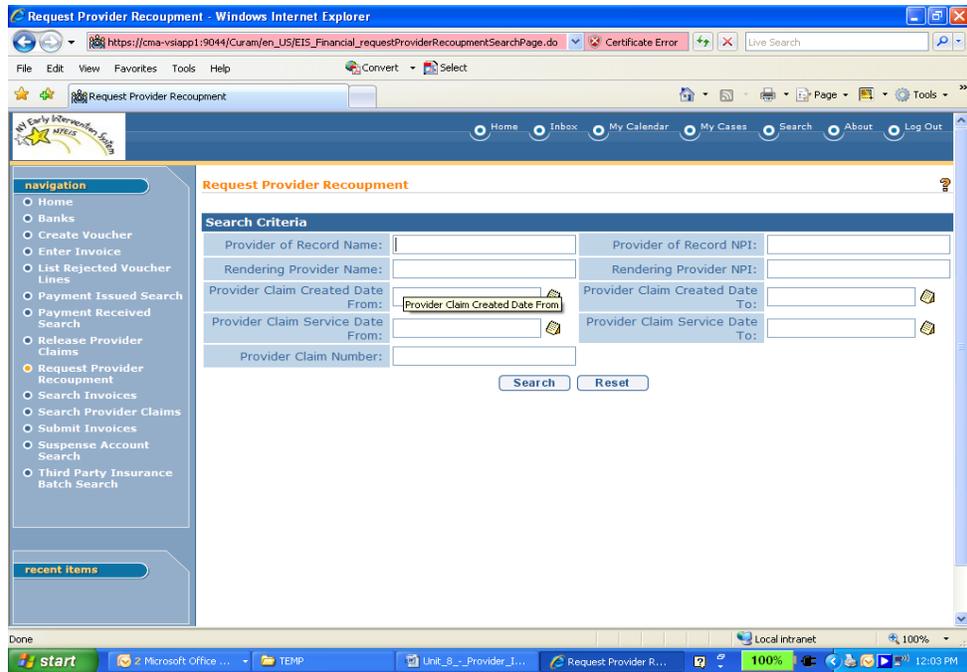
3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click* **Reset** *button.*

4. Select the checkbox next to the claims you want to recoup or void. If you want to select all, then select the checkbox at the top of the list. In the Type field, if you are municipality, select either Municipal Audit for a recoupment or Void. If you are the State, you will select either SDOH Audit or SDOH Unqualified Personnel.
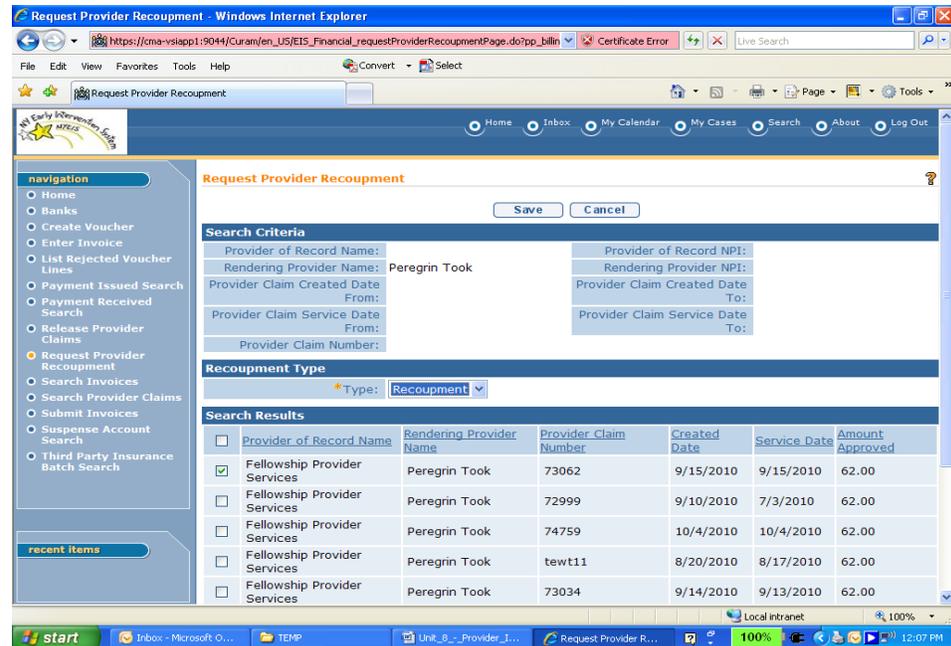
5. Once complete, select **Save** button to initiate the transaction. The page then navigates you back to the **Request Provider Recoupment** page where you can initiate another recoupment or void. If you're done, you can select the **Home** link to return to the user homepage.

FINANCIAL CLAIMING REIMBURSEMENT

The Provider Claim has been approved at this point in the process. NYEIS sends Claims to the insurance company for reimbursement for services rendered to a Child. 📖 *See* **Unit 10: Municipal Administration** for information on registering Insurance Providers.

Manage Insurance Coverage

Creating Child Commercial Insurance Coverage

📖 *See* **Unit 10: Municipal Administration** for further information.

Creating Child Medicaid Coverage

📖 *See* **Unit 10: Municipal Administration** for further information.

Viewing Child Insurance Coverage

📖 *See* **Unit 10: Municipal Administration** for further information.

Editing Child Insurance Coverage

📖 *See* **Unit 10: Municipal Administration** for further information.

Deleting Child Insurance Coverage

📖 *See* **Unit 10: Municipal Administration** for further information.

Creating Services Not Covered

📖 *See* **Unit 10: Municipal Administration** for further information.

Viewing Services Not Covered

📖 *See* **Unit 10: Municipal Administration** for further information.

Editing Services Not Covered

📖 *See* **Unit 10: Municipal Administration** for further information.

Creating Prior Authorization/Referrals

📖 *See* **Unit 10: Municipal Administration** for further information.

Viewing Prior Authorization / Referrals

📖 *See* **Unit 10: Municipal Administration** for further information.

Editing Prior Authorization / Referrals

📖 *See* **Unit 10: Municipal Administration** for further information.

Deleting Prior Authorization / Referrals

📖 *See* **Unit 10: Municipal Administration** for further information.

Generating a CMS1500

The CMS1500 can be generated using two different methods. The first method is to access the Insurance provider's home page and utilize the Generate Paper Claim functionality. The second method is through the **Print Provider Claims** task generated to the **Muni_FiscalStaff** work queue where users assigned the appropriate User Role can complete the task. Users should first print claims via use of the Print Provider Claim task method. If a reprint of a particular claim is required, then utilize the method available from the Insurance provider's home page.

Print from the Insurance Provider Home Page

1. From the user's **Homepage**, select the **Third Party Insurance** link under the **Search** section. **Search Insurance Provider** page displays.

2. Type all known information in the **Search Criteria** section. Click the **Search** button. Results will appear in the **Search Results** cluster. Click the number listed in the **NAIC Number** column next to the Insurance Provider desired. **Insurance Provider Home** page displays.

3. From the left hand navigation bar Click **Generate Paper Claim** link . **Generate Paper Claims** page displays. Type all known information in the **Search Criteria** section. Click the **Generate** button.

4. The **Generate Paper Claims** page displays with the claims that meet the search criteria.

5. Click the checkbox next to the claim(s) that will be printed. Click the **Print** button. **Print CMS1500 Forms** page displays. Click the **Print Forms** button to generate a printable copy of the selected claims or click the **Return to Claims List** button to end the process.

6. After clicking the **Print Forms** button, a pop-up window appears in your Bowser with the claim(s) information. Use your Browsers print function to generate a paper copy of the claim(s)

Print from the Print Paper Claims Task

The system runs a batch nightly to check for any newly approved claims for children with active insurance coverage or resubmitted claims. For any claims that meet these criteria, a Commercial Insurance Liability batch is created by the system. For Commercial Insurance companies that are not accepting electronic claiming from NYEIS, a task is created and placed in the Muni_FiscalStaff work queue for a user to print CMS1500s for this batch of claims.

1. From the user's **Homepage**, select **Inbox** button from the Main Menu bar. **My Workspace** page displays. Click **Work Queues** link from the Navigation Bar. **My Work Queues** page displays.

Click the **View** link in the **Action** column next to the
<Municipality>_FiscalStaff work queue. **Work Queue Tasks :
<Municipality>_FiscalStaff** page displays.

2. Look for the desired task labeled "Claims available for printing <Insurance
   Company> Batch <batch number>. Click the Task ID. The **Print Paper
   Claims Task Home** page displays.

3. Click the **Print Paper Claims** link in the **Primary Action** cluster. **Select Claims
   to Generate** page displays.

4. Click the checkbox next to the claim(s) that will be printed. Click the **Print** button. **Print CMS1500 Forms** page displays. Click the **Print Forms** button to generate a printable copy of the selected claims or click the **Return to Claim List** button to end the process.

5. After clicking the **Print Forms** button, a pop-up window appears in your Bowser with the claim(s) information. Use your Browsers print function to generate a paper copy of the claim(s)

Important Information
If the CMS1500 data is not aligning with the pre-printed CMS1500 form, it could be because of your Adobe Acrobat print settings. Use the following steps to correct the Adobe Acrobat form print settings.
1. Click the **File** option from your browser's menu bar.
2. Select the **Print** option. Print dialogue box opens up.
3. Find the section labeled **Print Handling**. In that section there is a field labeled;
    Page Scaling - Select the None option from the drop-down.
    Auto-Rotate and Center - Make sure the checkbox is blank.
4. Click the **OK** button.

Claim Remittance

Entering a Claim Remittance

Important Information
This process only applies for remittances received in paper form from insurance companies. Insurance companies that have agreements setup with NYEIS to provide electronic remittances via the HIPAA 835 have this process done electronically.

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1. The User enters the Total Payment Received, the Check Date and Check Number. Review the list of outstanding liabilities (Claims waiting to be reconciled). *Medicaid Claims are reconciled at the Visit Level and Commercial Insurance Claims are reconciled at the Procedure Code or Service Line Level.*

2. The User locates the applicable Claim and reconciles it. Reconciling is defined as allocating a payment whether it is fully paid, partially paid or denied. For reconciling using paper remittance, the User looks at the paper remittance and finds the matching liability (Claim and/or Service Line awaiting reconciliation) in NYEIS and indicates whether it has been paid or denied. The User will most often match claims based on claim number. If a claim is partially paid, the reconciliation process will be a two step process. First, allocating the payment to the claim or service line(s) and second, denying the remaining balance.

3. Insurance and Medicaid also reduce payments to Municipalities as a result of adjustments or voids. These items are listed in the Outstanding Credit section at the bottom of the Allocate Payment page as a debit. The paper remittance will indicate when a Claim is a debit and the check amount will be reduced by this amount. The User will find the debit in the Outstanding Credit section of the Allocate Payment page and can reconcile it by selecting to allocate the debit.

Claiming Payment from Commercial Insurer

NYEIS can accept electronic remittances from Third Party Payors. Claims will be automatically matched by NYEIS, not the User. If NYEIS is not able to match Claims, a task is created in the **Muni Fiscal Manager** work queue to review the line on the remittance and manually allocate. The Municipality Fiscal User will see the details on the remittance such as the Payor, Child Name, Service Line Number and Service Date. The Municipality Fiscal User then proceeds to the list of Outstanding Liabilities from that Payor and attempts to allocate the response. If the Claim cannot be identified, the payment should be captured in the Suspense

Account. 📖 *See* **Entering Payment into Suspense Account** for further information.

1. Log in to NYEIS. User Home Page displays.

2. Click **Receive Payment** link from **My Shortcuts** section. **Select Payor** page displays.

Select Payor
If you can't determine from whom the payment was received please record the payment in the suspense account.

Was the payment received from:
Commercial Insurance?
Medicaid?
State Department of Health?
Local District Social Services?
Record in Suspense Account

3. Click **Commercial Insurance?** link. **Search Insurance Provider** page displays.

Search Insurance Provider

Search Criteria

Reference Number:			
Name:		Registered Name:	
City:		Address Line 1:	
Type:		Insurance Type:	

Search   Reset

Search Results

Action	Reference Number	Name	Address Line 1	City	Type

Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section.

Search   Reset

Search Results (Number of Items: 6)

Action	Reference Number	Name	Address Line 1	City	Type
Select	15056	American Empire Insurance Company	515 Main Street	Cincinnati	Private
Select	15220	Empire Fidelity Investments Life Insurance Company	200 Liberty St.	New York	Private
Select	15221	Empire Fire and Marine Insurance Company	13810 FNB Parkway	Omaha	Private
Select	15222	Empire HealthChoice Assurance, Inc.	11 West 42nd Street	New York	Private
Select	15223	Empire HealthChoice HMO, Inc.	11 West 42nd Street	New York	Private
Select	15224	Empire Insurance Company	315 Park Avenue South	New York	Private

*To search again, click **Reset** button.* Click **Select** link under **Action** column for specific Insurance Company.

Capture Payment Received Details page displays with the following sections: **Payment Details** and **Payor Details**. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that*

*will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.*

4. Type **Amount**, **Date Received** and **Payment Date**. If the **Method of Receipt** is **Check**, then a **Check Number** *must* be entered.

Important Information

If payment type is EFT, the bank account that the user searches for and selects must be recorded in NYEIS in order for the bank to be found. The bank account information must all be entered on the provider's homepage. ▢ See **Unit 11– System Administration,** *Banks* for further information and **Unit 9 – Provider Management**, *Bank Accounts* for further information.

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5. Fill in all other known information.

6. Click **Save and Allocate** button. **Search for Claims to Allocate** page displays. This page allows the user to search for outstanding liabilities and/or credits to allocate payments and/or denials against the payment received record.

Type relevant information in **Search Criteria** section. Place a check mark in the 'Search Credits as Well' checkbox to have outstanding credits returned in **Outstanding Credits** cluster, seen at bottom of the **Allocate Payment** Page. Click **Search** button. **Allocate Payment page** displays with matching results. **Important Information:**

The child 'First Name' and 'Last Name' search fields are an "exact match" search. This means that when searching for claims to allocate by child name, you

must search for the children by the same upper/lower case *as seen when viewing the child in NYEIS*. If searching by name and no results appear, confirm the upper/lower case nature of the child's name as it exists in NYEIS through a child search. 📖 See Unit 1 – Getting Started for more information on performing a child search.

If when searching for claims to allocate by child name, you enter a first name as search criteria, you must also enter a last name.

If using date range criteria and/or are searching for outstanding credits, the time for results to display increases. You may notice faster results by searching against a smaller date range.

Allocate Payment

[Close] [Record Adjustment] [Return To Search]

Payment Received Details

| Amount: 8,888.08 | | Unallocated Amount: 8,888.08 |
| Effective Date: 12/9/2013 | | Receipt Method: Cash |

Outstanding Liabilities

☐	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	Procedure Code (HCPCS, CPT, etc.)	Total	Outstanding
☐	Pay Deny	Matthew Smith	7/18/2012	1123998	1123999	97001	203.00	203.00
☐	Pay Deny	Matthew Smith	8/2/2012	1123998	1123997	97003	203.00	203.00
☐	Pay Deny	Matthew Smith	9/10/2012	82524	82523	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	10/9/2012	96774	96773	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/11/2012	96906	96905	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	10/16/2012	970308	970307	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/17/2012	970308	970307	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/23/2012	967740	967739	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/24/2012	967741	967740	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97110	37.50	37.50

[Pay Selected In Full]

Outstanding Credits

Action	Child Name	Service Date	Liability Claim Number	Service Line Number	Procedure Code (HCPCS, CPT, etc.)	Total	Outstanding
Select	Matthew Smith	7/18/2012	66536	66537	97001 - Physical therapy eval	20.00	20.00
Select	Matthew Smith	8/2/2012	658512	658513	97003 - Occupational therapy eval	20.00	20.00

[Close] [Record Adjustment] [Return To Search]

7. Perform one of the following options:

   Apply Payment, 📖 *See* **To Apply a Payment** *below*.

   Or

   Deny Commercial Insurance Claim, 📖 *See* **To Deny Commercial Insurance Claim** *below*. *Click* ***Save*** *button to allocate payment at a later time. User Home Page displays.*

Important Information

Be aware you *must* Search Payment Received when you return to allocate the payment received. 📖 *See* **Searching Payments Received** for information on allocating payments.

The **Allocate Payment** page will display **Outstanding Liabilities** (Claims) and **Outstanding Credits** (Money Owed) that have been billed to the **Commercial Insurer**

The User will associate one or many of the **Outstanding Liabilities** or **Outstanding Credits** that display on the **Allocate Payment** page to a remittance.

To Apply a Payment

1. To pay service lines in full, select the checkbox next to the service lines you want to pay in full and click the **Pay Selected in Full** button. **Allocate Payment** page displays. Selected service line(s) have been paid in full and no longer display on page. The unallocated amount is reduced by the amount service lines that were paid.

Allocate Payment   ?

Close | Record Adjustment | Return To Search

Payment Received Details

| Amount: | 500.00 | | Unallocated Amount: | 133.50 |
| Effective Date: | 11/5/2010 | | Receipt Method: | Check |

Outstanding Liabilities

☐	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
☐	Pay Deny	Megan Smyth	11/2/2009	21248	21249	98966	1,624.00	292.00
☐	Pay Deny	Tobe Bean	11/17/2009	42240	42241	97532	67.00	67.00
☐	Pay Deny	Laurel Kinmartin	1/6/2010	56576	56577	29590	94.00	40.00
☐	Pay Deny	Laurel Kinmartin	1/6/2010	66828	66829	90801	44.00	44.00
☐	Pay Deny	Angel Fredricks02	11/1/2009	40704	40705	29799	54.00	2.00
☐	Pay Deny	Paul Heinreid	1/5/2010	40706	40707	97804	39.00	39.00
☐	Pay Deny	Tobe Bean	11/18/2009	45860	45861	97532	67.00	37.00
☐	Pay Deny	Huckleberry Finn	1/6/2010	42754	42755	97532	67.00	33.00
☐	Pay Deny	Bernard Humphries	11/1/2010	19972	19973		307.69	252.24
☐	Pay Deny	Tobe Bean	11/18/2009	57088	57089	92506	77.50	77.50
☐	Pay Deny	Tobe Bean	1/4/2010	45842	45843	97532	67.00	67.00
☐	Pay Deny	Tobe Bean	1/6/2010	63744	63745	97532	67.00	67.00
☐	Pay Deny	Casey Ryan	1/5/2010	20228	20229	97110	54.00	29.00
☐	Pay Deny	Casey Ryan	1/5/2010	20230	20231	97532	67.00	57.00
☐	Pay Deny	Test Child2	11/15/2010	19204	19205	92567	62.00	32.00

Pay Selected In Full

2. To allocate partial payment, click the **Pay** link next to the service line. **Allocate Payment Received** page displays. Type partial amount in **Amount** field. Click **Save** button. **Partial Pay and Deny? page** displays.

Allocate Payment Received   ?

Claim Details

Child Name:	Tobe Bean		Liability Claim Number:	45904
Amount Charged:	155.00		Service Date:	11/17/2009
Amount Outstanding:	155.00			

Payment Details

| Amount: | 0.00 |
| Payor Claim Number: | |

Save | Cancel

Partial Pay and Deny?   ?

Claim Details

Child Name:	Tobe Bean		Amount Charged:	155.00
Liability Claim Number:	45904		Amount Outstanding:	155.00
Service Date:	11/17/2009		Amount Paid:	45.00
Payor Claim Number:			Amount to Deny:	110.00

Partial Pay and Deny | Partial Pay Only | Cancel

3. To partially pay and deny the remainder, click the **Partial Pay and Deny** button. The outstanding amount will be sent to the next payor. The **Allocate Payment** page displays. The service line no longer displays in the outstanding liabilities cluster.

4. To partially pay and leave the remainder to pay later, click the **Partial Pay Only** button. The **Allocate Payment** page displays. The service line displays in the outstanding liabilities cluster with the remainder in the Outstanding Amount column.

Partial Pay and Deny?

Claim Details

Child Name:	Tobe Bean	Amount Charged:	155.00
Liability Claim Number:	45904	Amount Outstanding:	155.00
Service Date:	11/17/2009	Amount Paid:	45.00
Payor Claim Number:		Amount to Deny:	110.00

[Partial Pay and Deny] [Partial Pay Only] [Cancel]

Outstanding Liabilities

	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
☐	Pay Deny	Megan Smyth	11/2/2009	21248	21249	98966	1,624.00	1,492.00

Notes:
- It is not necessary to enter the decimal when entering whole amounts.
- The Unallocated Amount in the **Payment Received Details** section of the **Allocate Payment** page decreases as the User allocates Claims. The original amount of the payment received is in the **Amount** field of this same section.
- Continue to apply payments to Service Lines until the **Unallocated Amount** in the Payment Received Details section is 0.00.
- A task is created in the **Muni Fiscal Manager** work queue requesting that the Claim be manually managed for Claims that cannot be allocated electronically. 📖 *See* **Recording Unsolicited Adjustment** for further information.

To Deny Commercial Insurance Claim

In NYEIS, a User is able to perform one of the following functions during the deny process: **Save** (the denial), **Resubmit** (the Service Line), **Resubmit and Edit** or **Cancel**.

1. To apply a denial, click **Deny** link for the applicable Service Line. **Deny Commercial Insurance Claim** page displays. **Amount** is a *required* field. If only part of a Service Line is denied, the remaining amount of that Service Line remains in the **Outstanding** column of the **Allocate Payment** page.

a.   Select from the **Commercial Insurance Denial Reason** drop down and **Commercial Insurance Denial Group** drop down. HIPAA reports denied Claim with a standard set of denial reasons. They also report the Denial Reason by Denial Group.

b.   Click **Deny** and **Deny Service Line** confirmation page displays the message *Are you sure you want to deny this service line?* Select **Yes** to confirm or **No** to cancel. When the User selects Yes, **Resubmit or Go To Next Payor** page displays.

Important Information
A service line must be fully allocated in order to perform a resubmit.

2.   To resubmit a Service Line, click **Resubmit** button. The service line will be resubmitted to the commercial insurance company overnight. **Allocate Payment** page displays.

3.   To resubmit and edit a Service Line, click **Resubmit and Edit** button. **Modify Service Line Details** page displays.

The only fields that can be edited on the service line are **Procedure Code (HCPCS, CPT, etc..)** and **Diagnosis Codes**.

4. To edit **Procedure Code**, click in the **Procedure (HCPCS, CPT, etc..) Code** field. Select the appropriate Procedure Code.

5. To **Edit data fo**r **EI Eligible (ICD) Diagnosis Code** field, select the **Search** 🔍 icon. **EI Eligible Diagnosis (ICD) Code** if available may be one or more previously documented automatic eligible ICD Codes in the child's case. If applicable, select the most appropriate code for *the service delivered. Click **Select** link under **Action** column to* identify **ICD Code**.

6. To **Edit** data for the **Other Eligible (ICD) Diagnosis Code** field, select the **Search** 🔍 icon. **Other Eligible Diagnosis (ICD) Code** if available may be one or more previously documented ICD Codes in the child's case. These codes may have established or contributed to eligibility. If applicable, select the most appropriate code for the service delivered. Click **Select** link under **Action** column to identify **ICD Code**.

7. To **Edit** data for the **Other Diagnosis Code** field, select the **Search** 🔍 icon. Type all known information in **Search Criteria** section. **Other Diagnosis (ICD) Code** a list of all available ICD Codes. If applicable, select the most appropriate code for the service delivered. Click **Search** button. Records matching display in **Search Results** section. *To search again, click **Reset** button.* Click **Select** link under **Action** column to identify **ICD Code**.

> **Important Information**
> Care *must* be taken when editing Procedure codes. Procedure codes *must* be reported by the Provider. All edits *must* be well documented.

Click **Save** button. **Service Line Details** page displays with changes applied. Click **Close** button. **Allocate Payment** page displays.

Service Line Details

[Edit] [Status Inquiry] [Close]

Service Line Details

Liability Claim Number:	57088	Service Line Number:	57089
Child Name:	Tiffany Martin-10	Service Authorization Number:	45056
Service Start Date:	6/23/2009	Service End Date:	6/23/2009
Rendering Provider:	Grace Groove	Rendering Provider State ID:	28682
Rendering Provider NPI:	568721	Service Type:	Audiology
Service Delivery Method:	Basic Home/Community-based Indiv/Coll Visit	Service Location:	Child's Home
CPT Code:	92571 – Filtered speech test	Submission Type:	Original
Original Provider Claim:	51972	Provider Date Paid:	
Amount Paid to Provider:	67.00	Net Amount Charged:	33.50
Prior Authorization Number:		Payor Claim Number:	

ICD Codes

Eligible Diagnosis (ICD) Code 1:	765.03 – Extreme Prematurity 750-999 grams	Other Eligible Diagnosis (ICD) Code 3:	
Other Eligible Diagnosis (ICD) Code 2:		Other Diagnosis (ICD) Code 4:	

Third Party Pend Reason

Primary Pend Message:		Secondary Pend Message:	
Pend Message Date:			

Allocate Payment

[Close] [Record Adjustment] [Return To Search]

Payment Received Details

Amount:	1,200.00	Unallocated Amount:	1,200.00
Effective Date:	11/8/2011	Receipt Method:	Check

Outstanding Liabilities

☐	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
☐	Pay Deny	Megan Smyth	11/2/2009	21248	21249	98966	1,624.00	1,492.00
☐	Pay Deny	Tobe Bean	11/17/2009	45904	45905	92577	155.00	155.00
☐	Pay Deny	Tobe Bean	11/17/2009	42240	42241	97532	67.00	67.00
☐	Pay Deny	Laurel Kinmartin	1/6/2010	56576	56577	29590	94.00	94.00
☐	Pay Deny	Angel Fredricks02	11/1/2009	40704	40705	29799	54.00	2.00
☐	Pay Deny	Paul Heinreid	1/5/2010	40706	40707	97804	39.00	39.00
☐	Pay Deny	Tobe Bean	11/18/2009	45860	45861	97532	67.00	37.00
☐	Pay Deny	Huckleberry Finn	1/6/2010	42754	42755	97532	67.00	33.00
☐	Pay Deny	Bernard Humphries	11/1/2010	19972	19973		307.69	252.24
☐	Pay Deny	Tobe Bean	11/18/2009	57088	57089	92506	77.50	77.50
☐	Pay Deny	Tobe Bean	1/4/2010	45842	45843	97532	67.00	67.00
☐	Pay Deny	Tobe Bean	1/6/2010	45830	45831	97532	67.00	67.00
☐	Pay Deny	Casey Ryan	1/5/2010	20228	20229	97110	54.00	29.00
☐	Pay Deny	Casey Ryan	1/5/2010	20230	20231	97532	67.00	57.00

Notes:

- Once all Service Lines related to a Provider Claim are fully allocated the System will attempt to bill the next Payor. If no additional Payor exists, then the Claim (Liability) goes to the State as part of the Voucher process.
- If a Claim or Service Line (Liability) is being resubmitted with an edit, other data in other areas of NYEIS may be edited before next billing cycle. Changes will also be included when the claim or service line is resubmitted to the commercial insurance company overnight. (e.g., Provider address change).

Claiming Payment from Medicaid

Medicaid pays for a visit at the Claim Level. There is always one Service Line per Claim for Medicaid.

NYEIS accepts remittances electronically from Medicaid. Claims will automatically be matched by NYEIS not by the User. For this reason it is normally not necessary for the user to enter Medicaid claim payments. **If** NYEIS is not able to match Claims from the electronic file, the Municipality Fiscal User is notified through a task in the **Muni Fiscal Manager** work queue to review and manually allocate the Claim. The Municipality Fiscal User will see the details on the remittance such as the Payor, Child Name, Service Line Number and Service Date. The Municipality Fiscal User will then proceed to the list of Outstanding Liabilities from that Payor and attempt to allocate the response. If the Claim cannot be identified, the payment should be captured in the Suspense Account. 📖 *See* **Entering Payment into Suspense Account** for further information.

1. Log in to NYEIS   User Home Page displays.

2. Click **Receive Payment** link from **My Shortcuts** section. **Select Payor** page displays.

3. Click **Medicaid?** link. **Capture Payment Received Details** page displays. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.*

Important Information
If Medicaid is selected as Payor, then default information is entered into the **Payment Details** and **Payor Details** fields.

4. Type **Amount**, **Date Received** and **Payment Date**. If the **Method of Receipt** is **Check**, then a **Check Number** *must* be entered.

5. Fill in all other known information. Click **Save and Allocate** button. **Search for Claims to Allocate** page displays.

6. Type relevant information in **Search Criteria** section. Place a check mark in the 'Search Credits as Well' checkbox to search for outstanding credits in addition to outstanding liabilities. Click **Search** button. **Allocate Payment page** displays with matching results.

   Important Information:

   The child 'First Name' and 'Last Name' search fields are an "exact match" search. This means that when searching for claims to allocate by child name, you must search for the children by the same upper/lower case *as seen when viewing the child in NYEIS*. If searching by name and no results appear, confirm the upper/lower case nature of the child's name as it exists in NYEIS through a child search. See Unit 1 – Getting Started for more information on performing a child search.

   If when searching for claims to allocate by child name, you enter a first name as a search criteria, you must also enter a last name.

   If using date range criteria and/or are searching for outstanding credits, the time for results to display increases. You may notice faster results by searching against a smaller date range.

Allocate Payment

Close   Record Adjustment   Return To Search

Payment Received Details

Amount: 8,888.08	Unallocated Amount: 8,888.08
Effective Date: 12/9/2013	Receipt Method: Cash

Outstanding Liabilities

	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	Procedure Code (HCPCS, CPT, etc.)	Total	Outstanding
☐	Pay Deny	Matthew Smith	7/18/2012	1123998	1123999	97001	203.00	203.00
☐	Pay Deny	Matthew Smith	8/2/2012	1123998	1123997	97003	203.00	203.00
☐	Pay Deny	Matthew Smith	9/10/2012	82524	82523	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	10/9/2012	96774	96773	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/11/2012	96906	96905	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	10/16/2012	970308	970307	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/17/2012	970308	970307	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/23/2012	967740	967739	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/24/2012	967741	967740	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97110	37.50	37.50

Pay Selected In Full

Outstanding Credits

Action	Child Name	Service Date	Liability Claim Number	Service Line Number	Procedure Code (HCPCS, CPT, etc.)	Total	Outstanding
Select	Matthew Smith	7/18/2012	66536	66537	97001 - Physical therapy eval	20.00	20.00
Select	Matthew Smith	8/2/2012	658512	658513	97003 - Occupational therapy eval	20.00	20.00

Close   Record Adjustment   Return To Search

Allocate Payment

Close   Record Adjustment   Return To Search

Payment Received Details

Amount: 8,888.08	Unallocated Amount: 8,888.08
Effective Date: 12/9/2013	Receipt Method: Cash

Outstanding Liabilities

	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	Procedure Code (HCPCS, CPT, etc.)	Total	Outstanding
☐	Pay Deny	Matthew Smith	7/18/2012	1123998	1123999	97001	203.00	203.00
☐	Pay Deny	Matthew Smith	8/2/2012	1123998	1123997	97003	203.00	203.00
☐	Pay Deny	Matthew Smith	9/10/2012	82524	82523	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	10/9/2012	96774	96773	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/11/2012	96906	96905	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	10/16/2012	970308	970307	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/17/2012	970308	970307	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/23/2012	967740	967739	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	10/24/2012	967741	967740	92507	75.00	75.00
☐	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97110	37.50	37.50
☐	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97530	37.50	37.50
☐	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97110	37.50	37.50

Pay Selected In Full

Outstanding Credits

Action	Child Name	Service Date	Liability Claim Number	Service Line Number	Procedure Code (HCPCS, CPT, etc.)	Total	Outstanding
Select	Matthew Smith	7/18/2012	66536	66537	97001 - Physical therapy eval	20.00	20.00
Select	Matthew Smith	8/2/2012	658512	658513	97003 - Occupational therapy eval	20.00	20.00

Close   Record Adjustment   Return To Search

7. Perform one of the following options:

Apply Payment, 📖 *See* **To Apply a Payment** *below*.

Or

Deny Medicaid Claim, 📖 *See* **To Deny Medicaid Claim** *below. Click Save button to allocate payment at a later time. User Home Page displays*

> **Important Information**
> - Allocate Payment page will display Outstanding Liabilities (Claims) and Outstanding Credits (Money Owed) that have been billed to Medicaid.
> - Medicaid requires the Payor Claim Number (for Medicaid, known as the TCN) to be entered for all paid claims. As a result, the checkbox to allow a user to pay multiple claims at once does not function and will prompt you with an error message.
> - The User will associate one or many of the **Outstanding Liabilities** or **Outstanding Credits** that display on the **Allocate Payment** page to a remittance.

To Apply a Payment

a. To apply payment received to appropriate service line click the **Pay** link under **Action** column. **Allocate Payment Received** page displays

Allocate Payment Received

Details	
Amount:	67.00
Payor Claim Number:	

[Save And Allocate] [Cancel]

b. To pay in full, type full amount in **Amount** field. Since payor is Medicaid, **Payor Claim Number (TCN)** *must* be entered. Click **Save** button. **Allocate Payment** page displays. This Claim has been paid in full and no longer displays on page.

Allocate Payment

[Close] [Record Adjustment] [Return To Search]

Payment Received Details

Amount:	1,200.00	Unallocated Amount:	1,200.00
Effective Date:	11/8/2011	Receipt Method:	Check

Outstanding Liabilities

	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
☐	Pay Deny	Megan Smyth	11/2/2009	21248	21249	98966	1,624.00	1,492.00
☐	Pay Deny	Tobe Bean	11/17/2009	45904	45905	92577	155.00	155.00
☐	Pay Deny	Tobe Bean	11/17/2009	42240	42241	97532	67.00	67.00
☐	Pay Deny	Laurel Kinmartin	1/6/2010	56576	56577	29590	94.00	94.00
☐	Pay Deny	Angel Fredricks02	11/1/2009	40704	40705	29799	54.00	2.00
☐	Pay Deny	Paul Heinreid	1/5/2010	40706	40707	97804	39.00	39.00
☐	Pay Deny	Tobe Bean	11/18/2009	45860	45861	97532	67.00	37.00
☐	Pay Deny	Huckleberry Finn	1/6/2010	42754	42755	97532	67.00	33.00
☐	Pay Deny	Bernard Humphries	11/1/2010	19972	19973		307.69	252.24
☐	Pay Deny	Tobe Bean	11/18/2009	57088	57089	92506	77.50	77.50
☐	Pay Deny	Tobe Bean	1/4/2010	45842	45843	97532	67.00	67.00
☐	Pay Deny	Tobe Bean	1/6/2010	45830	45831	97532	67.00	67.00
☐	Pay Deny	Casey Ryan	1/5/2010	20228	20229	97110	54.00	29.00
☐	Pay Deny	Casey Ryan	1/5/2010	20230	20231	97532	67.00	57.00

c. To allocate partial payment, type partial amount in **Amount** field. Click **Save** button**. Partial Pay and Deny?** page displays.

d. To partially pay and deny the remainder click the **Partial Pay and Deny** button. The remainder is sent to the next payor. The **Allocate Payment** page displays. The claim no longer displays in the outstanding liabilities cluster.

e. To partially pay and leave the remainder to pay later, click the **Partial Pay Only** button. The **Allocate Payment** Page Displays. The claim displays in the outstanding liabilities cluster with the remainder in the **Outstanding** Column.

Outstanding Liabilities

	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
☐								
☐	Pay Deny	Megan Smyth	11/2/2009	21248	21249	98966	1,624.00	1,492.00

Allocate Payment

Close   Record Adjustment

Payment Received Details

Amount:	1,000.00		Unallocated Amount:	433.00
Effective Date:	4/20/2009		Receipt Method:	Check

Outstanding Liabilities

Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
Pay Deny	LaDanian Tomlinson	12/4/2008	83712	83713	90802 - Interactive psych diagnositc exam	1,498.50	998.50

Continue to apply payments to Claims until the **Unallocated Amount** displays 0.00.

To Deny Medicaid Claim

A User will be able to perform one of the following options: **Save**, **Resubmit** and **Resubmit and Edit**.

a. To apply a denial, click **Deny** link for Claim. **Deny Claim** page displays. **Amount** is a *required* field.

Deny Claim

Deny   Cancel

Details

Child Name:	Megan Smyth		Amount Charged:	1,624.00
Liability Claim Number:	21248		Amount Outstanding:	1,492.00
Service Date:	11/2/2009			
Amount Denied:	0.00			
Denial Group:				

Denial Reason

Comments

Deny   Cancel

Select **Denial** Group from selection box. Select Denial Reason Code from selection box. Click **Deny** button. **Deny Service Line** confirmation page displays the message *Are you sure you want to deny this Service Line?*. Select **Yes** to confirm or **No** to cancel. If the User selects **Yes**, **Resubmit or Go to Next Payor** page displays.

Resubmit or Go To Next Payor:

The service line has been denied. Do you want to Resubmit this Service Line or go to the next payor?

[Resubmit] [Resubmit & Edit] [Submit to Next Payor]

b. To resubmit a Service Line, click **Resubmit** button. The service line will be resubmitted to Medicaid overnight. **Allocate Payment** page displays.

c. To resubmit and edit a Service Line, click **Resubmit and Edit** button. The service line will be resubmitted to Medicaid overnight. **Modify Service Line Details** page displays.

Although the page states Service Line, for Medicaid resubmit the entire Claim. Medicaid only has one Service Line.

The only fields that can be edited are **Procedure Code (HCPCS, CPT, etc..)** and **Diagnosis Codes**. To edit **ProcedureCode**, click in the **Procedure Code (HCPCS, CPT, etc..)** field. Select the appropriate Procedures Code.

o To **Edit** data for **EI Eligible (ICD) Diagnosis Code** field, select the **Search** 🔍 icon. **EI Eligible Diagnosis (ICD) Code** if available may be one or more previously documented automatic eligible ICD Codes in the child's case. If applicable, select the most appropriate code for *the service delivered. Click **Select** link under **Action** column to* identify **ICD Code**.

o To **Edit** data for the **Other Eligible (ICD) Diagnosis Code** field, select the **Search** 🔍 icon. **Other Eligible Diagnosis (ICD) Code** if available may be one or more previously documented ICD Codes in the child's case. These codes may have established or contributed to eligibility. If applicable, select the most appropriate code for the service delivered. Click **Select** link under **Action** column to identify **ICD Code**.

o To **Edit** data for the **Other Diagnosis Code** field, select the **Search** 🔍 icon. Type all known information in **Search Criteria** section. **Other Diagnosis (ICD) Code** a list of all available ICD Codes. If applicable, select the most appropriate code for the service delivered.

Click **Search** button. Records matching display in **Search Results** section. *To search again, click **Reset** button.* Click <u>**Select**</u> link under **Action** column to identify **ICD Code**.

Important Information

Care *must* be taken when editing Procedure codes. Procedure codes *must* be reported by the Provider. All edits *must* be well documented.

Click **Close** button. **Allocate Payment** page displays.

d.   To submit to the next payor, click **Submit to Next Pay** button. **Allocate Payment** page displays. If only part of a Service Line is denied, the remaining amount of that Service Line remains in the **Outstanding** column of the **Allocate Payment** page.

Important Information

- A service line must be fully allocated in order to perform a resubmit.
- Be aware that for electronic remittance reconciled by NYEIS, many of the Denied Claims will be resubmitted to Medicaid. NYEIS will review the Denial Reason provided and determine if the Denied Claim should be resubmitted to Medicaid or be part of the next State Voucher. This process is *only* for electronic remittances received from Medicaid. There may be a **Status** of **Resubmitted** on a Claim, where a User did not manually resubmit.
- Once a Claim has been resubmitted, the User is able to go back and edit before the next batch occurs. If the Claim is edited before the next batch occurs, the change will be applied and the Claim will be resubmitted.

Claiming Payment from Local District Social Services (LDSS)

Transportation Claims for children with Medicaid Coverage are sent to the Municipality's LDSS through a Transportation Claim Report (see note below for how to access this report). The LDSS will report payments to EI for these claims and the payment will be processed using the following steps.

1. Log in to NYEIS. User Home Page displays.

2. Click **Receive Payment** link from **My Shortcuts** section. **Select Payor** page displays.

3. Click **Local District Social Services?** link. **Capture Payment Received Details** page displays. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.*

4. Type **Amount**, **Date Received** and **Payment Date**. If the **Method of Receipt** is **Check**, then a **Check Number** *must* be entered. *Information in the **Payor Details** section is populated based on data in NYEIS.*

5. Fill in all other known information.

6. Click **Save And Allocate** button. **Select Liability for Allocation** page displays.

Select Liability for Allocation			
			Close
Outstanding Liabilities			
Action	Total	Batch Number	Batch Date
Select	32.50	57601	3/30/2009
			Close

Important Information
- **Allocate Payment** page will display **Outstanding Transportation** batches.
- The User will allocate the payment against the batch which will automatically allocate payments to individual transportation Claims.

---

7. To apply payment received, click **Select** link under **Action** column for LDSS Batch. **Enter Payment Received on Batch** page displays.

Enter Payment Received on Batch			
	Save	Save & New	Cancel
Details			
Amount:	0.00		
	Save	Save & New	Cancel

8. Type **Amount**. Click **Save** button. User Home Page Displays.

To Access the Transportation Claim Report:

1. Log in to NYEIS. User Home Page displays.

2. Click **Reports** link from **My Shortcuts** section. **WebFOCUS Business Intelligence Dashboard** page displays in a separate window.

3. Select the **Municipality Fiscal Group Reports** view. The NYEIS **Municipality Fiscal Reports** page displays.

4. Select the **Medicaid Transportation Report** from the list of available reports. The **Report Input** page for the Medicaid Transportation Report displays. Use the Report Input page to choose the following options for running the report.

    a. **Municipality:** Only the municipality that your user account is associated with will be available for you to choose.
    b. **Batch Selection:**
        i. Select **"All Unprinted"** to generate a view of all the reports that have not yet been printed.

ii. Select options under the **"Date-Based Criteria"** to generate a view of all the reports (unprinted or printed) based on a particular date range.

5. Click on the **Continue Report** button. The report will be generated based on the options you chose on the Report Input page.

Important Information
For children with Medicaid coverage that have transportation claims, the system nightly first verifies the child is eligible for Medicaid on the date the transportation service was provided. For children validated as eligible, NYEIS automatically aggregates these claims into a LDSS Transportation batch. The User accesses NYEIS reporting, selects the LDSS Transportation Claim Report and enters the time period for the desired reporting period. User prints out report and sends to their LDSS for reimbursement. 📖 *See* **Unit 13 - Reports** for further information.

Claiming Payment from State Department of Health

After the State Voucher is paid by the NYS Comptroller's Office, the remittance information is returned to NYSDOH Fiscal Unit. The Fiscal Unit will record the remittance information from OSC.

The Check or EFT will be sent separately by OSC to the Municipality.

1. Log in to NYEIS   User Home Page displays.

2. Click **Receive Payment** link from **My Shortcuts** section. **Select Payor** page displays.

3. Click **State Department of Health?** link. **Capture Payment Received Details** page displays. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.*

4. Type **Amount**, **Date Received** and **Payment Date**. If the **Method of Receipt** is **Check**, then a **Check Number** *must* be entered. *Information in the **Payor Details** section is populated based on data in NYEIS.*

5. Fill in all other known information. Click **Save And Allocate** button. **Select Voucher for Allocation** page displays.

Important Information
- Allocate Payment page will display Outstanding Vouchers

> - The User will select a voucher to allocate against, and will then receive a confirmation that the system will allocate the claims on the selected voucher via the nightly batch process. The User confirms the overnight allocation by clicking 'Save' on this page.
> - Following the completion of nightly batch processes, Users can search for Vouchers the following day to confirm the allocation completed.

6. Review list of **Outstanding Vouchers**. Click **Select** link for Voucher to apply allocation. **Confirm Voucher Allocation Processing** Page Displays:
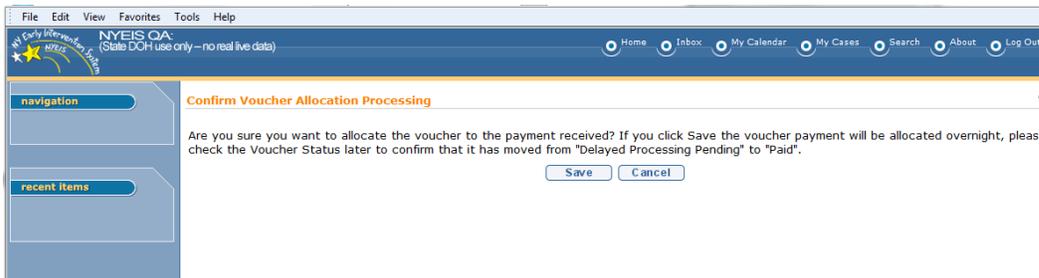
7. Click **Save** button to confirm overnight allocation. *Saving results in all Claims on the Voucher to be reconciled as paid via nightly batch processes.* After Clicking **Save,** Payment Received Details Page displays. The voucher selected for allocation will be listed in the 'Allocated Voucher List' with status: *Ready to be processed.*

   Or

   Click **Cancel** button. Payment Received Details Page displays.
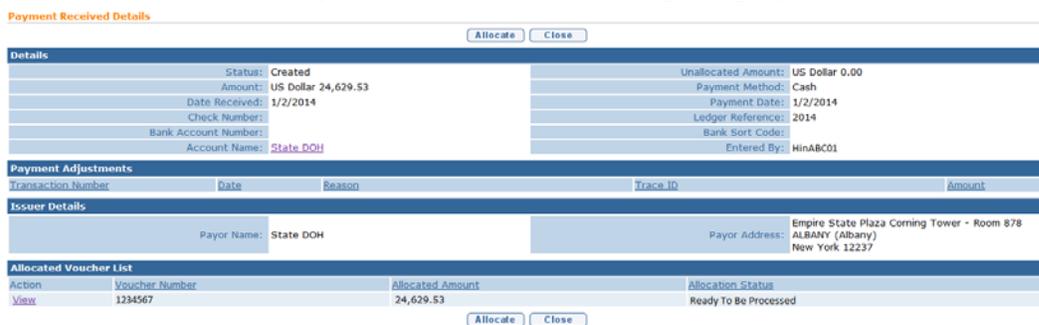
   IMPORTANT NOTE: When a voucher is in the midst of being allocated, the allocation status will display as '*In Progress*'. When finished allocating, the voucher status will display with status: *Processing Complete.*

Unsolicited Adjustment Management

Recording Unsolicited Adjustment

This section describes how to record an Unsolicited Adjustment on a previously reconciled Claim from a Third Party Payor (Commercial Insurance and Medicaid). This Unsolicited Adjustment can be used for recording an additional payment or a credit on a previously paid Claim.

This section is also used when a Claim cannot be allocated from an electronic remittance and the Municipality Fiscal User is notified through a task in the **Muni Fiscal Manager** work queue to review and manually allocate the Claim. If the user cannot find the claim specified as outstanding in the Outstanding Liability list, then the user should perform this step.

1. Log in to NYEIS. User Home Page displays.

2. Click **Payments Received** link from **Search** section. **Payment Received Search** page displays.

Payment Received Search			
Commercial Insurance Company ID:		Amount:	
Commercial Insurance Company Name:		If Payment from Medicaid, select:	☐
Received Date From:		If Payment via State Voucher, select:	☐
Received Date To:			

Search   Reset

Search Results					
Action	Payor ID	Payor Name	National Insurance ID	Received Date	Amount

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click Reset button.* Click **View** link for specific Insurance Company and Amount under **Action** column. **Payment Received Details** page displays.

4. Click the **Record Adjustment** button on the payment Received Details page

OR

Click the **Allocate** button. **Allocate Payment** page displays with a 'Record Adjustment' Button:

From either the Payment Received Details page, **OR** the Allocate Payment page, Click **Record Adjustment**. **Search Liabilities for Adjustment** page displays.

5. Type relevant information in **Search Criteria** section. In addition to searching by Child Name, users can search by a specific **Service Line Number** or by date range via **Service From Date** and **Service to Date** fields. Click **Search** button to find claim that was previously reconciled by the Payor. After results are returned, click <u>Select</u> link under the **Action** column of Claim that is being adjusted. The **Record Adjustment** page then displays.

Important Notes:

- The child 'First Name' and 'Last Name' search fields are an "exact match" search. This means that when searching for claims to adjust by child name, you must search for the children by the same upper/lower case *as seen when viewing the child in NYEIS*. If searching by name and no results appear, confirm the upper/lower case nature of the child's name as it exists in NYEIS through a child search. 📖 See Unit 1 – Getting Started for more information on performing a child search.

- If when searching for claims to allocate by child name, you enter a first name as search criteria, you must also enter a last name.

- If using date range criteria, the time for results to display increases. You may notice faster results by searching against a smaller date range.

Search Liabilities for Adjustment

Criteria

Child Name: martin   Service Line Number:

Search

Liabilities (Number of Items: 171)

Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code
Select	Tiffany Martin-10	5/20/2009	68354	68355	90802 - Interactive psych diagnositc exam
Select	Tiffany Martin-10	7/15/2009	68352	68353	29799 - Unlisted procedure, casting or strapping
Select	Tiffany Martin-10	7/15/2009	69632	69633	29799 - Unlisted procedure, casting or strapping
Select	Tiffany Martin-10	5/20/2009	71168	71169	90802 - Interactive psych diagnositc exam
Select	Tiffany Martin-04	7/10/2009	4098	4099	90802 - Interactive psych diagnositc exam

Record Adjustment

Save   Save & New   Close

Details

Amount: 0.00	Adjustment Type: Additional Payment
Liability Claim Number: 68354	Service Line Number : 68355

Save   Save & New   Close

6. Type **Amount**. Select **Adjustment Type**.

7. Click **Save** button. **Allocate Payment** page displays. Click **Close** button. User Home Page displays.

   Or

Click **Save & New** button to enter additional adjustments.

Note:
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

Viewing Unsolicited Adjustments List

This feature reflects Unsolicited Adjustments from all Third Party Payors.

1. Log in to NYEIS   User Home Page displays.

2. Click **Unsolicited Adjustments** link from **My Shortcuts** section. **Adjustment List** page displays.

Unsolicited Adjustment List

3rd Party Insurance Name	Amount	Adjustment Type	Liability Claim Number	Service Line Number
Medicaid	500.00	Additional Payment	101	1
Medicaid	0.00	Additional Payment		
Blue Shield of NENY	20.00	Additional Payment	82432	Cocoa Chips
BCBS	450.00	Additional Payment		
BCBS	1,000.00	Additional Payment		
BCBS	500.00	Additional Payment	1234	1432
Blue Shield of NENY	75.00	Additional Payment	1010	1
Medicaid	50.00	Additional Payment	101	1
Medicaid	45.00	Additional Payment	101	

3. Click **Close** button. User Home Page displays.

Note:
- To sort the data displayed on pages, click the underlined column heading. Click once to view the data in ascending order and click again to view the data in descending order.

Voucher Management

Vouchers to SDOH can be created at any time but *must* be created at least quarterly. Claims identified ready to be included on a Voucher, have been paid to the Provider and have been claimed to Third Party Insurance. NYEIS automatically creates a voucher each quarter regardless of whether the Municipality has already created a voucher and sends a task to the Municipal Fiscal Manager to view the created Voucher.

Creating Vouchers

1. Log in to NYEIS. User Home Page displays.

2. Click **Create Voucher** link from **My Shortcuts** section. **Create Voucher** page displays.

Create Voucher

Voucher Details		
Program Year:		Select All: ☐
Service Type:		

[Create Voucher] [Cancel]

> **Important Information**
> When **Select All** checkbox is selected, the System will process all Claims that are ready for the State Voucher. Separate Vouchers are created by Program Year, for Respite Claims and General Service Claims.

3. Fill in all known information. Click **Create Voucher** button. **Voucher Created** page displays. A task is created to the **MunicipalityName_ReviewVoucher** Work Queue.

Voucher Created

The voucher creation process is complete. Any claims meeting your criteria have been processed. Please navigate to the appropriate review voucher work queue to view the voucher.

[Go To Work Queues] [Home]

4. Click either **Go To Work Queues** button or click **Home** button. 📖 *See* **Municipal Review of Voucher (View, Remove, Delete and Submit for Approval)** for further information.

Municipal Review of Voucher (View, Remove, Delete and Submit for Approval)

1. Log in to NYEIS. User Home Page displays.

2. Click **Inbox** from the Navigation Bar. **My Workspace** page displays.

3. Click **Work Queues** from the Navigation Bar. **My Work Queues** page displays.

4. Identify Work Queue for Municipality (e.g., Albany_ReviewVoucherQue). Click **View** under **Action** column for specific work queue. **Work Queue Tasks** page displays.

Important Information
In the **Subject** column there is a description about the Voucher. It will detail whether the Voucher is for **General Services** or for **Respite Services**. The description will also include the **Program Year**.

---

5. Review items. Click **Reserve** link under **Action** column for specific Voucher. **Reserve Task** page displays.

6. Type **Comments** *(Optional)*.

7. **Reserve & View** button. **Task Home** page displays.

8. Click **Review Voucher for Service Type *XXX*, Program Year *XXX*** link under **Primary Action** section. **County Voucher Home** page displays.

9. Click **Search Claims** from the Navigation Bar to view Claims included in Voucher. **Search Claims** page displays.

10. Enter data as appropriate. **Rendering Provider ID**, **Child Name** and **Service Authorization Number** can be searched by selecting the **Search** 🔍 icon. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click Reset button.* Click Select link for the appropriate data under **Action** column.

Information displays in selected field. Click **Search** button. Records matching display in **Search Results** section.

Every Claim that is identified in the *Nth* defined spot, the **Every Nth** field will provide back to the User. For example, a User may want to review every 10th Claim. The search results would come back with every 10th Claim.

Selecting View All displays all Claims in the Voucher. Be aware that response time could take longer depending on the number of Claims for the Voucher.

11. Click <u>**View**</u> link under **Action** column to view details. **Voucher Claim Details** page displays. Review information. Click **Close** button. **Search Claims** page displays.

    Or

    Click <u>**Remove**</u> link under **Action** column. **Do you want to hold this Voucher Claim Line?** page displays with the message *Hold Voucher Claim Line?* Click **Yes** button. **Search Claims** page displays. *By selecting Yes, the Claim is put on hold and will not be included in a subsequent Voucher until the Municipality releases the hold.*

12. To Print a voucher, click the **Print Voucher** button on the **County Voucher Home** page. A PDF of the completed voucher will display in a pop-up window. Use your Browser's print function to print the document.

13. To delete or submit a Voucher, review the steps below:

    To delete a Voucher, click **Home** from the Navigation Bar. **County Voucher Home** page displays. Click **Delete** button. **Confirm Voucher Delete** page displays with the message *Are you sure you want to delete this Voucher?* Click **Yes** button. Voucher is deleted from NYEIS. Voucher and all related Claims are available for future Voucher.

    Or

    To submit a Voucher, click **Home** from the Navigation Bar. Click **Submit For Approval** button. **Submit Voucher** page displays with the message *Are you sure you want to Submit this Voucher?* Click **Yes** button. **My Workspace** page displays.

    > **Important Information**
    > Once a Voucher is submitted, workflow is created to SDOH for review and approval.

Note:
- To display view page, click **Financials** from the Navigation Bar.
  Financials page displays. Page displays data once Voucher is processed
  by the State DOH Fiscal Management Group.

Voucher Search:

The steps above outlined accessing a voucher from a task. To search for any
vouchers associated with the Users municipality, from the Users Home page,
select the **Vouchers** link from the Search column. Voucher search page displays.
On this page there are several search criteria fields to help narrow down results

'Municipality' drop down – (State DOH users only) – Leave blank
Program year – The program year to which the voucher is associated
Voucher Number – Used to search for a specific voucher by voucher number
Voucher Service Type – To differentiate between Respite and General Service
vouchers
Date Received From/To – To search for vouchers created within a specific date
range
Voucher Status – To search for vouchers by status.

Important Information:
Voucher Statuses and their Definitions:

Draft – Voucher is not yet submitted, and can be edited
Submitted – Municipality has reviewed the voucher and submitted it to the state
for approval
Denied – Voucher was returned as unpaid to municipality. Reason for return
supplied in Comments
Allocated – The State has chosen which funds will be used to pay for the voucher.
Approved – The State has approved the voucher. It is now ready to be sent to the
Fiscal Management Group ("FMG") for Payment
Submitted to FMG - The State has sent the voucher to FMG for payment, it will
remain in this status until the county receives the check and reconciles it in
NYEIS.
Delayed Processing Pending – Voucher has been associated with a payment
received and submitted for overnight allocation
Voucher Allocation Failed* - Voucher was unable to be allocated to a payment
received after being submitted for overnight allocation
Paid – Voucher paid by State DOH and reconciled at the individual claim level

Click View to view the details of a voucher from the results list. See Step 9 above for specific guidance on searching claims within a given voucher.

Important notes:

*Any vouchers that display in Search Results with voucher status 'Voucher Allocation Failed' indicates that the previous attempt to allocate the voucher to a payment from State DOH did not successfully complete. In these circumstances the voucher will need to be reallocated to a State DOH payment, and the overnight allocation will need to be attempted again. (⬚ See 'Searching Payments Received', immediately below (Unit 12, for more information about allocating to payments received.)

The 'Voucher Allocation Failed' status can be searched against specifically to identify vouchers of particular concern, via the Voucher Status drop-down menu in the Search Criteria cluster.

Vouchers that have been associated with a payment received record will be listed on the same Payment Received page, much like allocated claims. The individual claims that make up the voucher will not be seen from the payment Received page.

When a paid voucher is associated with a Payment Received, The Voucher's "Allocation Status" informs the User as to the progress of the allocation:

Ready To Be Processed – Indicates that the allocation will occur during nightly batch processes

In Progress – Indicates that the overnight batch processes began and the system is attempting to allocate the paid claims on the voucher

Processing Complete – Indicates the system has successfully completed allocating the paid claims on the voucher

**Important Notes:

In order for a voucher's Allocation Status to display as 'Processing Complete', every claim on the voucher must successfully allocate.

If upon review of a payment received, a voucher status of 'In progress' appears persistent, perform a Voucher Search by status 'Voucher Allocation Failed' to determine if the voucher associated with the payment received failed to allocate during the overnight batch. If failed, it must be reallocated to a payment received.

(📖 See 'Searching Payments Received', immediately below, for more information about allocating to payments received.)

Payments Received Management

Searching Payments Received

1. Log in to NYEIS. User Home Page displays.

2. Click **Payments Received** link from **Search** section. **Payment Received Search** page displays.

Payment Received Search

Commercial Insurance Company ID:		Amount:	
Commercial Insurance Company Name:		If Payment from Medicaid, select:	☐
Received Date From:	📓	If Payment via State Voucher, select:	☐
Received Date To:	📓		

[Search]   [Reset]

Search Results

Action	Payor ID	Payor Name	National Insurance ID	Received Date	Amount

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click Reset button.* Click <u>View</u> link under **Action** column for specific **Payor Name** and **Amount**. **Payment Received Details** page displays.

   a. To search for payments received only from Medicaid, select the "**If Payment from Medicaid, select**" box.
   b. To search for payments received only from the State, select the "**If Payment via State Voucher, select**" box.
   c. To search for payments from a Local Department of Social Service (LDSS), enter "**%LDSS**" in the "**Commercial Insurance Company Name**" field.

Payment Received Details   ❓

[Allocate]   [Close]

Details

Status:	Created	Unallocated Amount:	US Dollar 417.00
Amount:	US Dollar 1,000.00	Payment Method:	Check
Date Received:	4/20/2009	Payment Date:	4/20/2009
Check Number:	12345	Ledger Reference:	
Bank Account Number:		Bank Sort Code:	
Account Name:	Medicaid		

Issuer Details

Payor Name:	Medicaid	Payor Address:	Corning Tower Empire State Plaza ALBANY (Albany) New York 12237

Action	Type	Effective Date	Status	Allocation Date	Allocated Amount
View	Liability	3/31/2009	Allocated	4/20/2009	67.00
View	Liability	3/31/2009	Processed	4/20/2009	500.00
View	Liability	2/19/2009	Allocated	4/20/2009	16.00

[Allocate]   [Close]

4. Click <u>View</u> link under **Action** column. **Third Party Insurance Batch Details** page displays. The **Line Items** section displays Claims/Service Lines contained within the batch.

Third Party Insurance Batch Details   ❓

Details

Third Party Insurance Name:	Medicaid	Batch Number:	58368
Batch Amount:	US Dollar 67.00	Batch Status:	Issued
Nominee Name:	Medicaid	Nominee Address:	Corning Tower Empire State Plaza ALBANY (New York) Albany 12237
Status Effective Date:	3/31/2009	Date Created:	3/31/2009

Line Items

Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
View	Allocations	Bethany Ogilvie	3/30/2009	83968	83969	97110 - Therapeutic proc, 1+ areas, each 15 min, strength/endur	67.00	0.00

Or

Click **Allocate** button. **Allocate Payment** page displays. A payment not allocated, can be located and allocated.

Allocate Payment

	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding

Payment Received Details

Amount: 500.00   Unallocated Amount: 133.50
Effective Date: 11/5/2010   Receipt Method: Check

Outstanding Liabilities

	Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
☐	Pay Deny	Megan Smyth	11/2/2009	21248	21249	98966	1,624.00	292.00
☐	Pay Deny	Tobe Bean	11/17/2009	42240	42241	97532	67.00	67.00
☐	Pay Deny	Laurel Kinmartin	1/6/2010	56576	56577	29590	94.00	40.00
☐	Pay Deny	Laurel Kinmartin	1/6/2010	66828	66829	90801	44.00	44.00
☐	Pay Deny	Angel Fredricks02	11/1/2009	40704	40705	29799	54.00	2.00
☐	Pay Deny	Paul Heinreid	1/5/2010	40706	40707	97804	39.00	39.00
☐	Pay Deny	Tobe Bean	11/18/2009	45860	45861	97532	67.00	37.00

Pay Selected In Full

Outstanding Credits

Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
Select	Megan Smyth	10/22/2009	784	785	92526 - Tx swallowing dysfunction and/or oral function for feeding	17.00	17.00

Or

Click **Close** button. **Payment Received Search** page displays.

Third Party Insurance Batch

1. Log in to NYEIS   User Home Page displays.

2. Click **Third Party Insurance Batch** link from **Search** section. **Third Party Insurance Batch Search** page displays.

Third Party Insurance Batch Search

Search Criteria

Third Party Insurance ID:		Batch Amount:	
Third Party Insurance Name:		Third Party Insurance Batch Number:	
Batch Date From:		Batch Date To:	

Search   Reset

Search Results

Action	Third Party Insurance Batch Number	Third Party Insurance Name	Batch Date	Batch Amount

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click*

Reset button. When searching by Batch Amount, additional search criteria *must* be included. Click **View** link under **Action** column for Insurance. **Third Party Insurance Batch Details** page displays.

Third Party Insurance Batch Details

Details

Third Party Insurance Name:	BCBS	Batch Number:	52736
Batch Amount:	US Dollar 6,993.00	Batch Status:	Issued
Nominee Name:	BCBS	Nominee Address:	11 W 42nd St New York (New York) Albany 10036
Status Effective Date:	2/23/2009	Date Created:	2/23/2009

Line Items

Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
View | Allocations	LaDanian Tomlinson	10/15/2008	72194	72195	90849 - Multiple-family group psychotherapy	999.00	999.00
View | Allocations	LaDanian Tomlinson	12/1/2008	72196	72197	29590 - Denis-Browne splint strapping	999.00	999.00
View | Allocations	LaDanian Tomlinson	12/1/2008	72196	72198	92568 - Acoustic reflex testing; threshold	499.50	499.50
View | Allocations	LaDanian Tomlinson	12/25/2008	72205	72206	90853 - Group psychotherapy (other than of a multiple-family group)	999.00	0.00

4. Click **View** link under **Action** column. **Liability Service Line** page displays.

Liability Service Line

Close

Details

Name:	BCBS	Status:	Processed
Nominee Name:	BCBS	Outstanding Amount:	US Dollar 999.00
Amount:	US Dollar 999.00	Delivery Method:	Check
Effective Date:	2/23/2009	Type:	Insurance Claim
Instrument Generated:	Yes	Provider Claim / Service Line Reference:	72195

Close

5. Click **Provider Claim/Service Line Reference** link. **Service Line Details** page displays with specific details of Claim or Service Line.

Unit 12: Municipal Financial

Important Information

Care *must* be taken when editing Procedure codes. Procedure codes *must* be reported by the Provider. All edits *must* be well documented.

The User may also click the **Status Inquiry** button. If the Third Party Insurance Company supports electronic Claim inquiries (HIPAA 276 Transmission), the User will be presented with the **Claim Inquiry** page. User selects the **Submit** button to request a status on the Claim if it has not been reconciled. When the Insurance Company responds to the Claim Inquiry, the User initiating the request is notified through a task. The task will navigate the User back to this page to view the Claim Status response.

6. Click **Close** button. **Liability Service Line** page displays. Click **Close** button. **Third Party Insurance Batch Details** page displays.

7. Click **Allocations** link under **Action** column. **Liability Service Line Allocations** page displays with the sections **Allocation Totals** and **Allocations**.

Allocation Totals displays the original amount of the Claim/Service Line and how much has been allocated to date. **Allocations** display each individual allocation (payment or denial) against the Claim or Service Line. These allocations can also be viewed by clicking the **View** link under **Action** column.

8. Click **Home** on Menu Bar. User Home Page displays.

Searching Liability Claims

Municipal Fiscal staff can search for Liability claims to check on the status of these claims in the Third Party insurance reimbursement cycle. This includes claims to commercial insurance, Medicaid, LDSS transportation and State Voucher. Municipalities can search by various criteria including child name to see the liability claims that meet this criteria and then view details on the claim.

1. Log in to NYEIS. User Homepage Displays.

2. Click **Liability Claims** link under Search Section**. Liability Claim   Search** page displays.

Liability Claim Search			
Search Criteria			
Liability Claim Number:		Liability Batch Number:	
Child Last Name:		Child First Name:	
Liability Batch From Date:		Liability Batch To Date:	
Service From Date:		Service To Date:	
Medicaid Claim :	☐	Commercial Insurance Name:	
Search Outstanding Claims Only:	☐		
		Search Reset	
Search Results			
Actions	Liability Claim Number	Child Name	Payor Name Provider Claim Number Service Date Total Outstanding

3. Type all known information in the **Search Criteria** section. Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button.*

Click the **Medicaid Only** checkbox to search for Medicaid Liability Claims.

Click the **Search Outstanding Claims** only checkbox to search for Outstanding Liability Claims only.

4, Click **View** link under **Action** column next to the liability claim to view the Liability Claim. The Liability claim is the claim as it looks when it is billed to Third Party Insurance. The Liability Claim Number is the unique number assigned to the claim when it is billed to third party. The **Service Line Details** page displays.

The user can also select from the list page, the link under the Provider Claim Number. This will take the user back to the original provider claim.

Suspense Account Management

Entering Payment into Suspense Account

This section describes how to record payments received from unknown sources or if the User is unsure how to record the source of the payment. For example, a Commercial Insurer may erroneously send a payment for services to a family/parent. The parent in turn, sends a check with the Explanation of Benefits to the Municipality.

1. Log in to NYEIS. User Home Page displays.

2. Click **Receive Payment** link from **My Shortcuts** section. **Select Payor** page displays.

3. Click **Record in Suspense Account** link. **Record Payment Received In Suspense Account** page displays. *Fields requiring data entry are marked with an asterisk. A field can also be required based on logic that will not have an asterisk. Date fields must be formatted as **mm/dd/yyyy** format.*

4. Type **Amount**, **Date Received** and **Payment Date**.

5. Fill in all other known information. Use the **Comments** section to give a detailed explanation of the transaction.

6. Click **Save** button. Data is recorded into Suspense Account. User Home Page displays.

Viewing/Allocating Payment in Suspense Account
This section describes how to transfer payments that are recorded in the Suspense Account to the known Payor. Follow the steps when it is determined where the payment originated.

1. Log in to NYEIS. User Home Page displays.

2. Click **Suspended Accounts** link from **Search** section. **Suspense Account Search** page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click Reset button.*

4. Click <u>View</u> link under **Action** column. **Suspense Account Item Details** page displays. Review page. Click **Close** button. **Suspense Account Search** page displays.

Or

Click <u>Transfer</u> link under **Action** column. **Transfer From Suspense Select Insurance Provider** page displays.

5. Select of the options:

Medicaid or **State DOH**

a. If **Medicaid** or **State DOH** link is selected, **Transfer From Suspense To Client** page displays.

Transfer From Suspense To Client				?

Save	Save And Allocate	Cancel

Issuer Details

Issuer Name:			
Apt/Suite:		Address Line 2:	
Address Line 3:		City:	
State:	▼	County:	▼
Zip:		Census Tract:	

Save	Save And Allocate	Cancel

b. Review data previously entered. Click **Save And Allocate** button. **Allocate Payment** page displays with **Outstanding Liabilities** for the Payor selected.

Allocate Payment   ?

Close	Record Adjustment

Payment Received Details

Amount:	5,000.00	Unallocated Amount:	5,000.00
Effective Date:	4/20/2009	Receipt Method:	Check

Outstanding Liabilities

Action	Child Name	Service Date	Liability Claim Number	Service Line Number	CPT Code	Total	Outstanding
Pay Deny	LaDanian Tomlinson	12/4/2008	83712	83713	90802 - Interactive psych diagnositc exam	1,498.50	998.50
Pay Deny	Mike Turner	12/14/2008	85762	85763	92577 - Stenger test, speech	999.00	999.00
Pay Deny	Mandissa Smith	12/7/2008	82446	82447	97116 - Therapeutic proc, 1+ areas, each 15 min, gait training, incl stairs	999.00	999.00
Pay Deny	Mandissa Smith	12/7/2008	82438	82439	97112 - Therapeutic proc, 1+ areas, each 15 min, re-education movement,bal,coor	999.00	999.00

c. Click **Pay** link under **Action** column. **Allocate Payment Received** page displays.

Allocate Payment Received

Details

Amount:	
Payor Claim Number:	

Save And Allocate	Cancel

d. Type **Amount**. Click **Save And Allocate** button. **Allocate Payment** page displays. Continue to Allocate Payment until completed. Click

Close button. User Home Page displays.

Commercial Insurance

a. If **Commercial Insurance** link is selected, **Transfer from Suspense Account – Commercial Insurance Search** page displays.

b. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click Reset button.* Click **Select** link under **Action** column for specific Suspense item. **Transfer From Suspense To Client** page displays.   Review data previously entered.

c. Click **Save And Allocate** button. **Allocate Payment** page displays with open liability Claims.

d. Allocate as necessary. 📖 *See* **Entering a Claim Remittance** for further information.

Notes:
- Items that have been identified and allocated are shown with a status of **Transferred**. Items that have not yet been identified or allocated are shown with a status of **Unassigned**.
- The items in this Suspense Account are *held* until identification and allocation can be made. Care should be taken when entering information into this area of NYEIS.

Searching Payments in Suspense Account

1. Log in to NYEIS. User Home Page displays.

2. Click **Suspended Accounts** link from **Search** section. **Suspense Account Search** page displays.

3. Type all known information in **Search Criteria** section. Click **Search** button. Records matching display in **Search Results** section. *To search again, click Reset button.* Click **View** link under **Action** column. **Suspense Account Item Details** page displays.

Suspense Account Item Details

Details			
Status:	Transferred	Amount:	US Dollar 5,000.00
Method:	Check	Foreign Currency:	
Date Received:	4/20/2009	Effective Date:	4/20/2009
Check Number:	1232	Ledger Number:	
Receipt Number:	290	Deposit Slip Number:	0
Origin Sort Code:		Origin Account Number:	
Destination Account Name:		Destination Account Number:	
Destination Sort Code:		Date Posted:	4/20/2009

Issuer Details			
Issuer Name:	bcbs	Issuer Address:	

Comments

4. Review page.

5. Click **Close** button. **Suspense Account Search** page displays.

6. Click **Home** from the Navigation Bar. User Home Page displays.

Note:
- Items that have been identified and allocated are shown with a status of **Transferred**. Items that have not yet been identified or allocated are shown with a status of **Unassigned**.

CODE 35 MANAGEMENT

Code 35 Placement

This section shows how a user can generate a list of children that need the Code 35 placed on their Medicaid record with LDSS. The system determines what children meet the Code 35 Placement criteria based on whether the child is new to the County of Residence (either new referral or transfer) and has a Medicaid CIN. That is, each child on the list has a Medicaid policy and has either been newly referred or transferred to the user's municipality. After the Code 35 list has been generated, the Code 35 is recorded on the Child's **Commercial Insurance Coverage** Page in the **Code 35 Information** cluster.

1. Log in to NYEIS. User Home Page displays.

2. Click **Code 35 Placement** link under **My Shortcuts** section. **Search Code 35 to Add Placements** page displays.

3. Type all known information in the **Search Criteria** section.

> **Important Information**
> Be aware if all search fields are left blank, the search may take longer to display while searching for all available children that need Code 35 placements. Leaving all search fields blank should be avoided unless it is necessary to view all children.

Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button*.

4. View **Available Children** section to identify Code 35 placements.

To select *all* children for Code 35 placement, click checkbox next to **Child Name** column heading. To select *individual* children for Code 35 placement, click the checkbox next to each child.

5. Click **Print** button. **Print Code 35 Placement Selections** page displays. The user can print this page and send to their LDSS so that the LDSS can record the Code 35 in WMS.

> **Important Information**
> Be aware that this process only allows for a list of Code 35 Placements to be printed and sent to LDSS. Once this print page is displayed, the system assumes LDSS has been notified of the Code 35 Placements and sets the Code 35 Placement date in NYEIS to the current date. There is no electronic interaction with LDSS for Code 35 Placements so the user must send this printout.

6. Select the **Cancel** button navigates the user back to the **Search Code 35 to Add Placements** page. Selecting the **Cancel** button again returns the user to their homepage.

    After the Code 35 report has been generated the Code 35 is recorded on the Child's **Commercial Insurance Coverage** Page in the **Code 35 Information** cluster.

Code 35 Removal

This section shows how a user can generate a list of children that need the Code 35 removed from their Medicaid record with LDSS. The system determines what children meet the Code 35 Removal criteria based on whether a child with a Code

35 placement has their integrated case closed. Code 35 removals are also listed after a child with Code 35 placement has transferred to another county. The Code 35 removal shows up in the county originating the transfer. In other words, each child on the list has a Medicaid policy, has had their integrated case closed or transferred out of the municipality, and has an existing Code 35 placement in the user's municipality. After the Code 35 report has been generated the Code 35 removal is recorded on the Child's **Commercial Insurance Coverage** Page in the **Code 35 Information** cluster.

1. Log in to NYEIS. User Home Page displays.

2. Click **Code 35 Removal** link under **My Shortcuts** section. **Search to Remove Code 35 Placements** page displays.

3. Type all known information in the **Search Criteria** section.

> **Important Information**
> Be aware if all search fields are left blank, the search may take longer to display while searching for all available children that need Code 35 removals.

    Click **Search** button. Records matching criteria display in **Search Results** section. *To search again, click **Reset** button*.

4. View **Available Children** section to identify Code 35 removals.

To select *all* children for Code 35 removal, click checkbox next to **Child Name** column heading. To select *individual* children for Code 35 removal, click the checkbox next to each child.

5. Click **Print** button. **Print Code 35 Removal Selections** page displays. The user can print this page and send to their LDSS so that the LDSS can remove the Code 35 in WMS.

Important Information
Be aware that this process only allows for a list of Code 35 Removals to be printed and sent to LDSS. Once this print page is displayed, the system assumes LDSS has been notified of the Code 35 Removal and sets the Code 35 Removal date in NYEIS to the current date. There is no electronic interaction with LDSS for Code 35 Removals so the user must send this printout.

6. Select the **Cancel** button navigates the user back to the **Search to Remove Code 35 Placements** page. Selecting the **Cancel** button again returns the user to their homepage.

    After the Code 35 report has been generated the Code 35 is recorded on the Child's **Commercial Insurance Coverage** Page in the **Code 35 Information** cluster.

COMMERCIAL ELECTRONIC CLAIMS SUBMISSIONS

This section contains information to guide Users through the process of submitting NYEIS claims electronically to commercial insurance companies.

Getting Started

Before a Municipality can electronically transmit a 837P claim file to a commercial insurance company or clearinghouse, the commercial insurance company/clearinghouse must first be setup and configured in NYEIS. This process is managed by SDOH Bureau of Early Intervention.

Once the commercial insurance company/clearinghouse is configured, NYEIS will generate the 837P claiming file in an automatic batch process. If a commercial insurance company/clearinghouse is configured to receive electronic transmissions, there is no User intervention required. NYEIS automatically transmits the 837P claim file, accepts the 835 remittance from the commercial insurance company/clearinghouse, and applies the payments to the related claims.

If a commercial insurance company/clearinghouse is NOT configured for electronic transmissions, the Municipality is responsible for sending 837P claim, and manually posting the 835 remittance files into NYEIS when received from the commercial insurance company/clearinghouse. 📖 *See* the **Entering a Claim Remittance: Claiming Payment from Commercial Insurer** topic in this unit for further information about manually entering and applying payments.

Sending Electronic Claims

1. Select the **Financial Interfaces** option in the **My Shortcuts** cluster on the **User Homepage**. **Financial Interfaces** page displays.

2. Select **Commercial Insurance Interfaces** option from the **Financial Interfaces** cluster.

3. Select **Download 837** option in the **Commercial Insurance Interfaces** cluster to select and download EDI claims files. **Download 837 Files** page displays.

4. The list displays all EDI claim files ready to be sent to commercial insurance companies/clearinghouses for the User's municipality.

Action	Control Number	Insurance Company	Date Created	837 File	Date Downloaded
Download	260	INGENIX	3/31/2011	837P__2011-03-31T16_22_48.918Z.edi	3/31/2011
Download	259	INGENIX	3/31/2011	837P__2011-03-31T16_23_13.470Z.edi	3/31/2011
Download	305	AVAILITY	4/14/2011	837P_2011-04-14T18_03_58.085Z.edi	4/14/2011

Important Information
If the EDI file has already been downloaded then the Date Downloaded column will display the date this was done.

DO NOT re-transmit EDI files to an insurance company unless instructed to do so. Multiple transmissions of the same file could result in denials for duplicate claims being received back from the insurance company.
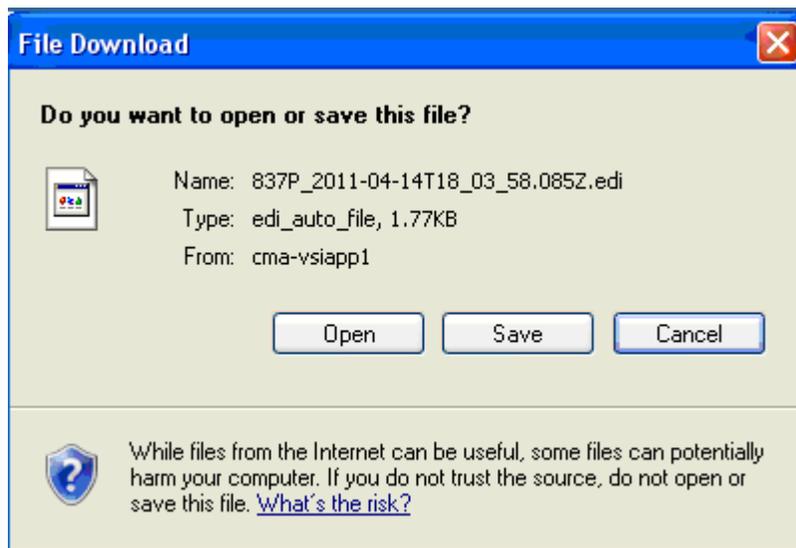
5. To download the EDI file do the following:

    a. Click on the **Download** link in the **Action** column next to the desired file. **File Details** cluster appears.

   b. Click on the **837 File** field filename. The **File Download** pop up page displays.

Download 837 File

File Details
837 File: 837P_2011-04-14T18_03_58.085Z.edi

[Close]

6. Click the **Save** button on the **File Download** pop up. The **Save As** pop up displays.

File Download

Do you want to open or save this file?

    Name: 837P_2011-04-14T18_03_58.085Z.edi
    Type: edi_auto_file, 1.77KB
    From: cma-vsiapp1

[Open] [Save] [Cancel]

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?

7. Select the desired destination directory, then click the **Save** button. **DO NOT ALTER THE FILENAME!**
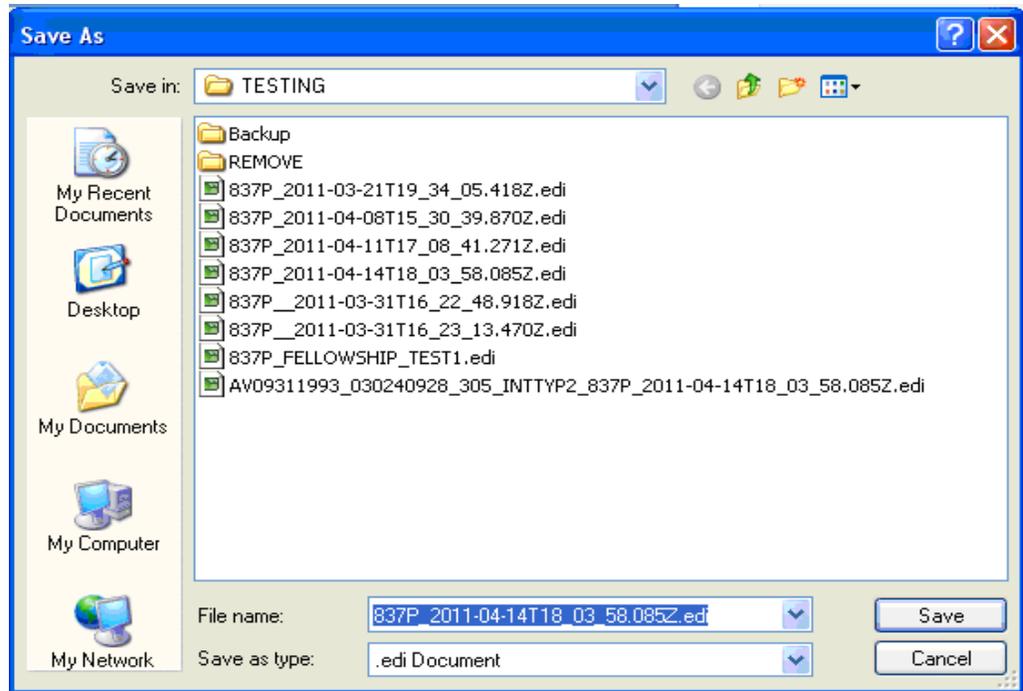
8. Follow the instructions provided by the commercial insurance company or clearinghouse on how to transmit the EDI file to them. **Each will be different, and must be followed as provided.**

9. Once the EDI file has been successfully transmitted to the recipient be sure to delete the file from your local PC. This **MUST BE DONE** to adhere to HIPAA guidelines!

Uploading EDI Response Files

After EDI transactions have been processed by the commercial insurance payer, their response will be made available for uploading into the NYEIS.

Follow these steps to upload response files:

1. First download the response file to your computer following the instructions provided by that commercial insurance company or clearinghouse on how to transmit the EDI file to them. **Each will be different, and must be followed as provided.**

2. Select the **Financial Interfaces** option in the **My Shortcuts** cluster on the **User Homepage**. **Financial Interfaces** page displays.

3. Select the **Commercial Insurance Interfaces** option from the My **Shortcuts** cluster. **Commercial Insurance Interfaces** page displays.

4. Select **Upload Response Files** option. The **Upload Response File** page displays.

5. Click on the **Browse** button, and select the response file to upload, then select **Save** button.

> **Important Information**
> The file will be saved and processed on a nightly basis. It may take up to 48 hours, depending on when the file is uploaded for it to be processed. This process will automatically reconcile the claims contained in it.

NON-NYEIS CLAIMS PAYMENT ADVICES

When claims payment advices are received electronically it is possible that there will be claim payment information for claims not originating from NYEIS to be included. Dubbed, "Non-NYEIS Claims", these claims cannot be processed by NYEIS. For this reason a new process has been put in place to identify these claims before they can be inserted into NYEIS, and providing the user a method to move those claim payments on to the appropriate department.

When Non-NYEIS claims are detected by the electronic remittance process, they are placed on a list page where the user is given the opportunity to download the remittance advice to forward to the appropriate recipient department.

A workflow notification is sent to members of the municipalities Fiscal Staff work queue.

To access the list page containing the Non-NYEIS claims remittance advices, do the following steps.

1. Select the **Financial Interfaces** option in the **My Shortcuts** cluster on the **User Homepage**. **Financial Interfaces** page displays.

2. Select the **Commercial Insurance Interfaces** option from the My **Shortcuts** cluster. **Commercial Insurance Interfaces** page displays.

3. Select the **NonNYEIS 835 Remittance File List** option from the My **Shortcuts** cluster. The **NonNYEIS 835 Remittance File List** page displays.
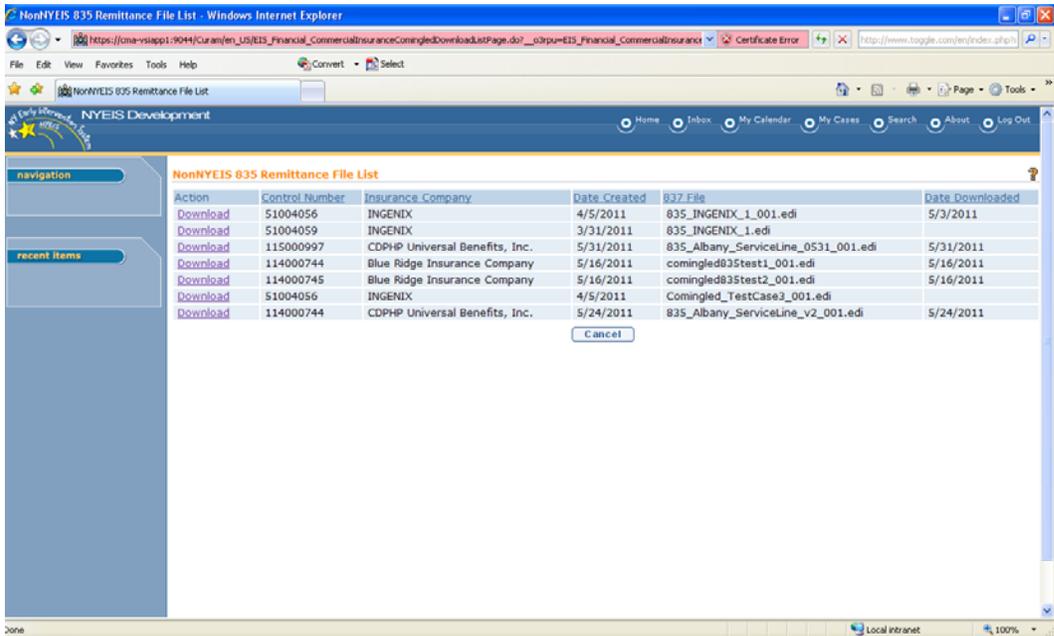

4. To download a NonNYEIS 835 claim remittance advice for forwarding on to the appropriate department, click on the Download action link. The **Download NonNYEIS 835 Remittance File page** is displayed.
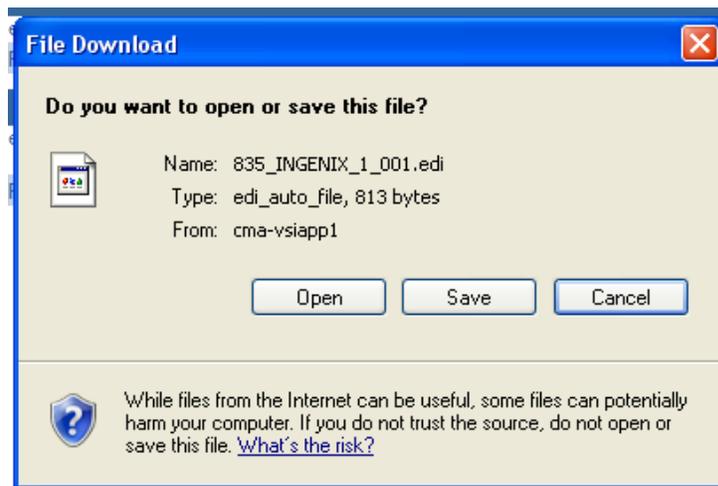

The NonNYEIS 835 Remittance File page presents two download links. The NYEIS interface process provides a HIPAA edi 835 remittance advice file that can be used to electronically process the remittance advice by the

appropriate department. Also, a comma delimited text file is provided with the same information that can be imported into MS_Excel for processing.
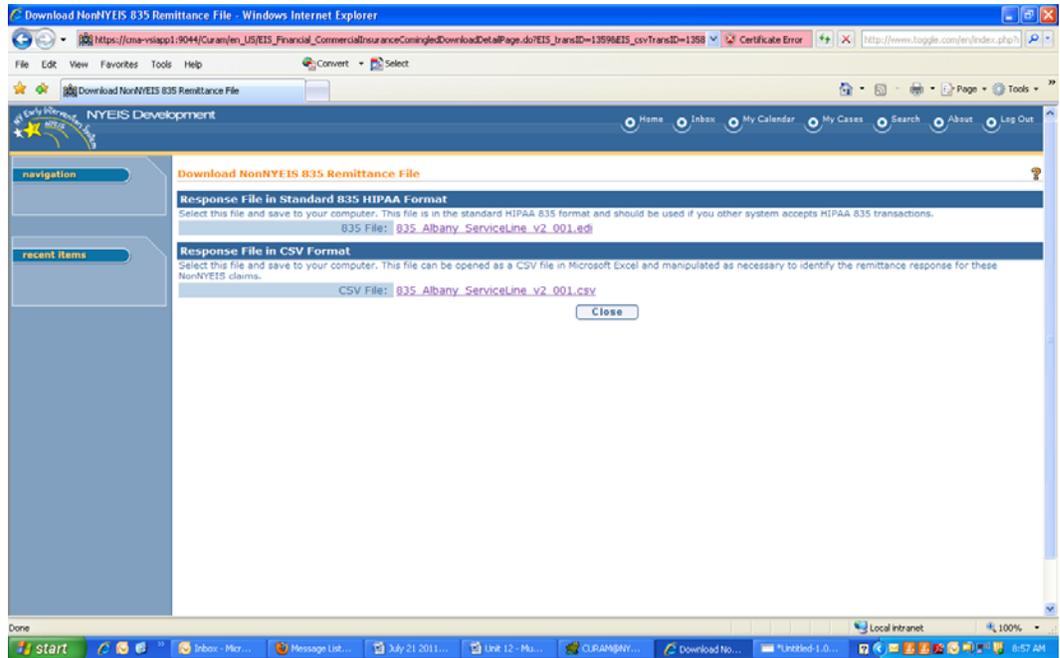
5. Click on the download link for the desired format. Then click the **Save** button on the File Download screen that appears.

6. Select the desired destination directory, then click the **Save** button. **DO NOT ALTER THE FILENAME!**