# **Unit 12: Municipal Financial**

Version 1.6



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Date	<b>Release</b>	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 <b>Recording Unsolicited Adjustment</b> subtopic.
		Added Searching Liability Claims subtopic.
		• Updated the <b>Commercial Electronic Claims Submissions</b> 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 <b>Generating a CMS1500</b> 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.

# **Document Revision History**

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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           Sytry for the Provider iHope Inc. that was submitted on 11/04/2011         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	🖹 <u>Restart</u>					
X <u>Close</u>	🔹 <u>Un-Reserve</u>	🖹 <u>Defer</u>						
Subject								
Please review the approved cla	ims on Invoice 5ytry for the Provider iHope Inc.	that was submitted on 11/04/2	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:	Time Worked: 00:00 [Change]							
Primary Action		Supporting Information						
Phillidly Action		Supporting Information						
Review approved claims in the	e 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 Invoic	View Invoice ?								2		
Invoice Details											
Pro	vider of I	Record:	Previews	Review Inc	с.		Invoice N	umber:	15002		
Billing Agent Reference Number:			Billing Agent Name:								
	Date C	reated:	10/25/20	)11			Invoice	Date:	10/25/201	1	
	Munic	cipality:	Albany				Submission M	ethod:	Manual		
		Status:	Submitte	d for Muni	Review		Submitted Ar	mount:	124.00		
	Ente	red By:				Approved Amount:		0.00			
Provider Cla	aims Lis	t									
Action	<u>Child</u> <u>Name</u>	<u>Renderi</u> Provide	ing er Name	<u>Claim</u> Number	<u>Date of</u> <u>Service</u>		<u>Service</u> <u>Authorization</u> <u>Number</u>	<u>Ser</u> Typ Met	<u>vice</u> be / thod	<u>Status</u>	
<u>View</u> <u>Reject</u>	Lala Land	Wells, Wallan	ce	15002A	10/12/20	011	110851	от	- Basic	Submitted Muni Revie	For w
<u>View</u> <u>Reject</u>	Lala Land	Stills,	Stephan	15002B	10/12/20	)11	110853	Vis Bas	ion - sic	Submitted Muni Revie	For w
Provider Claims List Pending or Denied											
Action	<u>Child</u> Name	<u>Renderi</u> <u>Name</u>	ng Provide	er <u>Claim</u> Number	<u>Date</u> <u>Servi</u>	of ce	<u>Service Autho</u> <u>Number</u>	orization	<u>n Servic</u> Metho	<u>e Type /</u> <u>d</u>	<u>Status</u>
(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.

 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.

Enter Rejection Claim		2
	Save Cancel	
Rejection Reason		
*Enter Rejection Reason:	Rendering Provider cannot serve more than 1 child at the same time - Preschool overlap 😽	
Comments		
	Save Cancel	

#### 12. Select the Rejection Reason

13. Type **Comments** (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.

Provider Claims List Pending or Denied							
Action	Child Name	Rendering Provider Name	Claim Number	Date of Service	Service Authorization Number	Service Type / Method	Status
View	Matthew Patel	Stills, Stephan	Test105	9/11/2011	106516	Vision - Basic	Municipal Rejected

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.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Release Provider Claims</u> 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							
i Criteria							
Provider of Record: SA Number:							
Provider Claim Number:				Invoice Numb	er:		
vider Claim Created Date From:			Provider	Claim Created Date 1	o:		
1 Results							
Provider of Record	SA Number	Provider Claim Nu	imber	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	l .	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	
	e Claim for Payment  Criteria  Provider of Record: Provider Claim Number: Vider Claim Created Date From:  Results  Provider of Record Leggs Diamond Leggs Diamond Saratoga Children's Services Saratoga Children's Services Midway Social Services	e Claim for Payment  Criteria  Provider of Record: Provider Claim Number: Vider Claim Created Date From:  Results  Provider of Record SA Number Leggs Diamond 10249 Leggs Diamond 10249 Saratoga Children's Services 11304 Saratoga Children's Services 1320	e Claim for Payment  Criteria  Provider of Record: Provider Claim Number: Vider Claim Created Date From:  Results  Provider of Record SA Number Provider Of Record Number Leggs Diamond 10249 MATestMA Leggs Diamond 10249 MATest2 Saratoga Children's Services 11304 111MATestAgain Saratoga Children's Services 11304 11304TestMA Midway Social Services 1320 TestNoCPT	e Claim for Payment  Criteria  Provider of Record: Provider Claim Number: Vider Claim Created Date From:  Provider Claim Created Date From:  Provider of Record  Attentiate  Provider of Record  Sanatoga Children's Services  Saratoga Children's Services  Provider Services  Provider Services  Provider Services  Provider Services  Provider Claim Number  Provider Services  Provider Services  Provider Claim Number  Provider Services  Provider Services  Provider Claim Number  Provider Services  Provider Services  Provider Claim Number  Provider Services  Provider Claim Number  P	e Claim for Payment  Criteria  Provider of Record: Provider Claim Number: Vider Claim Created Date From: Provider Claim Created Date From: Provider Claim Created Date From: Provider Claim Created Date T  Recurs  Provider of Record SA Number Provider Claim Number Invoice Number Invoice Number Edggs Diamond 10249 MATestMA TestMA Useggs Diamond 10249 MATest2 TestMA Saratoga Children's Services 11304 11304TestMA 999999Tets Saratoga Children's Services 1320 TestNoCPT 10181	e Claim for Payment           Criteria         SA Number:           Provider of Record:         SA Number:           Provider Claim Number:         Invoice Number:           vider Claim Created Date From:         Provider Claim Created Date To:           Results         Invoice Number           Leggs Diamond         10249         MATestMA         TestMA         2/23/2009           Saratoga Children's Services         11304         113MATestAgain         99999Tets         3/10/2009           Saratoga Children's Services         1304         11304TestMA         99999Tets         3/10/2009           Midway Social Services         1320         TestNoCPT         10181         3/19/2009	

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:	<b>(</b> )			
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 <u>Interfaces</u> link under My Shortcuts section. Financial Interfaces page displays.
- 3. Click <u>Send Payment File to Muni Finance</u> 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.

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click <u>Payments Issued</u> link under Search section. Payment Issued Search page displays.

Payment Issu	ed Search							?
Search Criteri	а							
		Payme	nt Issued E	atch Number:				
	Name:					Provider N	PI:	
	Provider State ID:					Amou	nt:	
Eff	ective Date From:		<i>(</i> )			Effective Date	Го:	<i>(</i> )
	Delivery Method:		•			EFT Numb	er:	
	Check Number:							
				Search	Rese	et 📄		
Search Result	s							
Action	<u>Name</u>	<u>Provider</u> State ID	<u>Provider</u> NPI	<u>Payment Issue</u> Batch Number	<u>d</u>	Delivery Method	Effective Date	Amount

 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 <u>View</u> link under Action column of payment summary. Provider Payment Summary page displays. If necessary, click <u>View</u> link under the Action column to view details of the Claim.

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

Enter Municipality Payment				2
		Save	Cancel	
Details				
Check Number:	10202		*Number of Claims:	0
*Payment Date:	12/1/2008	٥	Payment Amount:	0.00
*Payment Method:	Cash	•	Bank Account:	<u>୍</u> କୁ
EFT Number:				
		Save	Cancel	

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**  $\leq$  icon in **Bank Account** field to identify Bank Account. **Bank Accounts** page displays. Click <u>Select</u> 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. **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.

Provide	Provider Payment Summary: Midway Social Services - 02-26-2009									
	Modify									
Details	etails									
	P	ay To Provider:	Midway Social	Services		Amount:	US Dollar 2,997.00			
	Pay To Pro	Pay To Provider Address: Albany (Albany) New York 12204			Payment Method: Cash					
Creation Date: 2/26/2009					Check Number:					
Effective Date: 2/26/2009				Voucher Reference:						
	Bank Ac	count Number:			Cash Payment Number: 10202					
	В	ank Sort Code:				Date Paid:	12/1/2008			
		Status:	Reconciled			EFT Number:	1			
Action	<u>Case</u> <u>Reference</u>	Child Name		Provider Claim Number		Туре	Amount	<u>Credit</u>		
<u>View</u>	<u>1320</u>	LaDanian Toml	inson	TestA2Demo		Provider Invoice Payment	999.00		0.00	
View	<u>1320</u>	LaDanian Toml	Tomlinson <u>TestLTSAView</u>			Provider Invoice Payment	999.00		0.00	
View	<u>1321</u>	LaDanian Toml	inson	TestSAViewLink		Provider Invoice Payment	999.00		0.00	
				Mod	ify					

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 <u>Payments Issued</u> link under Search section. Payment Issued Search page displays.

Payment Iss	ueu Search						ť
Search Crite	ria						
		Payment Issue	ed Batch Number:				
	Name:				Provider N	PI:	
	Provider State ID:				Amour	nt:	
E	ffective Date From:		<b>Ø</b>		Effective Date T	o:	<i>(</i> )
	Delivery Method:		•		EFT Numbe	er:	
	Check Number:						
			Search	Rese	t		
Search Resu	its						
Action	Name	Provider Provide State ID NPI	er Payment Issue Batch Number	ed :	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 <u>View</u> link under Action column of payment summary. **Provider Payment Summary** page displays

0

Provider Payr	Provider Payment Summary: Albany County Department of Children, Youth & Families - 01-28-2011									?
	Modify Delete									
Details										
			Payment Is:	sued Batch Number:	-32103983	06123382784				
	Рау То	Provider:	Albany County Dep Youth & Families	artment of Children,		Amount:	US Dollar 410.50			
р	ay To Provider	Address:	1 County Way Albany (Albany) New York 10001	y iy) 001		Payment Method:	EFT			
	Creat	ion Date:	1/28/2011		Check Number:					
	Effect	ive Date:	1/28/2011		Voucher Reference:					
	Bank Account	t Number:	EFTAct101			Cash Payment Number:				
	Bank S	ort Code:	1			Date Paid:	7/15/2011			
		Status:	Reconciled			EFT Number:	33011			
Action	SA Number	Child Nar	ne	Provider Claim Num	ber	Туре	Amount		Credit	
View Remove	<u>49924</u>	QAR Tes	: <u>t</u>	17666		Provider Invoice Payment		396.00		0.00
View Remove	<u>49923</u>	QAR Tes	<u>it</u>	17664		Provider Invoice Payment		14.50		0.00
				Modify	Delete					

If necessary, click <u>View</u> 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 <u>Payments Issued</u> link under Search section. Payment Issued Search page displays.

Payment Issued	d Search							?		
Search Criteria										
		Payme	ent Issued E	Batch Number:						
	Name:					Provider NF	PI:			
PI	rovider State ID:					Amour	it:			
Effe	ctive Date From:		<i>(</i> )			Effective Date T	o:	<i>(</i> )		
1	Delivery Method:		•	]		EFT Numbe	er:			
	Check Number:									
	Search Reset									
Search Results										
Action <u>N</u>	<u>Name</u>	<u>Provider</u> State ID	<u>Provider</u> <u>NPI</u>	Payment Issue Batch Number	<u>d</u>	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 <u>View</u> link under **Action** column of payment summary. **Provider Payment Summary** page displays

Provider Payı	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					
Р	1 County Way Pay To Provider Address: Albany (Albany) New York 10001				Payment Method:	EFT				
	Creat	ion Date:	1/28/2011		Check Number:					
	Effect	ive Date:	1/28/2011		Voucher Reference:					
	Bank Account	Number:	EFTAct101		Cash Payment Number:					
	Bank S	ort Code:	1			Date Paid: 7/1				
		Status:	Reconciled		EFT Number: 33011					
Action	SA Number	Child Nan	<u>1e</u>	Provider Claim Num	<u>ber</u>	Туре	Amount		<u>Credit</u>	
View Remove	<u>49924</u>	QAR Tes	<u>t</u>	17666		Provider Invoice Payment		396.00		0.00
View Remove	<u>49923</u>	QAR Tes	<u>t</u>	17664		Provider Invoice Payment		14.50		0.00
				Modify	Delete					

If necessary, click <u>View</u> 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 <u>Financial Interfaces</u> link under **My Shortcuts** section. Financial Interfaces page displays.
- 3. Click <u>Receive Payment File from Muni Finance</u> 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.

🏉 Choose file		×
🖉 🖉 🖉 🖉 🖉 🖉	nents 👻 🐓	Search P
🎍 Organize 👻 🎬 Views 👻	🖌 📑 New Folder	2
Favorite Links Favorite Links Documents Recently Changed Examples Computer Favorite Pictures Music Searches More w	Name Date modified	Type >>
Folders ^	•	
File name: Te	emplate Doc	✓ All Files (*.*)     ✓     Open ▼ Cancel

5. Click **Open** button. **Receive Payment Remittance File from Muni Finance** page displays.

Receive Payment Remittance File from Muni Finance								
	Save Cancel							
Select the Payment Remitta	nce File							
File:	st Attachments\Data.xml. Browse							
	Save Cancel							

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. Que 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 <u>Provider Claims</u> link under Search section. Provider Claim Search page displays.

Search Criteria	Search									8
	Invoice Number:					Child's	s Name:			<u> </u>
	Provider of Record:				Ren	dering Provide	r Name:			
Service /	Authorization Number:			<mark>ର୍</mark> କ୍ଟ	P	rovider Claim M	Number:			
	Received From Date:		<i>(</i> )			Received T	o Date:		<i>(</i> )	
	Service From Date:		<b>(</b> )			Service T	o Date:		٥	
	Status:		•			Approved A	Amount:			
Search Reset										
Search Results										
Action	Child's Name In	voice Number Ser	vice Authoriza	ation Num	ber Provider	Claim Number	Service	Start Date	Approved Amount	Status

 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.

navigation	Provider Claim Home B111 - All Children and Families for Annie Garwood								
O Home	General Details								
• Status History	Rendering Provider Name:	Barb Butters	Parent Signature:	Yes					
• Claim Reconciliation	Billing Provider Name:	All Children and Families	Service Authorization Number:	9220					
• Waivers	Child's Full Name:	Annie Garwood	Service Type/Method:	PT - Basic					
	Service Date:	9/24/2009	Visit Type:	Regular					
	Service Start Time:	08:00	Service End Time:	08:15					
	Date Created:	9/28/2009	Place Of Service:	Home					
	Rate Amount:	67.00	Rate Code:	5430					
recent items	Reference Numbers								
	NYEIS Provider Claim Number:	31501	Billing Agent Number:						
	Provider Claim Number:	B111	Medical Record Number:						
	Invoice Number:	2344							
	ICD9 Codes								
		EI Eligible Diagnosis (ICD) Code 1:	343.90 - Infantile Cerebral Palsy (Not o	therwise specified-Nos)					
		Other Eligible Diagnosis (ICD) Code 2:							
		Other Eligible Diagnosis (ICD) Code 3:							
		Other Diagnosis (ICD) Code 4:							
	Claim Decision								
	Claim Status:	Processing	Effective Date:	3/16/2010					
	Amount Approved:	67.00	Rejection Reason:						

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

navigation	Provider Claim Reconciliation 02t82dlaa - EI for All for Tiffany Martin-10								
Claim Home	Provider Claim Details								
• Status History		Provider of P	Record: EI for All		Approved Amo	unt: 69.00			
	Provid	ler Claim Approva	l Date: 5/28/2010		Provider Claim Date I	Paid:			
• Waivers		Provider Claim \$	Status: Approved		Current Reimbursement Sta	itus: Not Ready to be processed			
	Curren	t Unreimbursed A	mount: 69.00		Current Prov	der:			
	3rd Party Rei	mbursement							
	Action	Claim Line	3rd Party Payor Name	Date Billed	Date Reconciled	Paid Amount Denied Amount			
recent items	Vouchers								
	Action	Voucher Numbe	ar		Start Date				

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	
<u>View</u>	72206	BCBS	2/23/2009 13:26	2/26/2009	450.00	549.00	
<u>View</u>	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 <u>Provider Claims</u> link under Search section. Provider Claim Search page displays.

Provider Claim Search			?	
Search Criteria				
Invoice Number:		Child's Name:	ଲ <b>୍କ</b> ୍	
Provider of Record:		Rendering Provider Name:		
Service Authorization Number:	୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍୍	Provider Claim Number:		
Received From Date:	()	Received To Date:	Ø	
Service From Date:	()	Service To Date:		
Status:	•	Approved Amount:		
Search Reset				
Search Results				
Action Child's Name In	voice Number Service Authorization	Number Provider Claim Number Service	Start Date Approved Amount Status	

 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.

navigation	Ion Provider Claim Home B111 - All Children and Families for Annie Garwood						
Home     Claim Home	General Details						
• Status History	Rendering Provider Name:	Barb Butters	Parent Signature:	Yes			
Claim Reconciliation	Billing Provider Name:	All Children and Families	Service Authorization Number:	9220			
• Waivers	Child's Full Name:	Annie Garwood	Service Type/Method:	PT - Basic			
	Service Date:	9/24/2009	Visit Type:	Regular			
	Service Start Time:	08:00	Service End Time:	08:15			
	Date Created:	9/28/2009	Place Of Service:	Home			
	Rate Amount:	67.00	Rate Code:	5430			
recent items	Reference Numbers						
	NYEIS Provider Claim Number:	31501	Billing Agent Number:				
	Provider Claim Number:	B111	Medical Record Number:				
	Invoice Number:	2344					
	ICD9 Codes						
		EI Eligible Diagnosis (ICD) Code 1:	343.90 - Infantile Cerebral Palsy (Not o	therwise specified-Nos)			
		Other Eligible Diagnosis (ICD) Code 2:					
		Other Eligible Diagnosis (ICD) Code 3:					
		Other Diagnosis (ICD) Code 4:					
	Claim Decision						
	Claim Status:	Processing	Effective Date:	3/16/2010			
	Amount Approved:	67.00	Rejection Reason:				

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

navigation O Home	Provider Claim Status History				
• Claim Home	Provider Claim Status History				
• Status History	Effective Date	<u>Status</u>	<u>User ID</u>		
• Claim Reconciliation	5/28/2010	Open	unimuni		
• Waivers	5/28/2010	Approved	unimuni		
	5/28/2010	Submitted	unimuni		

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 3<sup>rd</sup> Party if the 3<sup>rd</sup> 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 <u>Request Provider Recoupment</u> link under Shortcuts section. The **Request Provider Recoupment** page displays.

Carlos - 100 https://cma-vsiapp1:	9044/Curam/en LIS/EIS Einancial reques				
		tProviderRecoupmentSearchPage.do	🗸 😵 Certificate Error 🛛 😽 🗙	Live Search	<b>P</b> -
File Edit View Favorites Tools	Help 🍖 Conve	rt 👻 🔂 Select			
🚖 🏟 🏙 Request Provider Recoup	ment		🙆 · 🖻	- 🖶 - 🔂 Page - 🧮 - 🌀	Tools - **
at carly literation for		O Home O Inbe	ix O <sup>My Calendar</sup> O <sup>My Case:</sup>	s O <sup>Search</sup> O <sup>About</sup> O	Log Out
navigation O Home	Request Provider Recoupme	ent			?
• Banks	Search Criteria				
Create Voucher     Enter Invoice	Provider of Record Name:		Provider of Record N	PI:	
• List Rejected Voucher	Rendering Provider Name:		Rendering Provider N	PI:	
Lines	Provider Claim Created Date		Provider Claim Created Da	ite	
Payment Issued Search     Payment Received	From:	Provider Claim Created Date From	т	o:	_ 🧠
Search	Provider Claim Service Date		Provider Claim Service Da	ite	
• Release Provider Claims	Providen Claim Number		1	0.	
Request Provider	Provider Claim Number:				
Recoupment		Search	Reset		
• Search Provider Claims					
• Submit Invoices					
<ul> <li>Suspense Account Search</li> </ul>					
O Third Party Insurance Batch Search					
recent items					~
Done				🗟 Local intranet 🛛 🔍 1	00%
🛃 start 🛛 🐼 2 Microsoft Off	ice 👻 🧰 TEMP	Unit_8Provider_I	Request Provider R 💡 🖤	100% 🕽 💼 🖒 🍓 💽 💌	12:03 PM

- 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.

C Request Provider Recoupment -	- Windows Internet Explorer			_ = = X
COO - Mainten https://cma-vsiapp1:90	044/Curam/en_U5/EI5_Financial_requestPro	oviderRecoupmentPage.do?pp_billin	🖌 😵 Certificate Error	ive Search
File Edit View Favorites Tools	Help 😪 Convert	👻 🛃 Select		
😪 🎄 📸 Request Provider Recoupm	nent		🟠 • 🖾 ·	🖶 🔹 🔂 Page 👻 🧮 🔹 🍈 Tools 👻 🤲
H Carly Liter west of the		O Home O Inbox	• OMy Calendar OMy Cases	O Search O About O Log Out
navigation       O Home       O Banks	lequest Provider Recoupment	t Save	Cancel	?
O Create Voucher O Enter Invoice O List Rejected Voucher Lines	Search Criteria Provider of Record Name: Rendering Provider Name: Pe	eregrin Took	Provider of Record NP Rendering Provider NP	1
<ul> <li>Payment Issued Search</li> <li>Payment Received Search</li> </ul>	Provider Claim Created Date From: Provider Claim Service Date		Provider Claim Created Dat To Provider Claim Service Dat	e : e
Release Provider Claims     Request Provider Recoupment	From: Provider Claim Number: Recoupment Type		lo	
Search Invoices     Search Provider Claims     Submit Invoices	*Type: Re	ecoupment 🗸		
O Suspense Account Search	Provider of Record Name	Rendering Provider Provi Name Numb	ider Claim <u>Created</u> ber Date	Service Date Amount
• Third Party Insurance Batch Search	Fellowship Provider Services	Peregrin Took 7300	52 9/15/2010	9/15/2010 62.00
	Fellowship Provider     Services	Peregrin Took 7299	99 9/10/2010	7/3/2010 62.00
	Fellowship Provider     Services	Peregrin Took 747	59 10/4/2010	10/4/2010 62.00
	Fellowship Provider Services	Peregrin Took tew	t11 8/20/2010	8/17/2010 62.00
	Fellowship Provider     Services	Peregrin Took 7303	34 9/14/2010	9/13/2010 62.00
A start Data Microsoft		Miller 8 - Dravider 1	enuest Desuider D	Local intranet 3, 100% •

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 <u>**Third Party Insurance**</u> link under the **Search** section. **Search Insurance Provider** page displays.

Search Insurance	Provider				?
Search Criteria					
NAIC Number:					
Insurance Provider Name:	Aetna Health Insurance	e	Insurance Provider Registered Name:		
City:			Address Line 1:		
Type:		*	Include Inactive Records?:		
		Search	Reset		
Search Results (Num	per of Items: 1)				
NAIC Number	<u>Insurance Provider</u> <u>Name</u>	Phone Number	Address Line 1	City	<u>Insurance</u> Type
<u>15025</u>	Aetna Health Insurance Company of New York		Nassau Omni West	Uniondale	Private

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.

	Insurance Provider Home: Aetna Health Insurance Company of New York - 84450				
• Addresses		Ed	lit		
Alternative IDs	Provider Name Details				
Bank Accounts	Provider Name:	Aetna Health Insurance Company of	Peristered Name:	Aetna Health Insurance Comp	
• Communications	Provider Marie.	New York	Kegistered Name.	New York	
• Communication	Registration Date:	4/14/2009	Insurance Type:	Private	
Exceptions	Preferred Communication:		Preferred Language:		
• Contacts	Subject To NYS Law:	Yes			
<ul> <li>Email Addresses</li> </ul>	0				
• Locations	Contact				
• Notes		Nassau Omni West 333 Earle Ovington			
• Phone Numbers	Addross	Suite E02	Dhono Numbor:		
• Roles	Address.	Uniondale	Filone Number.		
0 Taele		New York 11553			
O Web Addresses				-	
Insurance Company	Comments				
Comiguration	Initial data conversion.				
O Generate Paper Clair	Edit				

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.

navigation	Generate Paper Claims					?
<ul><li>Home</li><li>Addresses</li></ul>			Generate	Cancel		
Alternative IDs	Selection Criteria					
<ul> <li>Bank Accounts</li> </ul>	Liability Claim Numbers			Inc. Patch Number:		
• Communications	Elability claim Number.			Ins. Bacch Number.		
<ul> <li>Communication Exceptions</li> </ul>	Ins. Batch From Date:	8/1/2010	<i>(</i> )	Ins. Batch To Date:	8/31/2010	<b>(</b> )
• Contacts	Include Claims Already					
Email Addresses	Printed :					
Locations			Generate	Cancel		
Notes						
Phone Numbers						
Roles						
• Tasks						
Web Addresses						
• Insurance Company Configuration						

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

Select	Select Claims to Generate					
	Print Cancel					
Availa	ble Claims					
	Childs Name	<u>Claim Number</u>	Ins. Batch Number	Ins. Batch Date	Last Printed On	<u>Last Printed B</u>
	Thomas ABAtest	60945	44544	8/23/2010		
	Thomas ABAtest	60672	44288	8/20/2010		
	Thomas ABAtest	60941	44544	8/23/2010		
	Patrick Decker	61186	44800	8/25/2010		
	Patrick Decker	60943	44544	8/23/2010		
	Thomas ABAtest	60930	44544	8/23/2010		
	Thomas ABAtest	60676	44288	8/20/2010		
	Thomas ABAtest	60928	44544	8/23/2010		
	Thomas ABAtest	60937	44544	8/23/2010		
	Thomas ABAtest	60939	44544	8/23/2010		
	Thomas ABAtest	60674	44288	8/20/2010		
	Patrick Decker	60932	44544	8/23/2010		
	Thomas ABAtest	60935	44544	8/23/2010		
			Print Can	cel		

 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.

```
Print CMS1500 Forms
Load paper forms in your printer then press the Print Forms button. Press the Complete Process button when done.
Print Forms (Return To Claim List) Complete 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.

 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. ?

#### Unit 12: Municipal Financial

My Work	Queues:	Chip Barnes	

Action	Name	Subscription Date
View   Reserve Next Task	Rensselaer_ContractExpire	8/29/2010 20:25
View   Reserve Next Task	Rensselaer_FiscalManager	8/29/2010 20:25
View   Reserve Next Task	Rensselaer_FiscalStaff	8/29/2010 20:25
View   Reserve Next Task	Rensselaer_LateInvoiceWaivers	8/29/2010 20:25
View   Reserve Next Task	Rensselaer_MonitorInvoiceAging	8/29/2010 20:25
View   Reserve Next Task	Rensselaer_ProviderFlag	8/29/2010 20:25
View   Reserve Next Task	Rensselaer_ProviderRestriction	8/29/2010 20:25
View   Reserve Next Task	Rensselaer_ReviewVoucher	8/29/2010 20:25

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

Work Queue Tasks: Rensselaer_FiscalStaff								
Action	Task ID	Subject	Priority	Status	Deadline			
Reserve	90383	Claims available for printing for Aetna Health Inc Batch #44544.		Open				
Reserve	77061	Provide Justification for Billing Rule Violation for Claim rule3testa		Open	6/14/2010 11			
Reserve	90369	Claims available for printing for Aetna Health Inc Batch #44288.		Open				
Reserve	<u>90474</u>	Claims available for printing for Aetna Health Inc Batch #44800.		Open				

 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.

Task Home: Print Paper Claims - 90474									
Manage									
Add Comment	Keserve	Forward	🖨 <u>Restart</u>						
Close	🕍 Un-Reserve	🖨 Defer							
Subject									
Claims available for printing for Aetna Health Inc Batch #44800.									
Details									
Task ID:	90474	Status:	Open						
Priority:		Deadline:							
Reserved By:		Last Assigned:	8/25/2010 00:13						
Time Worked:	00:00 [Change]								
Primary Action		Supporting Informati	ion						
Print Paper Claims									
$\square$									

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

Select Claims to Generate										
	Print Cancel									
Available Claims										
	Childs Name	<u>Claim Number</u>	Ins. Batch Number	Ins. Batch Date	Last Printed On	Last Printed B				
	Thomas ABAtest	60945	44544	8/23/2010						
	Patrick Decker	60943	44544	8/23/2010						
	Thomas ABAtest	60930	44544	8/23/2010						
	Thomas ABAtest	60928	44544	8/23/2010						
	Thomas ABAtest	60937	44544	8/23/2010						
	Thomas ABAtest	60939	44544	8/23/2010						
	Thomas ABAtest	60941	44544	8/23/2010	9/22/2010	jbob				
	Patrick Decker	60932	44544	8/23/2010						
	Thomas ABAtest	60935	44544	8/23/2010						
	Print Cancel									

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.

```
Print CMS1500 Forms
Load paper forms in your printer then press the Print Forms button. Press the Complete Process button when done.
(Print Forms) Return To Claim List) Complete 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.

- 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 <u>Receive Payment</u> 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 <u>Commercial Insurance?</u> link. Search Insurance Provider page displays.

Search	1 Insurance Provide	r				?
Search Cr	riteria					
	Reference Number:					
	Name:			Registered Name:		
	City:			Address Line 1:		
	Type:		•	Insurance Type:		-
			Search	Reset		
Search Re	esults					
Action	Reference Numb	ber Name		Address Line 1	City	Туре

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

Search Reset										
Search Res	Search Results (Number of Items: 6)									
Action	Reference Number	Name	Address Line 1	City	Туре					
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 <u>Select</u> 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.

Capture Payment Received Details			?					
	Save Save And	Allocate Cancel						
Payment Details								
*Amount:		Reference Number:						
*Date Received:	4/20/2009	Ledger Number:						
Method of Receipt:	Check 🝷	*Payment Date:	4/20/2009					
Check Number:								
Payor Details								
Payor Name:	Empire HealthChoice HMO, Inc.							
Apt/Suite:	11 West 42nd Street	Address Line 2:						
Address Line 3:		City:	New York					
State:	New York 👻	County:	•					
Zip:	10036	Census Tract:						
Save Save And Allocate Cancel								

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.					
Unit 11- System Administration, Banks for further information and Unit 9					
- Provider Management, Bank Accounts for further information.					

- 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.

Search For Claims to Allocate									
Criteria									
Searching by a single criteria (Name, Liability C	liaim Number, or Service Date) will return resul	its faster than searching by multiple criteria.							
Child's First Name:	1	Child's Last Name:							
Service From Date:		Service To Date:	Ø						
Liability Claim Number:		Search Credits as well?:							
Search Clear Search Parameters Close									

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.

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.

	Description of Description			Close Record Adjustme	nt Return To Search			
Payment	Received Defail	Amount: 8.8	18.08		Unallo	cated Amount: 8,888,08		
		Effective Date: 12/	9/2013		Ri	sceipt Method: Cash		
Outstandi	ing Liabilities							
13	Action	Child.Name	Service Date	Liability Claim Num	er Service Line Numbr	M Procedure Code (HCPCS, CPT, otc.)	Total	Outstanding
	Pay Deny	Matthew Smith	7/18/2012	1123998	1123999	97001	203.00	203.0
13	Pay Deny	Matthew Smith	8/2/2012	1123998	1123997	97003	203.00	203.0
13	Pay Deny	Matthew Smith	9/10/2012	82524	82523	92507	75.00	75.0
13	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97110	37.50	37.5
13	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97530	37.50	37.50
1	Pay Deny	Matthew Smith	10/9/2012	96774	96773	92507	75.00	75.0
	Pay Deny	Matthew Smith	10/11/2012	96906	96905	92507	75.00	75.0
	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97110	37.50	37.5
	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97530	37.50	37.5
13	Pay Deny	Matthew Smith	10/16/2012	970308	970307	92507	75.00	/5.0
	Pay Deny	Matthew Smith	10/17/2012	970308	970307	92507	75.00	75.0
	Pay Deny	Matthew Smith	10/23/2012	967740	967739	92507	75.00	75.0
<b>1</b>	Pay Deny	Matthew Smith	10/24/2012	967741	967740	92507	75.00	75.0
	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97530	37.50	37.5
	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97110	37.50	37.5
<b>1</b>	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97530	37.50	37.5
	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97110	37.50	37.5
	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97530	37.50	37.5
	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97110	37.50	37.5
Pay Select	ted in Full							
Outstandi	ing Credits							
Action	Child N	lame	Service Date	Liability Claim Number	Service Line Number	Procedure Code (HCPCS, CPT, etc.)	Total	Jutstanding
Select	Matth	ew Smith	7/18/2012	66536	66537	97001 - Physical therapy eval	20.00	20.0
Select	Matth	ew Smith	8/2/2012	658512	658513	97003 - Occupational therapy eval	20.00	20.0

cuter	ayment							
				Close Record Adjustm	ent Return To Search			
ment	Received De	Amount 0.0	99.09		Unaller	ated Amount: 0 000 00		
		Effective Date: 12/	9/2013		Re	ceipt Method: Cash		
tstand	ing Liabilitie	5						
	Action	Child.Name	Service Date	Liability Claim Num	ber Service Line Numbe	Procedure Code (HCPCS, CPT, etc.)	Total	Outstanding
	Pay Deny	Matthew Smith	7/18/2012	1123998	1123999	97001	203.0	203.
13	Pay Deny	Matthew Smith	8/2/2012	1123998	1123997	97003	203.0	203.
13	Pay Deny	Matthew Smith	9/10/2012	82524	82523	92507	75.0	75.
13	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97110	37.5	37.1
E3 .	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97530	37.5	37.5
11	Pay Deny	Matthew Smith	10/9/2012	96774	96773	92507	75.0	75.0
8	Pay Deny	Matthew Smith	10/11/2012	96906	96905	92507	75.0	75.0
8	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97110	37.50	37.
1	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97530	37.50	37.5
11	Pay Deny	Matthew Smith	10/16/2012	970308	970307	92507	75.00	75.0
	Pay Deny	Matthew Smith	10/17/2012	970308	970307	92507	75.0	75.0
	Pay Deny	Matthew Smith	10/23/2012	967740	967739	92507	75.0	75.0
	Pay Deny	Matthew Smith	10/24/2012	967741	967740	92507	75.0	75.0
	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97530	37.5	37.5
	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97110	37.5	37.5
	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97530	37.5	37.5
	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97110	37.50	37.5
	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97530	37.50	37.5
	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97110	37.5	37.5
Solos	eay perty	Macalew Smith	11/20/2012	705755	905/52	97110	37.54	1 3
stand	ing Credits							
ion	Ch	ild Name	Service Date	Liability Claim Number	Service Line Number	HCPCS, CPT, etc.)	Total	Outstanding
ect	м	atthew Smith	7/18/2012	66536	66537	97001 - Physical therapy eval	20.00	20.
ect	м	atthew Smith	8/2/2012	658512	658513	97003 - Occupational	20.00	20.

7. Perform one of the following options:

Apply Payment, Dec 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**

 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										
Paymen	Payment Received Details									
Amount: 500.00 Unallocated Amount: 133.50										
	Effec	tive Date: 11/5/2010	)		Receipt	Method: Check				
Outstan	ding Liabilitie	s								
	Action	Child Name	Service Date	<u>Liability Claim</u> 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 Sel	ected In Full									

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	0.00			
Payor Claim Number:				
		Save	Cancel	
I				
				a
Partial Pay and Deny?				ê
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 Denv	Partial Pay Only Cancel	_
			a clair ay only	

- 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 P	ay and Deny?							2		
Claim D	etails									
	Cł	hild Name: Tobe B	ean		Amount	Charged: 155.00				
	Liability Clain	m Number: 45904			Amount Out	standing: 155.00				
	Sen	vice Date: 11/17/2	2009		Amo	unt Paid: 45.00				
	Payor Clair	n Number:			Amount	to Deny: 110.00				
Partial Pay and Deny Partial Pay Only Cancel										
0										
Outstan	aing Liabilities									
	Action	Child Namo	Sonvice Date	Liability Claim	Service Line	CDT Codo	Total	Outstanding		
	ACTION	<u>Child Name</u>	<u>bervice Date</u>	Number	Number	CPTCODE	TULAI	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.

## **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**.

 To apply a denial, click <u>Deny</u> 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.
Deny Commercial Insurance Claim		?
		Deny Cancel
Details		
Amount:	0.00	
Commercial Insurance Denial Group:		<b>v</b>
Commercial Insurance Denial Reaso	n	
		۷
Comments		
		Deny Cancel

- 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.

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 )	
Τ	
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.

Modify Service Line Details					2
	Sa	ave	Close		
Service Line Details					
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:	90814 - Indiv p: 💙		Amount Paid to Provider:	67.00	
Original Provider Claim:	51972		Provider Date Paid:		
Prior Authorization Number:			Payor Claim Number:		
ICD Codes					
Eligible Diagnosis (ICD) Code 1:	765.03 - Extreme Prematurity 750-999 grams	<b>q</b> 🛱	Other Eligible Diagnosis (ICD) Code 3:	Qç	5
Other Eligible Diagnosis (ICD) Code 2:		<del>Q</del> 🗟	Other Diagnosis (ICD) Code 4:	Q	ন্দ
	Sa	ave )	Close		

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 for EI Eligible (ICD) Diagnosis Code field, select the Search select the 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* <u>Select</u> 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 <u>Select</u> link under Action column to identify ICD Code.
- To Edit data for the Other Diagnosis Code field, select the Search S 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 **Save** button. **Service Line Details** page displays with changes applied. Click **Close** button. **Allocate Payment** page displays.

Service Line Details										
E dit 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 F	Record Adjustment	Return To Search	D		
Paymen	t Received De	tails						
		Amount: 1,200.00			Unallocated	Amount: 1,200.00	)	
	Effect	tive Date: 11/8/2011	L		Receipt	Method: Check		
Outstan	ding Liabilitie	5						
	Action	Child Name	Service Date	<u>Liability Claim</u> <u>Number</u>	<u>Service Line</u> <u>Number</u>	CPT Code	<u>Total</u>	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.

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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 <u>Receive Payment</u> link from My Shortcuts section. Select Payor page displays.



3. Click <u>Medicaid?</u> 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.

Capture Payment Received Details			
	Save Save And	Allocate	
Payment Details			
*Amount:		Reference Number:	
*Date Received:	4/20/2009	Ledger Number:	
Method of Receipt:	Check -	*Payment Date:	4/20/2009
Check Number:			
Payor Details			
Payor Name:	Medicaid		
Apt/Suite:	Corning Tower	Address Line 2:	Empire State Plaza
Address Line 3:		City:	ALBANY
State:	New York 👻	County:	Albany
Zip:	12237	Census Tract:	
	Save Save And	Allocate Cancel	

### **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.

Search For Claims to Allocate							
Criteria	im Number, er Septies Date) will return regul	to factor than coardbing by multiple griteria					
Child's First Name:	in Number, or Service Date) will return result	Child's Last Name:					
Service From Date:	<i>(</i> )	Service To Date:	()				
Liability Claim Number:		Search Credits as well?:					
Search Clear Search Parameters Close							

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.

				Close Record Adj	ustment ] [Return To Sea	rch			
Paymen	at Received Detai	is.	88.08			Upplocated Amount	0 000 00		
		Effective Date: 12/	9/2013			Receipt Method:	Cash		
Outstan	nding Liabilities								
	Action	Child.Name	Service Dat	u Liability Claim	Number Service Lin	e Number Procedure ( MCPCS, CP	T. etc.)	Total	Outstanding
	Pay Deny	Matthew Smith	7/18/2012	1123998	1123999	97001		203.00	-
. 13	Pay Deny	Matthew Smith	8/2/2012	1123998	1123997	97003		203.00	í.
13	Pay Deny	Matthew Smith	9/10/2012	82524	82523	92507		75.00	£
13	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97110		37.50	i i
13	Pay Deny	Matthew Smith	9/10/2012	82673	82672	97530		37.50	í.
13	Pay Deny	Matthew Smith	10/9/2012	96774	96773	92507		75.00	
	Pay Deny	Matthew Smith	10/11/2012	96906	96905	92507		75.00	1
10	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97110		37.50	
	Pay Deny	Matthew Smith	10/15/2012	934231	934230	97530		37.50	
	Pay Deny	Matthew Smith	10/16/2012	2 970308	970307	92507		/5.00	
	Pay Deny	Matthew Smith	10/17/2012	970308	970307	92507		75.00	
	Pay Deny	Matthew Smith	10/23/2012	067741	967739	92507		75.00	
	Pay Deny	Matthew Smith	10/24/2012	080207	907740	92307		75.04	
	Pay Deny	Matthew Smith	11/5/2012	989297	989296	97330		37.5	
10	Pay Deny	Matthew Smith	11/19/2012	999292	999291	97530		37.50	
	Pay Deny	Matthew Smith	11/19/2012	000202	999291	97110		37.50	
	Pay Deny	Matthew Smith	11/28/2012	985753	985752	97530		37.50	
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Action	Child I	lame.	Service Date	Liability Claim Number	Service Line Num	Procedure Code (HCPCS, CPT, et	(c.)	Total	Outstanding
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7. Perform one of the following options:

Apply Payment, Description See To Apply a Payment below.

Or

Deny Medicaid Claim, Deny 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 <u>Pay</u> 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.

Alloca	nte Payment							?
			Close	Record Adjustmen	t Return To Searc	:h		
Paym	nent Received D	etails						
		Amount: 1,200.00			Unallocated	d Amount: 1,200.	00	
	Effe	ctive Date: 11/8/201	1		Receip	t Method: Check		
Outst	tanding Liabilitie	25						
	Action	Child Name	Service Date	<u>Liability Claim</u> Number	<u>Service Line</u> <u>Number</u>	CPT Code	Total	<u>Outstanding</u>
	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.

Outstan	ding Liabiliti	es						
	Action	<u>Child Name</u>	Service Date	<u>Liability Claim</u> Number	n <u>Service Lir</u> <u>Number</u>	ne <u>CPT Code</u>	<u>Total</u>	Outstanding
	Pay Deny	Megan Smy	th 11/2/2009	21248	21249	98966	1,624.0	1,492.00
Allocate	Payment							?
				Close Reco	ord Adjustment			
Paymen	t Received I	)etails						
		Amount: 1,	.000.00		Unalloc	ated Amount: 433.00	0	
	Effe	ctive Date: 4/	20/2009		Re	ceipt Method: Check		
Outstan	ding Liabiliti	es						
Action	Child 1	lame	Service Date	Liability Claim Numbe	er <u>Service Line</u> Number	CPT Code	<u>Total</u>	<u>Outstanding</u>
Pay Den	¥ LaDar	iian 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 <u>**Deny**</u> 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 & 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.

- 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 <u>Select</u> link under Action column to* identify ICD Code.
- 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 <u>Select</u> link under Action column to identify ICD Code.
- 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. Service Line Details Edit Status Inquiry Service Line Details

Service Line Details							
Liability Claim Number:	57090	Service Line	Number:	57091			
Child Name:	Tiffany Martin-08	Service Authorization	Number:	170900			
Service Start Date:	10/10/2009	Service B	End Date:	10/10/2009			
Rendering Provider:	Megan Rose	Rendering Provider	State ID:	28425			
Rendering Provider NPI:	786493	Servi	ice Type:	Audiology			
Service Delivery Method:	Office/Facility Indiv/Coll Visit	Service	Location:	Hospital-Outpatient/Clinic			
CPT Code:	92584 - Electrocochleography	Submissi	ion Type:	Original			
Original Provider Claim:	37120	Provider D	ate Paid:				
Amount Paid to Provider:	39.00	Net Amount	Charged:	39.00			
Prior Authorization Number:		Payor Claim	Number:				
ICD Codes							
Eligible Diagnosis (ICD) Code 1:	759.89 - Angelman's Syndrome (syndromes affecting multiple systems)	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 I	Message:				
Pend Message Date:							
Prior COB							
List of prior Coordination of Benefits							
Payor Name P	ayor Decision	Amount	Date Recon	ciled			
Medicaid V	Write Off	39.00	6/17/2010				
Edit Status Inquiry Close							

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 <u>Receive Payment</u> link from My Shortcuts section. Select Payor page displays.



3. Click <u>Local District Social Services?</u> 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.

Capture Payment Received Details									
Save Save And Allocate Cancel									
Payment Details									
*Amount:		Reference Number:							
*Date Received:	4/20/2009	Ledger Number:							
Method of Receipt:	Check 👻	*Payment Date:	4/20/2009						
Check Number:									
Payor Details									
Payor Name:	Albany LDSS								
Apt/Suite:	One State Street	Address Line 2:							
Address Line 3:		City:	Albany						
State:	New York 👻	County:	Albany 👻						
Zip:	12201	Census Tract:							
Save ) (Save And Allocate ) (Cancel									

- 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			
Outstan	ding Liabilitie	:5					
Action	<u>Total</u>		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.
- To apply payment received, click <u>Select</u> 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.

C HtmlPage - Windows Internet	Explorer	
COO - Dittps://commerce.he	alth.state.ny.us:8543/ibi_apps/Controller?WORP 💌 🔒 🔯 🐓 🔀 📴 Bing	<b>P</b> -
File Edit View Favorites Tools	Help	
Medicaid Transporta	ntion Report	
Report Input		
Municipality: Alb Alb Bro Bro Ca Ca Ch	any any ang	
Batch Selection:	C Date-Based Criteria:	
All Unprinted	Unprinted     Previously Printed       Batch From Date:     07/01/2003	
	Batch To Date: 07/18/2011	
Cont	inue Report Cancel	
Done populating	😜 Internet 🦛 👻	🔍 100% 🔹 💡

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.

# **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 <u>Receive Payment</u> link from My Shortcuts section. Select Payor page displays.



3. Click <u>State Department of Health?</u> 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.* 

Capture Payment Received Details								
Save ) (Save And Allocate ) Cancel								
Payment Details								
*Amount:		Reference Number:						
*Date Received:	4/20/2009	Ledger Number:						
Method of Receipt:	Check -	*Payment Date:	4/20/2009					
Check Number:								
Payor Details								
Payor Name:	State DOH							
Apt/Suite:	Empire State Plaza	Address Line 2:	Corning Tower -					
Address Line 3:	Room 878	City:	ALBANY					
State:	New York 👻	County:	Albany 👻					
Zip:	12237	Census Tract:						
Save And Allocate (Cancel								

- 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.

Select Vou	cher for Allocation			7
				Close
Outstandi	ng Vouchers			
Action	Voucher Number	Total	County Name	
Select	59138	194.04	Albany	
Select	80540	30.38	Albany	
Select	45312	164.15	Albany	
Select	59138	30.38	Albany	
Select	59138	81.44	Albany	
Select	59138	-116.00	Albany	

# **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 <u>Select</u> 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.

Payment Received	Details			7				
	Allocate Close							
Details								
	Status:	Created	Unallocated Amount:	US Dollar 0.00				
	Amount:	US Dollar 24,629.53	Payment Method:	Cash				
	Date Received:	1/2/2014	Payment Date:	1/2/2014				
	Check Number:		Ledger Reference:	2014				
	Bank Account Number:		Bank Sort Code:					
	Account Name:	State DOH	Entered By:	HinABC01				
Payment Adjustme	ents							
Transaction Number	Date	Reason	Trace ID	Amount				
Issuer Details								
	Payor Name:	State DOH	Payor Address:	Empire State Plaza Corning Tower - Room 878 ALBANY (Albany) New York 12237				
Allocated Voucher	List							
Action	Voucher Number	Allocated Amount	Allocation Status					
View	1234567	24,629.53	Ready To Be Process	ed .				
		Allocate	Close					

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 <u>Payments Received</u> 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	d, 🗖	
Received Date From:	Ø		If Payment via State Voucher select	r, 🔲	
Received Date To:	Ø				
		Search	Reset		
Search Results					
Action Payor ID Payo	or Name	N	ational Insurance ID	Received Date	Amount

 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 for specific Insurance Company and Amount under Action column. Payment Received Details page displays.

NYEIS OA: WEB DOH use o	niy – no real live data)		O Home O Inbox	O <sup>My Calendar</sup> O <sup>My</sup>	Cases O Search	About O Log Out
navigation	Payment Received Details		Allocate Close			2
	Details					
recent items	Status Amount	Created US Dollar 32,000.00	_	Unallocated Amount: Payment Method:	US Dollar 32,000.0 Check	00
	Date Received	12/16/2013		Payment Date:	12/16/2013	
	Check Number	01234567		Ledger Reference:		
	Bank Account Number			Bank Sort Code:		
	Account Name	GHI		Entered By:		
	Payment Adjustments					
	Transaction Number Date	Reason		Trace ID		Amount
	Issuer Details					
	Payor Name	GHI		Payor Address:	PO Box 3000 New York New York 10116-3	8000
	Record Adjustment					
	Action Child Name	Service Date	Liability Claim Number	Service Line [ Number	Procedure Code (HCPCS, CPT, atc.)	Allocated Amount
			Allocate Close			

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:

Allocate Payment ?								
			Close	Record Adjust	ment ) (Return To Sea	rch		
Paymen	t Received	Details						
		Amount: 50	0.00		Unallocat	ed Amount: 133.50	)	
	Ef	ective Date: 11,	/5/2010		Rece	ipt Method: Check		
Outstan	ding Liabili	ties						
	Action	Child Name	Service Date	Liability Claim Number	<u>Service Line</u> <u>Number</u>	CPT Code	<u>Total</u>	Outstanding
	Pay Deny	Megan Smyt	h 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 Kinma	rtin 1/6/2010	56576	56577	29590	94.00	40.00
	Pay Deny	Laurel Kinma	rtin 1/6/2010	66828	66829	90801	44.00	44.00
	Pay Deny	Angel Fredric	ks02 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 Sele	ected In Full	1 I						
Outstan	nding Credi	ts						
Action	Child	I Name	Service Date	Liability Claim Num	ber Service Line Number	CPT Code	<u>Total</u>	Outstanding
Select	Meç	jan Smyth	10/22/2009	784	785	92526 - Tx swallowing dysfunction and/or oral function for feeding	17.00	17.00
				Close Record #	Adjustment (Return )	fo Search		

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

NVELS CA: State DOH use only - no mail ke data)				<b>O</b> Home	O Inbox O My Calendar	O My Cases	• Search	O About O Log Out
navigation	Search Liabilities for Adjustmen	t						?
	Criteria							
	Child's First	t Name:			Child's Last Name:			
recent items	Service Fro	m Date:	٥		Service To Date:			4
	Liability Claim	Number:						
			Sea	rch				
	Liabilities							
	Action	Child Name	Service Date		<u>Liability</u> Number	Claim Ser Nur	vice Line nber	Procedure Code (HCPCS, CPT, etc.)
			Clo	ose				

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.
- 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 Adjust	nent					?
	Criteria						
	Chile	d Name: martin			Service Line Number:		
				Search			
	Liabilities (Number of Items	:: 171)					
	Action	Child Name	Service Date		<u>Liability Claim</u> <u>Number</u>	<u>Service Line</u> <u>Number</u>	CPT Code
<	Select	Tiffany Martin- 10	5/20/2009		68354	68355	90802 - Interactive psych diagnositc exam
	<u>Select</u>	Tiffany Martin- 10	7/15/2009		68352	68353	29799 - Unlisted procedure, casting or strapping
	<u>Select</u>	Tiffany Martin- 10	7/15/2009		69632	69633	29799 - Unlisted procedure, casting or strapping
	<u>Select</u>	Tiffany Martin- 10	5/20/2009		71168	71169	90802 - Interactive psych diagnositc exam
	<u>Select</u>	Tiffany Martin- 04	7/10/2009		4098	4099	90802 - Interactive psych diagnositc exam

Record Adjustment					2
		Save Save &	k New Close		
Details					
Amount:	0.00		Adjustment T	ype: Additional Payment 🛩	
Liability Claim Number:	68354		Service Line Num	ber : 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 <u>Unsolicited Adjustments</u> link from My Shortcuts section. Adjustment List page displays.

Jnsolicited Adjustment List							
		Close					
Unsolicited Adjustment List							
3rd Party Insurance Name	<u>Amount</u>	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				
		Close					

3. Click Close button. User Home Page displays.

# <u>Note</u>:

• 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 <u>Create Voucher</u> link from My Shortcuts section. Create Voucher page displays.

Create Voucher			
Voucher Details			
Program Year:		Select All:	
Service Type:			
	Create Voucher C	ancel	

# 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.

 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 meet Please navigate to the appropriate review voucher work qu	eting your criteria have been processed. ueue to view the voucher.
	Go To Work Queues Home

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

# <u>Municipal Review of Voucher (View, Remove, Delete and Submit for</u> <u>Approval)</u>

- 1. Log in to NYEIS. User Home Page displays.
- 2. Click Inbox from the Navigation Bar. My Workspace page displays.

My Workspace: Art Art						
Shortcuts						
Reserve Next Task	Eind Task	View Tasks Before Deadline				
Reserve Next Work Queue Task	Create Task					
My Tasks						
Status	Due Date					
Onen 7	Tuesday					
Closed 1						

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

My Work Queues:	FINANCIAL USER

Action	Name	Subscription Date
View   Reserve Next Task	Albany_FiscalManager	3/11/2009 00:00
View   Reserve Next Task	Albany_FiscalStaff	9/16/2008 10:38
View   Reserve Next Task	Albany_LateInvoiceWaiversWorkqueue	10/8/2008 14:33
View   Reserve Next Task	Albany_MonitorInvoiceAging	12/11/2008 12:30
View   Reserve Next Task	Albany_ReviewVoucherQue	2/26/2009 11:57
View   Reserve Next Task	Schenectady_ReviewVoucherQue	12/30/2008 13:38
View   Reserve Next Task	State_ReviewVoucherQue	12/22/2008 09:30
View   Reserve Next Task	Statewide_HIPAAError	3/22/2009 00:00

 Identify Work Queue for Municipality (e.g., Albany\_ReviewVoucherQue). Click <u>View</u> under Action column for specific work queue. Work Queue Tasks page displays.

Nork Queue Tasks: Albany_ReviewVoucherQue							
Action	Task ID	Subject	<u>Priority</u>	Status	Deadline		
Reserve	24333	Please review Voucher for Service Type General Services, Program Year 2009		Open			
Reserve	24578	Please review Voucher for Service Type General Services, Program Year 2009		Open			
Reserve	25856	Please review Voucher for Service Type General Services, Program Year 2009		Open			
<u>Reserve</u>	25862	Please review Voucher for Service Type General Services, Program Year 2009		Open			

# **Important Information**

In the <u>Subject</u> 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 <u>Reserve</u> link under Action column for specific Voucher. Reserve Task page displays.
- 6. Type Comments (Optional).

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

Task Home: EIS_ReviewYoucherActivity - 77056						
Manage						
🖹 <u>Add Comment</u>	耀 <u>Reserve</u>	🚾 Forward	🗎 <u>Restart</u>			
™ <u>Close</u>	🕍 <u>Un-Reserve</u>	🖨 <u>Defer</u>				
Subject						
Please review Voucher for Serv	rice Type General Services, Program Year 2010					
Details						
Task ID:	77056	Status:	Open			
Priority:		Deadline:				
Reserved By:		Last Assigned:	5/17/2010 11:09			
Time Worked:	00:00 [Change]					
Primary Action		Supporting Information				
Review Voucher for Service T	vpe General Services, Program Year 2010					

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

navigation • Home • Search Claims	County Youcher Home: Youcher 563	320 - State E	OOH 30001	Pelete Print Voucher				
• Financials	Case Details	Caco Dotalis						
	Municipality:	Rensselaer		Date Received by State:	5/17/2010			
	Creation Date:	5/17/2010		Program Year:	2009-2010			
	Owner:	superuser		ServiceType:	General Services			
recent items	Voucher Number:	56320		# of Claims:	4			
	Status:	Draft		Amount:	177.42			
	Comments							
			Submit For Approval	Delete Print Voucher				

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

Search Claims	Voucher 50690 - State DOH 30001				2
Search Criteri	a				
	Rendering Provider ID:				<u>s</u> 2
	Child Name:				<u></u>
	Service Date:	5/26/2010	<i>(</i> )		
	Paid Date:	5/26/2010	<i>(</i> )		
	Service Authorization Number:				<u></u>
	Service Type:			*	
	Municipality Of Residence:		*		
	Medicaid Paid:				
	Every Nth Record:				
	View All:				
	Search	Reset			
Action	Child Name Service Date Paid Date SA Number S	ervice Type	Provider Claim Number	Municipality Of Residence	<u>Amount</u>

10. Enter data as appropriate. Rendering Provider ID, Child Name and Service Authorization Number can be searched by selecting the Search 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  $10^{th}$  Claim. The search results would come back with every  $10^{th}$  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.

 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.

Voucher Search						7
Search Criteria			5		<u>ana ana an</u> gaona	
Munic	ipality:			Program Year:		
Voucher N	umber:			Voucher Service Type:	•	
Date Received	I From:	0		Date Received To:		0
Voucher :	Status:	•				
		Search	Reset			
Search Results	22	22			- 22	- X
Action Municipality	Voucher Number	Date Received	Program Year	Type of Service	Amount	Voucher 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

Voucher Search							
Search Criteria							
	Municipality:	Sample County	•		Program Year:	•	
	Voucher Number:				Voucher Service Type:		•
	Date Received From:	8/1/2012	Ø		Date Received To:	12/31/2012	<b>Ø</b>
	Voucher Status:		-				
			Search	Reset			
Consels Deculte (	Number of Bener (11)		Jearen	( Reset )			
Search Results (	Number of Items. 31)	Manahara Marahara	Data Received	December Mont	Tomo of Convine	1 months	Maushas Shahas
Action	Municipality	voucner number	Date Received	Program Year	Caparal Sandsas	Amount	Submitted to EMC
VIEW	Sample County	10741	0/4/2012	2011-2012	General Services	11,357.97	Sublinitied to PMG
VIEW	Sample County	10744	8/4/2012	2011-2012	General Services	6,294.30	Paid Coloring of the State
View	sample County	107	8/5/2012	2012-2013	General Services	3.131.30	Submitted to FMG
View	Sample County	107366	8/3/2012	2011-2012	General Services	23.424.98	Paid
View	Sample County	107392	8/3/2012	2011-2012	General Services	84,292.20	Submitted to FMG
View	Sample County	1120	8/19/2012	2011-2012	General Services	7587.22	Submitted to FMG
View	Sample County	11207	8/19/2012	2012-2013	General Services	9032.32	Paid
View	Sample County	1156	9/2/2012	2011-2012	General Services	0.00	Denied
View	Sample County	11568	9/2/2012	2012-2013	General Services	24,320.32	Submitted to FMG
View	Sample County	1140.	8/26/2012	2011-2012	General Services	320.30	Paid
View	Sample County	11409	8/26/2012	2012-2013	General Services	400.40	Submitted to FMG
View	Sample County	1252	10/7/2012	2011-2012	General Services	17 599 48	Paid
View	Sample County	12526	10/7/2012	2012-2013	General Services	25.250.02	Submitted to FMG
View	Sample County	1345	11/11/2012	2011-2012	General Services	4725.99	Paid
View	Sample County	134502	11/11/2012	2012-2013	General Services	19.99	Paid
View	Sample County	129280	10/21/2012	2011-2012	General Services	500.32	Paid

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. (Defined 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:

# Unit 12: Municipal Financial

Payment Received Details ?							
			Allocate	Close			
Details							
	Status:	Created		Unalle	ocated Amount:	US Dollar 0.00	
	Amount:	US Dollar 25,000.32		Pa	ayment Method:	Cash	
Date	e Received:	1/2/2014			Payment Date:	1/2/2014	
Che	ck Number:	0123456		Lee	dger Reference:		
Bank Accou	nt Number:			E	Bank Sort Code:		
Acc	ount Name:	State DOH			Entered By:		
Payment Adjustments							
Transaction Number	Date	Reason		Trace ID		Amount	
Issuer Details							
P.	ayor Name:	State DOH			Payor Address:	Empire State Plaza Corning Tower - Room 878 ALBANY (Albany) New York 12237	
Allocated Voucher List							
Action Voucher Number			Allocated Amount	All	location Status		
View 56789			25,000.32	P	rocessing comple	te	
			Allocate	Close			

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 <u>Payments Received</u> 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 Pay	vor Name	Nati	ional Insurance ID R	eceived Date	Amount

- 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 <u>Type</u>	Effective Date	Status		Allocation Date	Allocated Amount
View Liability	3/31/2009	Allocate	d	4/20/2009	67.00
View Liability	3/31/2009	Process	ed	4/20/2009	500.00
View Liability	2/19/2009	Allocate	d	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 Numbe	r: 58368		
Batch Amount:	US Dollar 67.00				Batch Status	: Issued		
Nominee Name: Medicaid			Corning Tower Empire State Plaza Nominee Address: ALBANY (New York) Albany 12237					
Status Effective Date:	3/31/2009				Date Created	d: 3/31/2009		
Line Items								
Action Ch	nild Name	<u>Service</u> <u>Date</u>	<u>Liability Claim</u> <u>Number</u>	<u>Service Line</u> <u>Number</u>	CPT Code	Total	Outstanding	
View   Allocations Be	ethany 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.

Payment							9		
		Close	Record Adjustm	ent) (Return To Sea	arch				
t Received De	tails								
	Amount: 500	0.00		Unallocat	ted Amount: 133.5	0			
Effec	tive Date: 11/	5/2010		Rece	aipt Method: Check	c			
ding Liabilitie	s								
Action	Child Name	Service Date	<u>Liability Claim</u> <u>Number</u>	<u>Service Line</u> <u>Number</u>	CPT Code	Total	Outstanding		
Pay Deny	Megan Smyth	n 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 Kinmar	tin 1/6/2010	56576	56577	29590	94.00	40.00		
Pay Deny	Laurel Kinmar	tin 1/6/2010	66828	66829	90801	44.00	44.00		
Pay Deny	Angel Fredric	ks02 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		
cted In Full									
nding Credits									
Child N	ame	Service Date	Liability Claim Numb	er <u>Service Line</u> Number	CPT Code	Total	Outstanding		
Megan	Smyth	10/22/2009	784	785	92526 - Tx swallowing dysfunction and/or oral function for feeding	17.00	17.0		
	Payment  t Received Dt  t Received D	Payment  t Received Details  Amount: 500 Effective Amount: 500 find Liabilities  Action Child Name Pay Deny Cobe Bean Pay Deny Laurel Kinnar Pay Deny Laurel Kinnar Pay Deny Laurel Kinnar Pay Deny Angel Fredric Pay Deny Tobe Bean Cted In Full  Child Name  Megan Smyth	Close           Close           t Received Details           Action 500.05 Effective Status           diffective Status           Action Child Name         Service Date           Pay Deny         Child Name         11/2/2009           Pay Deny         Laurel Kinmartin         1/6/2010           Pay Deny         Laurel Kinmartin         1/6/2010           Pay Deny         Paul Heinreid         11/1/2009           Pay Deny         Paul Heinreid         11/1/2009           Pay Deny         Tobe Bean         11/1/2009           Pay Deny         Tobe Bean         11/1/2009           Cetel In Full         Service Date           Megan Smyth           Megan Smyth         Service Date	Close         Record Adjustm           Lace Label 10.00           Effective Obtestis         11/15/2010           Genice Date         Liability Claim Number           Action         Child Name         Service Date         Liability Claim Number           Pay Deny         Child Name         Service Date         Liability Claim Number           Pay Deny         Laurel Kinmartin         1/6/2010         66828           Pay Deny         Laurel Kinmartin         1/6/2010         66828           Pay Deny         Paul Heinreit         1/5/2010         46860           Pay Deny         Paul Heinreit         1/5/2010         45860           Child Name         Service Date         Labulity Claim Numb           Magel Fredricks20         1/1/12/009         45860           Child Name         Service Date         Labulity Claim Numb           Magel Fredricks20	Close Record Adjustment Return To Set           Lavel Lavel Kinnartin 1/5/2010         Manual Caling Colspan="2">Manual Caling Colspan="2">Manual Caling Colspan="2">Manual Caling Colspan="2">Manual Caling Colspan="2">Manual Caling Colspan="2">Manual Caling Colspan="2"           Advoid 1/5/2010         Service Date         Manual Caling Colspan="2"           Child Name         Service Date         Manual Caling Colspan="2"           Advoid 1/5/2009         Service Cale         Manual Caling Colspan="2"           Manual Caling Colspan="2"         Service Date         Manual Caling Colspan="2"           Pay Deny         Manuel Kinnartin         1/6/2010         Service Date         Manual Caling Colspan="2"           Pay Deny         Laurel Kinnartin         1/6/2010         Service Date         Manuel Fierdickoz           Adv colspan= 2         1/1/2009         40704         45861           Child Name         Service Date         Liability Claim Number         Service Line Number           Manuel Keince Cale         Liability Claim Number         Service Line Number	Close         Record Adjustment         Return To Search           Lose         Record Adjustment         Return To Search           Lange Colspan="2">Lange Colspan="2"         Service Date         Liability Claim Number         CPT Code           Ray Dony         Colspan="2"         Liability Claim Number         CPT Code           Pay Dony         Lange Kinmartin         1/6/2010         Service Date         Liability Claim Number         Colspan="2"         2990           Pay Dony         Lange Kinmartin         1/6/2010         666220         90801           Pay Dony         Lange Kinmartin         1/6/2010         666220         90801           Pay Dony         Pay Dony         1/1/2/2009         4560 <th <<="" colspan="2" td=""><td>Close         Record A djustment (Return To Search)           Lange in the search of the</td></th>	<td>Close         Record A djustment (Return To Search)           Lange in the search of the</td>		Close         Record A djustment (Return To Search)           Lange in the search of the

# Or

Click Close button. Payment Received Search page displays.

# **Third Party Insurance Batch**

- 1. Log in to NYEIS User Home Page displays.
- 2. Click <u>Third Party Insurance Batch</u> link from Search section. Third Party Insurance Batch Search page displays.

Third Party I	isurance Batch Sea	rch				?
Search Crite	ria					
Third	Party Insurance ID:	[		Batch Amount:		
Third Par	ty Insurance Name:			Third Party Insurance Batch Number:		
	Batch Date From:		<b>Ø</b>	Batch Date To:		<i>(</i> )
			Search	Reset		
Search Resu	lts					
Action	Third Party In:	surance Batch Number	Third Part	ty 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 <u>View</u> link under Action column for Insurance. Third Party Insurance Batch Details page displays.

Third Party Insurance Batch	hird Party Insurance Batch Details ?							
Details								
Third Party Insurance Nam			Batch Numbe	r: 52736				
Batch Amour	nt: US Dollar 6,99	3.00			Batch Status	s: Issued		
Nominee Name: BCBS			11 W 42nd St Nominee Address: New York (New Yor Albany 10036		)			
Status Effective Dat	te: 2/23/2009				Date Created	i: 2/23/2009		
Line Items								
Action	Child Name	<u>Service</u> <u>Date</u>	<u>Liability Claim</u> <u>Number</u>	<u>Service Line</u> <u>Number</u>	CPT Code	<u>Total</u>	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 <u>View</u> link under Action column. Liability Service Line page displays.

iability 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:	<u>72195</u>			
	Clo	se				

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

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Service Line Details	ervice Line Details					
	Edit Status	Inquiry Close				
Service Line Details						
Liability Claim Number:	66830		Service Line Number:	66831		
Child Name:	Sal Gravy	Service A	uthorization Number:	13057		
Service Start Date:	11/5/2010		Service End Date:	11/5/2010		
Rendering Provider:	Nellie Nash	Renderi	ng Provider State ID:	11264		
Rendering Provider NPI:	8597557554		Service Type:	PT		
Service Delivery Method:	Basic Home/Community-based Indiv/Coll Visit		Service Location:	Child's Home		
CPT Code:	97113 - Therapeutic proc, 1+ areas, each 15 min, aquatic therapy w exercises		Submission Type:	Original		
Original Provider Claim:	12565		Provider Date Paid:			
Amount Paid to Provider:	62.00	I	Net Amount Charged:	62.00		
Prior Authorization Number:			Payor Claim Number:			
ICD Codes						
Eligible Diagnosis (ICD) Code 1:	348.80 - Cystic Periventricular Leukomalacia (CPVL)	Other Eligible Dia	ignosis (ICD) Code 3:			
Other Eligible Diagnosis (ICD) Code 2:		Other Dia	ignosis (ICD) Code 4:			
Third Party Pend Reason						
Primary Pend Message:		Seco	ndary Pend Message:			
Pend Message Date:			, ,			
Prior COB						
List of prior Coordination of Benefits						
Payor Name	Payor Decision		Amount	Date Reconciled		
Blue Cross Blue Shield	Write Off		62.00	11/16/2011		
	Edit Status	Inquiry Close				

### **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 <u>Allocations</u> link under Action column. Liability Service Line Allocations page displays with the sections Allocation Totals and Allocations.

Liability Service Line	a Allocations		3
Allocation Totals			
	Total: US Dollar 999.00		
	Balance: US Dollar 0.00		
Allocations			
Action	Туре	Allocation Date	Amount Allocated
View	Payment Received	2/26/2009	450.00
View	Write Off	2/26/2009	549.00

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 <u>View</u> 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 Bat	ch Number:		
Child Last Name:	:		Child	First Name:		
Liability Batch From Date:	:	<i>(</i> )	Liability Bate	ch To Date:	<i>(</i> )	
Service From Date:	:	<i>(</i> )	Servi	ce To Date:	<i>(</i> )	
Medicaid Claim :			Commercial Insur	ance Name:		
Search Outstanding Claims Only:						
		Searc	h Reset			
Search Results						
Actions Liability Claim Child	Name	Payor Name	Provider Claim Number	Service Date	<u>Total</u>	<u>Outstanding</u>

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 <u>View</u> 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.

Service Line Details			4				
Edit Status Inquiry Close							
Service Line Details							
Liability Claim Numb	r: 19714	Service Line Number:	19715				
Child Nan	e: Test Child3	Service Authorization Number:	36620				
Service Start Da	e: 11/15/2010	Service End Date:	11/15/2010				
Rendering Provid	r: Paula Prince	Rendering Provider State ID:	274				
Rendering Provider N	1: 87654455	Service Type:	Vision				
Service Delivery Metho	d: Basic Home/Community-based Indiv/Coll Visit	Service Location:	Child's Home				
CPT Cod	e: 96120 - Neuropsychological test, QP interpret/report, admin by computer	Submission Type:	Original				
Original Provider Clai	n: <u>13577</u>	Provider Date Paid:	11/15/2010				
Amount Paid to Provid	r: 62.00	Net Amount Charged:	62.00				
Prior Authorization Numb	en:	Payor Claim Number:	1234				
ICD Codes							
Eligible Diagnosis (ICD) Code	1:	Other Eligible Diagnosis (ICD) Code 3:					
Other Eligible Diagnosis (ICD) Code	2:	Other Diagnosis (ICD) Code 4:	389.00 - Conductive Hearing Loss (Nos.)				
Third Party Pend Reason							
Primary Pend Messag	e:	Secondary Pend Message:					
Pend Message Da	e:						
Prior COB							
List of prior Coordination of Benefits							
Payor Name Payor	Decision Amount Date Reconciled						
Medicaid Alloca	ed Payment Received	62.00	6/21/2011				
Edit     Status Inquiry     Close							

# **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 <u>Receive Payment</u> link from My Shortcuts section. Select Payor page displays.



3. Click <u>Record in Suspense Account</u> 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.

Record Payment Received In Suspense Account					
		Save	Cancel		
Payment Details					
*Amount:			Reference Number:		
*Date Received:	4/20/2009		Ledger Number:		
Method of Receipt:	Check -		*Payment Date:	4/20/2009	<i>(</i> )
Check Number:					
Issuer Details					
Issuer Name:					
Apt/Suite:			Address Line 2:		
Address Line 3:			City:		
State:		•	County:		•
Zip:			Census Tract:		
Comments					
					*
					-
		Save	Cancel		

# 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 <u>Suspended Accounts</u> link from Search section. Suspense Account Search page displays.

Suspense Account	Search					
Search Criteria						
	Issuer Name:					
Receive	d Date From:	<i>(</i> )		Received date To:		<i>(</i> )
Rec	eipt Method: 🔹			Amount:		
		Searc	h Reset			
Search Results						
Action	Issuer Name	Received Date	Effective Date	Status	Currency	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*.
- 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.

Suspense Account Item Details					
	Clo	se			
Details					
Status:	Unassigned	Amount:	US Dollar 1,000.00		
Method:	Check	Foreign Currency:			
Date Received:	4/20/2009	Effective Date:	4/20/2009		
Check Number:	1234	Ledger Number:			
Receipt Number:	289	Deposit Slip Number:	0		
Origin Sort Code:		Origin Account Number:			
Destination Account Name:		Destination Account Number:			
Destination Sort Code:		Date Posted:			
Issuer Details					
Issuer Name:		Issuer Address:			
Comments					
Mistake in payment					
	Clo	se			

# Or

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

Suspense Account 9	Suspense Account Search ?						
Search Criteria							
Issuer Na	ame:						
Received Date Fr	rom: 1/1/2010	<b>()</b>	Receive	ed date To: 5/	/25/2010		
Receipt Meth	nod:	~		Amount:			
		Search	Reset				
Search Results (Nu	mber of Items: 3	5)					
Action	Issuer Name	Received Date	Effective Date	<u>Status</u>	Currency	<u>Amount</u>	
<u>View</u>   <u>Transfer</u>	Aetna Health	1/1/2010	4/23/2010	Transferred	US Dollar	5,000.00	
<u>View</u>   <u>Transfer</u>	Aetna Health	4/23/2010	4/23/2010	Transferred	US Dollar	8,000.00	
<u>View</u>   <u>Transfer</u>	Aetna Health	4/23/2010	4/23/2010	Transferred	US Dollar	1,000.00	
<u>View</u>   <u>Transfer</u>	Medicaid	4/23/2010	4/23/2010	Transferred	US Dollar	55.00	
<u>View</u>   <u>Transfer</u>	Medicaid	4/23/2010	4/23/2010	Transferred	US Dollar	545.00	

**Transfer From Suspense Select Insurance Provider** 

Was the payment received from:				
Medicaid				
State DOH				
Commercial Insurance				

5. Select of the options:

# Medicaid or State DOH

a. If <u>Medicaid</u> or <u>State DOH</u> 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 Pay	Allocate Payment 7							
			Close Reco	d Adjustment				
Payment Re	ceived Details							
	Amount: 5, Effective Date: 4/	.000.00 /20/2009		Unalloc Rec	ated Amount: 5,000. ceipt Method: Check	00		
Outstanding	Liabilities							
Action	Child Name	Service Date	Liability Claim Number	<u>Service Line</u> Number	CPT_Code	<u>Total</u>	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	
<u>Pay Deny</u>	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 <u>Pay</u> 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 <u>Commercial Insurance</u> link is selected, **Transfer from Suspense** Account – Commercial Insurance Search page displays.

🕏 Transfe	er from Suspense Ac	ccount - Comr	nercial Insurance Se	arch		
Search Cr	iteria					
Co	ommercial Insurance Company ID:					
Co	mmercial Insurance Company Name:				Registered Name:	
	Address Line 1:				City:	
			Search	Reset	Cancel	
Search Re	sults					
Action	Commercial Insur Company ID	rance	Provider Name		Address Line 1	City

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.

Transfer From Suspense To Client						
Save Save And Allocate Cancel						
Issuer Details						
Issuer Name:	bcbs	]				
Apt/Suite:		Address Line 2:	To Main St			
Address Line 3:		City:	Тгоу			
State:	New York -	County:	Rensselaer 🗸			
Zip:	12002	Census Tract:				
Save Save And Allocate Cancel						

c. Click **Save And Allocate** button. **Allocate Payment** page displays with open liability Claims.
Allocate Paym	ient						2		
			Close Record	Adjustment					
Payment Received Details									
	Amount: 5,0 Effective Date: 4/2	000.00 20/2009		Unallocat Rece	ed Amount: 5,000 ipt Method: Check	.00			
Outstanding L	iabilities								
Action	Child Name	Service Date	Liability Claim Number	<u>Service Line</u> Number	CPT Code	<u>Total</u>	Outstanding		
Pay Deny						999.00	999.00		
Pay Deny						999.00	999.00		
<u>Pay Deny</u>	LaDanian Tomlinson	10/10/2008	81408	81409	90847 - Family psychotherapy, conjoint psychotherapy, w patient present	999.00	999.00		
Pay Deny	LaDanian Tomlinson	11/16/2008	81410	81411		999.00	999.00		
Pay Deny	LaDanian Tomlinson	12/1/2008	72207	72208	90853 - Group psychotherapy (other than of a multiple-family group)	999.00	999.00		

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 <u>Suspended Accounts</u> link from Search section. Suspense Account Search page displays.

Suspense Account Se	arch					
Search Criteria						
Iss	suer Name:					
Received D	Date From:	<i>(</i> )		Received date To:		٥
Receip	ot Method: 🔹			Amount:		
		Sear	rch Reset			
Search Results						
Action	Issuer Name	Received Date	Effective Date	Status	Currency	Amount

 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. Suspense Account Item Details page displays.

Suspense Account Item Details							
	Clo	se					
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							
		se					

- 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.
- Click <u>Code 35 Placement</u> link under My Shortcuts section. Search Code 35 to Add Placements page displays.

navigation	Search Code 35 to add Place	ements			?
			Search	Cancel	
	Selection Criteria				
recent items	Child's First Name:			Child's Last Name:	
O Tiffany Martin-99 - 321	Referral Date From:		٥	Referral Date To:	<b>(</b> )
	Include children who already have Code 35 notification for this municipality:				
			Search	Cancel	

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.

Select Children to add	Select Children to add Code 35 placements for									
Print Cancel										
Selection Criteria										
Child's First I	Name:			Child's Last	Name:					
Referral Date	From: 10/25/2	010		Referral Date To: 11/30/2010						
Include children who a have Code 35 notifi for this munici	Include children who already have Code 35 notification No for this municipality:									
Available Children										
Child Name	Date of Birth	Medicaid CIN	<u>Referral Date</u>	<u>Eligibilty Date</u>	Last No	otified Date	Last Notified By			
George Romero	10/4/2010	1033a1	11/1/2010	11/15/2010						
Print Cancel										

To select *all* children for Code 35 placement, click checkbox next to <u>Child</u> <u>Name</u> 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.

Print Code 35 Place	Print Code 35 Placement Selections									
These are the children you selected to notify LDSS of Code 35 Placement in the municipality: Rensselaer										
Child's Name	Date of Birth	Medicaid CIN	Muni. of Fiscal Responsibility	Referral Date						
George Romero	10/4/2010	1033a1	Rensselaer	11/1/2010						
	Cancel									

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.

navigation	Commercial Ins	Jrance Coverage: Geo	rge Romero - 1	1637		?
• Home	(	New Commercial Covera	ge New Medi	caid Coverage ) Ch	eck Medicaid Eligibil	ity
• Addresses	Coverage List					
• Alternative IDs	Coverage List	_				
Alternative Names	Actions	Insurance Company	Policy Number	Effective From Date	Effective To Date	<u>3rd Party Sequence</u>
• Cases	View Edit Prior A	uth Medicaid		10/4/2010		95
<ul> <li>Communication Exceptions</li> </ul>	Code 35 Inform	ation				
• Financials	<u>Municipality</u>	Muni. of Fiscal Responsit	oility	Medicaid CIN	Placement Date	Removal Date
• Notes	Rensselaer	Rensselaer		1033a1	11/15/2010	
• Phone Numbers						
• Relationships						
• Tasks						
At-Risk Follow-Up						
• Audit Log						
• Referrals						
• Demographic Data Change History						
O Insurance Coverage						
	1					

## **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.
- Click <u>Code 35 Removal</u> link under My Shortcuts section. Search to Remove Code 35 Placements page displays.

Search to Remove Code 35	Placement			?
		Search	Cancel	
Selection Criteria				
Child's First Name:			Child's Last Name:	
End/Transfer Date From:		<i>(</i> )	End/Transfer Date To:	
Include children who already have Code 35 removal for this municipality:				
		Search	Cancel	

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.

### Unit 12: Municipal Financial

			Drint	Cancal			
Color	tion Critoria		Plint	Cancer			
Selec	tion criteria				in the second		
	Child's First Nam	82		Child's Last Name: End/Transfer Date To:			
	End/Transfer Date From	n:					
Code	clude children who already ha e 35 notification removal for th municipalit	ve us Yes y:					
Avail	able Children						
Avail	able Children Child Name	Date of Birth	Medicaid CIN	End/Transfer Date Date	Last Notified Date	Last Notified By	
Avail F	able Children Child Name DBrickashaw Fergeson	Date of Birth 1/1/2009	Medicaid CIN 60	End/Transfer Date Date 11/12/2010	Last Notified Date 11/15/2010	Last Notified By wkm01	

To select *all* children for Code 35 removal, click checkbox next to <u>Child</u> <u>Name</u> 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.

These are the children you sel tensselaer	lected to notify LDSS of 0	Code 35 Removal from	the municipality:	
Thild's Name	Date of Birth	Medicaid CIN	Muni. of Fiscal Responsibility	End/Transfer Date
OBrickashaw Fergeson	1/1/2009	60	Rensselaer	11/12/2010
			University of the second se	

#### **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.

 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 <u>Municipality</u> 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.

	Financial Interfaces
	Welcome to the New York Early Intervention System
	My Shortcuts
	Receive Payment File from Municipality Finance
	Send Payment File to Municipality Finance
$\leq$	Commercial Insurance Interfaces

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

Commercial Insurance Interfaces

Upload Response Files Review Response Result NonNYEIS 835 Remittance File List

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

Download 837 Files								
Action	Control Number	Insurance Company	Date Created	837 File	Date Downloaded			
Download	260	INGENIX	3/31/2011	837P2011-03-31T16_22_48.918Z.edi	3/31/2011			
Download	259	INGENIX	3/31/2011	837P2011-03-31T16_23_13.470Z.edi	3/31/2011			
Download	305	AVAILITY	4/14/2011	837P_2011-04-14T18_03_58.085Z.edi	4/14/2011			
			Can	cel				

## **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.



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.

#### **Financial Interfaces**

Welcome to the New York Early Intervention System

My Shortcuts Receive Payment File from Municipality Finance Send Payment File to Municipality Finance Commercial Insurance Interfaces

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

Commercial Insurance Interfaces

Download 837 Upload Response Files Review Response Result NonNYEIS 835 Remittance File List

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

Upload Response File
Use this form to upload HIPPA response files from commercial insurance companies or clearinghouses, such as 835 Remittance. Only HIPPA compliant files should be uploaded.
Select the Response File
File: Browse
Save

### **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.

Financial Interfaces
Welcome to the New York Early Intervention System
My Shortcuts
Receive Payment File from Municipality Finance
Send Payment File to Municipality Finance
Commercial Insurance Interfaces

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.

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	Download	51004056	INGENIX	4/5/2011	835_INGENIX_1_001.edi	5/3/2011
	Download	51004059	INGENIX	3/31/2011	835_INGENIX_1.edi	
at lines	Download	115000997	CDPHP Universal Benefits, Inc.	5/31/2011	835_Albany_ServiceLine_0531_001.edi	5/31/2011
int items	Download	114000744	Blue Ridge Insurance Company	5/16/2011	comingled835test1_001.edi	5/16/2011
	Download	114000745	Blue Ridge Insurance Company	5/16/2011	comingled835test2_001.edi	5/16/2011
	Download	51004056	INGENIX	4/5/2011	Comingled_TestCase3_001.edi	
	Download	114000744	CDPHP Universal Benefits, Inc.	5/24/2011	835_Albany_ServiceLine_v2_001.edi	5/24/2011

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.

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	Do you want to open or save this file?
F	Name: 835_INGENIX_1_001.edi Type: edi_auto_file, 813 bytes 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?

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

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