NYEIS Provider Orientation

An Overview for Contracted EI Providers
NYEIS OBJECTIVES
MORE TIMELY, BETTER QUALITY SERVICES

- Centralized information exchange between EIP staff and Providers.
- Provides secure access to assigned cases and associated child data.
- Timely service information and immediate communication about children being served.
- Automated work process reduces paper flow.
- Alerts and notifications to help manage tasks.
WHAT’S INCLUDED IN NYEIS?

- EIP Case Management
  - Referral and Intake
  - At-Risk Children (Developmental Monitoring)
  - Evaluation
  - IFSP & Service Authorizations
  - Transfers and Transitions
- EIP Financial Administration
- Provider Management
- Provider Invoicing
- Reports


**NYEIS SYSTEM DESCRIPTION**

- The New York Early Intervention System is a Web-based application featuring a work flow design that supports each component of a child’s service pathway.

- An important feature of NYEIS is the “Work Queue”.
  - Work Queues provide the electronic notices of actions on behalf of children that must be completed.
  - To access a work queue, one must be assigned a specific role in the NYEIS system.
  - Each person’s Work Queue contains “tasks” sent from one person to another who has a specific “role” in a child’s service pathway.

- NYEIS roles are functional user roles with access rights supporting what information and tasks one must do to complete a step in the child service pathway in the NYEIS system.
NYEIS WORKFLOW:
INFORMATION EXCHANGE BETWEEN PROVIDERS & EARLY INTERVENTION

Provider

Any EI Provider: Create and Submit Referral

ISC provider: Accept/reject ISC assignment

ISC provider: Assign evaluator

EI evaluator: Accept/reject evaluation assignment

EI evaluator: Submit MDE

Early Intervention

Review & Accept Referral

Assign Initial EIOD

Assign Initial Service Coordinator

Review MDE

Accept/reject MDE

(If child is eligible)
Assign EIOD & schedule IFSP

IFSP Team: Develop / Submit / Approve IFSP

Approve service authorizations and assign service provider(s)

Service provider: Accept service assignment

Service provider: Submit invoices for services rendered

3/3/2011
GOING TO THE PROVIDER HOMEPAGE
NAVIGATING MY WORKSPACE

Navigation Bar - Goes to agency critical data and functions.
The Inbox: Work Queues, Tasks & Notifications
### Example of the Work Queues

![NYEIS Sandbox: Work Queue Tasks](image)

<table>
<thead>
<tr>
<th>Action</th>
<th>Task ID</th>
<th>Subject</th>
<th>Priority</th>
<th>Status</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve</td>
<td>14398</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of New York Inc for Johanna Friday Tomorrow</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>14570</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of New York Inc for Michael Edwards</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>14508</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of New York Inc for Julio Iglesias</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>14602</td>
<td>Accept/Reject MDE Assignment for Mary Brown</td>
<td></td>
<td>Open</td>
<td>6/1/2011 12:01</td>
</tr>
<tr>
<td>Reserve</td>
<td>14312</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of New York Inc for Maria Reyes</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>14704</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of New York Inc for Hiram Smithwick</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>14688</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of New York Inc for Mary Snider</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>14696</td>
<td>Accept/Reject MDE Assignment for Melody Granizo</td>
<td></td>
<td>Open</td>
<td>6/5/2011 15:10</td>
</tr>
<tr>
<td>Reserve</td>
<td>14685</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of New York Inc for Melody Granizo</td>
<td></td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>
Example of Tasks

Reserved Tasks by Status: Gladys Quinones

<table>
<thead>
<tr>
<th>Action</th>
<th>Task ID</th>
<th>Subject</th>
<th>Priority</th>
<th>Reserved</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>12502</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of NY Inc for bk-Deborah EI-testing</td>
<td></td>
<td>3/22/2011 10:32</td>
<td></td>
</tr>
<tr>
<td>View</td>
<td>13136</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of NY Inc for Sebastian Alexandre</td>
<td></td>
<td>3/22/2011 10:59</td>
<td></td>
</tr>
<tr>
<td>View</td>
<td>14473</td>
<td>A Multidisciplinary Evaluation has been assigned to TheraCare of NY Inc for Matthew Blackwell</td>
<td></td>
<td>5/24/2011 14:11</td>
<td></td>
</tr>
</tbody>
</table>
Example of a Notification

Receiving Notifications and Alerts:

View Alert: Service Authorization 12090 for child Jeff Jones has been approved as of 01-20-2011.

Delete Close

Details
Subject: Service Authorization 12090 for child Jeff Jones has been approved as of 01-20-2011.
Date Created: 1/20/2011 14:58

Related Pages
Action Link
Service Authorization Home Page

Content
Service Authorization 12090 for child Jeff Jones has been approved as of 01-20-2011.
Delete Close
SENDING A REFERRAL TO EI

A referral may be for either EIP or Developmental Monitoring
If Status Assigned is “At Risk” or “Failed Initial Hearing Screening”, then the referral will be sent to the “At Risk Work Queue” for Developmental Monitoring.

**Note: Mandatory fields have an asterisk (*)**
# PROVIDER REFERRAL PAGE (2)

**Family Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother's First Name</td>
<td></td>
</tr>
<tr>
<td>Mother's Last Name</td>
<td></td>
</tr>
<tr>
<td>Mother's Date Of Birth</td>
<td></td>
</tr>
<tr>
<td>Mother's Dominant Language</td>
<td></td>
</tr>
<tr>
<td>Father's First Name</td>
<td></td>
</tr>
<tr>
<td>Father's Last Name</td>
<td></td>
</tr>
<tr>
<td>Father's Date Of Birth</td>
<td></td>
</tr>
<tr>
<td>Father's Dominant Language</td>
<td></td>
</tr>
<tr>
<td>Is a Parent Proficient in English?:</td>
<td>Yes</td>
</tr>
<tr>
<td>Alternate Parent Contact Name</td>
<td></td>
</tr>
<tr>
<td>Alternate Contact's Relationship to Child</td>
<td></td>
</tr>
</tbody>
</table>

**Address**

- By submitting this referral, I attest that the parent/legal guardian was consulted and she/he did not object to the referral.

**Phone numbers**

<table>
<thead>
<tr>
<th>Type</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Primary Address:**

**Mailing Address:**

**Phone Number:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Parental Consent must be given in order to enter the rest of this information.

If parent consent not given, data entered in these sections will not be saved.
Referrals submitted by Your Agency are sent to the Regional Office for Acceptance and Service Coordinator Assignment.
The Initial Service Coordinator

- The EIOD selects the Initial Service Coordination Agency.
- This task is sent to your Agency.
- Your agency either accepts or rejects the assignment.
- If accepted, your agency selects the name of the Service Coordinator to be assigned.
ISC ASSIGNS THE EVALUATION AGENCY
ISC ASSIGNS THE EVALUATION AGENCY

- If accepted by the Evaluation Agency, then the agency is ready to assign their evaluation staff and begin the MDE.
- The selected agency is entirely responsible for the complete evaluation process.
- Upon completion, it is submitted to the EIOD.
EVALUATION AGENCY CREATES/SUBMITS THE MDE
Select “Cases” for all child services information in the “Integrated Case Record”.
### VIEW OF THE INTEGRATED CASE RECORD

**Integrations Case Home:** NYEIS Integrated Case - 52740

#### Options
- Edit Case
- Close Case

#### Details
- **Case Reference:** 52740
- **Child's Name:** Tiffany Martin
- **Status:** Draft
- **Child's Integrated Case Start Date:** 3/6/2009
- **Child's Integrated Case End Date:** 4/20/2009
- **Status of 45-day Clock:** Clock Started [Suspend/Restart 45-Day Clock]

#### Service Coordination Service Authorizations

<table>
<thead>
<tr>
<th>Case Reference</th>
<th>Service Type</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>53760</td>
<td>Service Authorization</td>
<td>3/6/2009</td>
<td></td>
<td>Approved</td>
</tr>
</tbody>
</table>

#### Evaluation Service Authorizations

<table>
<thead>
<tr>
<th>Case Reference</th>
<th>Service Type</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>53774</td>
<td>Service Authorization</td>
<td>3/9/2009</td>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td>53777</td>
<td>Service Authorization</td>
<td>3/9/2009</td>
<td></td>
<td>Approved</td>
</tr>
<tr>
<td>53776</td>
<td>Service Authorization</td>
<td>3/9/2009</td>
<td></td>
<td>Approved</td>
</tr>
</tbody>
</table>

#### IFSPs

<table>
<thead>
<tr>
<th>Case Reference</th>
<th>IFSP Type</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>53786</td>
<td>Initial</td>
<td>3/12/2009</td>
<td>9/11/2009</td>
<td>Amendment Submitted</td>
</tr>
</tbody>
</table>
Child Level of Functioning in:
Physical, Cognitive, Communication, Social/Emotional, & Adaptive Development

• Navigate by scrolling down/up using the bar on the right.
IFSP VIEW (2)
IFSP VIEW (3)
### Transition

**Identify services/activities necessary to support the child’s transition to CPSE or other community services**

**Date transition discussed with parents:**

- **Steps to help child adjust and function in a new setting**

**Did parent consent to allow qualified personnel to prepare for child’s transition?**

- **If yes, then enter procedures to allow qualified personnel to prepare for child’s transition**

**Did parent consent to transmit info to CPSE (including Evaluation & IFSP)?**

- **If yes, then enter date transmitted:**

### Transfer

**Transfer to another municipality**

- **Expected Transfer Date:**
- **Receiving Municipality:**

**Transfer Comments**

### Late Services

- **Delay Status:**
- **Delay Reason:**

### IFSP Comments

**IFSP Comments**

---

**Save**  **Cancel**
IFSP VIEW (5)

Service Authorizations are contained within the IFSP
SERVICE AUTHORIZATION DETAILS

Change/Assign Provider and Location
Change/Assign Rendering Provider
Service Authorization Home Page

Shortcut
Menu
Service Auth
Details
Child Details
Provider &
Location
Details
Rendering
Provider &
Service Details
## SERVICE AUTHORIZATION DETAILS (2)

### Qualified Personnel, Frequency & Duration, Make-up Visits, Co-visits, Co-visit QP

### OSEP Svc Delay

### EI Eligible Dx

### Other ICD Details

### Comments

#### Qualified Personnel List
- **Action**: Qualified Personnel
- **Remove**: Occupational Therapist

#### Frequency & Duration Details
- **Start Date**: 11/21/2009
- **End Date**: 5/20/2010
- **Number of Visits/Units**: 8
- **Number of Minutes Per Visit/Unit**: 50
- **Rate for Visit**: $40.00

#### Make-Up Visits
- **Make-Up Visits Allowed**: Yes
- **Number of make-up visits per IFSP period**: 2

#### Co-Visits
- **Co-Visits Allowed**: No
- **Number of co-visits per IFSP period**: 0

#### OSEP Service Delay
- **Delay Reason**: If other is selected, provide a description.

#### EI Eligible ICD Details
- **Eligible ICD**: 789.83 - Fragile X Syndrome

#### Other ICD Details
- **Other ICD 1**:
- **Other ICD 2**:
- **Other ICD 3**:

#### Comments
IFSP and SERVICE AUTHORIZATION FUNCTIONS PERFORMED IN NYEIS

IFSP Functions:

- Create/Edit an Interim/Initial IFSP
- Create/Edit SAs for
  - Service Coordination
  - General Services (PT, OT, Speech, etc)
  - ATD
  - Respite
  - Transportation
  - Supplemental Evaluations
  - ABA-applied Behavioral analysis

Service Authorization Functions:

- Submit an IFSP
- Amend an approved ISP
- Clone an IFSP
- Extend an IFSP
- Manage Upfront Waivers
- Approve an IFSP
Other Program Functions

- Transition Conference Details
- Transfers Between Counties
- Communications Logs
- Events Calendaring
- Notes (specific to each NYEIS function)
- Mediations/ Impartial Hearings
- Protected Health Information Log & Authorizations
- Health Assessments
How Will My Agency Submit Claims?

• Two methods of submitting claims:
  – Through manual data entry in the NYEIS system, or
  – Uploading HIPAA 837 P Electronic Files

• Note: If a provider does not want to manually data enter claims into NYEIS and has a Financial system that already captures this information, then set up is required.
Request to Submit
HIPAA 837 P Electronic Claims

1. Complete and submit the Request to Submit Electronic Claims to NYEIS form and forward that to the Finance Unit. Note: If the your agency is using a clearinghouse:
   • Your agency sends the form to the clearinghouse,
   • The clearinghouse completes the clearinghouse section of the form, and
   • The clearinghouse returns the form your agency.
2. The municipality completes the municipality section of the form.
3. The municipality sends the form to SDOH
4. SDOH assigns an Electronic Transmitter Identification Number (ETIN), and returns the form to the NYC EIP
5. NYC EIP sends the completed form to your agency.
6. Your agency or contracted clearinghouse signs the Trading Partner Agreement, and
7. Registers with 1EDISource to test the HIPAA 837 P claims for your agency.
On-Line Data Entry of NYEIS Claims

- **NYEIS website:**
  - Obtain your logon access to NYEIS as per instructions provided.
  - Ensure you have billing staff trained for NYEIS claiming
  - All claims submissions are handled as shown in the following presentation
NYEIS: Methods of Submission

NYEIS Screen shot: Login Homepage

NYEIS Website Data Entry of Claims

Electronic 837 Upload
NYEIS: Responses to Claims Submission

F File: Edit checks made to submitted claims (comma delimited) – Downloadable file

997 acknowledgement – Downloadable file
NYEIS: Responses to Claims Submission

The Response File: 997 details whether or not file details that were submitted were understood as a valid HIPAA 4010 file.

- AK9*A*1*1*1~ this shows an accepted submission
- AK9*A*1*1*0~ this shows an unaccepted submission
NYEIS: Responses to Claims Submission

• **The 835 File** details the edit checks made to the submitted file once it has been accepted as a valid 4010 file.

• It is structured as a comma-delimited file and can be opened in any text editor or Microsoft Excel.

• Following is an example of the file:

<table>
<thead>
<tr>
<th>Error Message</th>
<th>Error Data</th>
<th>ISA</th>
<th>Process Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to identify Child</td>
<td>CHLDREFNO</td>
<td>201</td>
<td>201 2011-01-27</td>
</tr>
</tbody>
</table>
NYEIS: Responses to Claims Submission

The possible messages for this file are:

- Batch ID missing
- Connection Refused.
- County code missing
- Data transform failed
- Invalid Provider ID
- Invalid rendering provider ID
- Record status update failed
- Submitter ETIN Invalid
- Submitter ETIN in ISA_06 Does not match Provider Clearing House ETIN
- Submitting provider not approved for electronic submission
- Success.
- Test transaction not accepted in NYEIS
- SA not valid (_2000A/_2000B/_2300/REF/_02_Reference_Identification_)
- Unable to identify Child (_2000A/_2000B/_2010BA/NM1/_09_Identification_Code_)
- Unable to identify billing provider (_2000A/_2010AA/NM1/_09_Identification_Code_)
- Unable to identify pay to provider (_2000A/_2010AB/NM1/_09_Identification_Code_)
- Unable to identify receiving municipality (ISA/_08_Interchange_Receiver_ID_)
- Unable to identify submitting provider (ISA/_06_Interchange_Sender_ID_)
- Unable to match service auth number
- The Claim: nnnnnn could not be voided due to error:
  - The Claim: nnnnnnnn was not in a voidable status.
  - The Claim: nnnnnnn was not found, and cannot be voided.
  - A Line on Claim: nnnnnnnn has an invalid procedural code: xxxxxx
NYEIS: Invoices / Claims Overview

• **Invoice**: Defined as the master document in which claims are contained for submission and payment.
  – Can have claims for different children
  – Can have claims for different service authorizations
  – Can have claims for different rendering providers (therapists, educators, service coordinators)
  – Can have claims for multiple visits for the same service authorizations.

• **Provider Claim**: Second Level of Invoicing
  – Provider Claim is where the Child, Rendering Provider, Service Authorization and Date of Service are captured.
  – Provider Claims are at the Visit Level and only one visit per Provider Claim is allowed.
  – Service Coordination - One claim is for one day of service.

• **Service Line** - The third Level of an Invoice
  – CPT Codes and Units are captured at this Level.
  – There can be multiple service lines for a visit.
NYEIS: Invoices / Claims Sample

[Image of a software interface showing provider claim details]

**General Details**
- Rendering Provider Name: Franklin Fuerer
- Billing Provider Name: TheraCare of New York Inc
- Child's Full Name: MN-Frankie Smythe
- Service Date: 2/22/2011
- Service Start Time: 09:00
- Date Created: 5/16/2011
- Rate Amount: 87.00

**Reference Numbers**
- Provider Claim Number: 4449
- Invoice Number: 311

**ICD9 Codes**
- Eligible Diagnosis (ICD) Code 1: 765.01 - Extreme Prematurity Less than 500 grams

**Claim Decision**
- Claim Status: Approved
- Effective Date: 5/16/2011
- Amount Approved: 87.00

**Location Information**
- Location Type: Child's Home

**Claim Comments**

**Service Lines**
- CPT Code: View, Edit, Delete
  - 90802: Interactive psych diagnostic evaluation-exam
  - 90809: Indiv psychotherapy, office/outing, 75-80 min w/med eval
  - 90849: Multiple-family group psychotherapy
NYEIS Invoices / Claims
NYEIS Invoices / Claims

Step 1

Pre-filled for a provider

Mandatory Information

Step 2

Note: Cannot create claims without Service Authorization in NYEIS.
NYEIS Invoices / Claims

Step 3

Mandatory Information

Create Provider Claim

Details
- Child's Full Name: David Bowie
- Service Start Date: 5/16/2011
- Service Time: 08:00
- Parent Signature: 

Rendering Provider
- Rendering Provider: Franklin Fuerer

Provider Claim Reference Numbers
- Provider Claim Number:
- Medical Record Number:

ICD Codes
- Eligible Diagnosis (ICD) Code 1:
- Other Eligible Diagnosis (ICD) Code 2:
- Other Eligible Diagnosis (ICD) Code 3:
- Other Diagnosis (ICD) Code 4:

Supervising Provider (SP) Details
- SP Last Name:
- SP Middle Initial:
- SP NPI:

Location Information
- Location Type: Child's Home

Comments

ICD Diagnosis

Diagnoses
- Action: Select
- Diagnosis: 315.9 - Development delay NOS
Step 4

NYEIS Invoices / Claims

Mandatory Information
**NYEIS Invoices / Claims**

**Step 5**

![Image of NYEIS Invoices / Claims page]

<table>
<thead>
<tr>
<th>Rendering Provider Name</th>
<th>General Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin Fuerer</td>
<td>Service Date: 5/16/2011</td>
</tr>
<tr>
<td>TheraCare of New York Inc</td>
<td>Service Time: 08:00</td>
</tr>
<tr>
<td>David Bowie</td>
<td>Date Created: 5/16/2011</td>
</tr>
<tr>
<td></td>
<td>Rate Amount: 62.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Claim Number: 4451</td>
</tr>
<tr>
<td>Invoice Number: 711</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD9 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>D15.9 - Development delay NOS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claim Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Status: Open</td>
</tr>
<tr>
<td>Effective Date: 5/16/2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervising Provider (SP) Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP Last Name:</td>
</tr>
<tr>
<td>SP Middle Initial:</td>
</tr>
<tr>
<td>SP NPI:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Type: Child's Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claim Comments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Service Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
</tr>
<tr>
<td>View Edit Delete</td>
</tr>
<tr>
<td>View Edit Delete</td>
</tr>
<tr>
<td>View Edit Delete</td>
</tr>
</tbody>
</table>

[Buttons: Same SA/New Claim, New SA/New Claim, Edit Claim, Delete Claim, Add Service Line, Void Claim, View Invoice]
NYEIS Invoices / Claims

Step 6

Step 7
NYEIS Invoices / Claims

Step 8 – Submit Provider Invoice

Step 9 – Invoice Fully Adjudicated. Claim Approved
NYEIS Invoices / Claims

Step 10 – Claim Paid

```
View Invoice

Invoice Details
Provider of Record: TheraCare of New York Inc
Billing Agent Reference Number:
Date Created: 5/16/2011
Municipality: Schenectady
Status: Fully Adjudicated

Invoice Number: 711
Billing Agent Name:
Invoice Date: 5/16/2011
Submission Method: Manual
Invoice Amount: 62.00

Provider Claims List
<table>
<thead>
<tr>
<th>Action</th>
<th>Child Name</th>
<th>Rendering Provider Name</th>
<th>Claim Number</th>
<th>Date of Service</th>
<th>Service Authorization Number</th>
<th>Service Type / Method</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>David Bowie</td>
<td>Franklin Fuerer</td>
<td>4451</td>
<td>5/16/2011</td>
<td>15636</td>
<td>Special Instruction - Basic</td>
<td>Paid</td>
</tr>
</tbody>
</table>
```

52
NYEIS Invoices / Claims

NYEIS Claim: Service Coordination

Provider Claim Home 4450 - TheraCare of New York Inc for Lil Black

General Details
- Child’s Full Name: Lil Black
- Date Created: 5/16/2011
- Service Date: 4/30/2011
- Rate Code: 5244
- Service Authorization Number: 15660
- Service Coordinator: Rivera, Janet
- Parent Signature: No
- Rate Amount: 14.50
- Units: 3

Reference Numbers
- Provider Claim Number: 4450
- Invoice Number: 611
- Billing Agent Number: 

ICD9 Codes
- Eligible Diagnosis (ICD) Code 1:
- Eligible Diagnosis (ICD) Code 2:
- Eligible Diagnosis (ICD) Code 3:
- Eligible Diagnosis (ICD) Code 4: 249.80 - Sec DM oth nt st uncontr

Claim Decision
- Claim Status: Paid
- Effective Date: 5/16/2011

Claim Comments
- Amount Approved: 43.50
- Rejection Reason: 

Time In and Time Out for Service Date

<table>
<thead>
<tr>
<th>Action</th>
<th>Time In</th>
<th>Time Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit Delete</td>
<td>10:15</td>
<td>10:20</td>
</tr>
<tr>
<td>Edit Delete</td>
<td>09:10</td>
<td>09:20</td>
</tr>
<tr>
<td>Edit Delete</td>
<td>11:00</td>
<td>11:20</td>
</tr>
<tr>
<td>Edit Delete</td>
<td>20:20</td>
<td>20:25</td>
</tr>
<tr>
<td>Edit Delete</td>
<td>21:35</td>
<td>21:40</td>
</tr>
</tbody>
</table>

Same SA/New Claim  | New SA/New Claim  | Edit Claim  | Delete Claim  | Add More Time  | Void Claim  | View Invoice  |
NYEIS Invoices / Claims

Invoice Search and Viewing Denied Claims

View Invoice

<table>
<thead>
<tr>
<th>Invoice Details</th>
<th>Provider of Record: TheraCare of New York Inc</th>
<th>Invoice Number: 411</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Agent Reference Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Created: 5/16/2011</td>
<td>Billing Agent Name:</td>
<td></td>
</tr>
<tr>
<td>Municipality: Schenectady</td>
<td>Billing Date: 5/16/2011</td>
<td></td>
</tr>
<tr>
<td>Invoice Amount: 396.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider Claims List

<table>
<thead>
<tr>
<th>Action</th>
<th>Child Name</th>
<th>Rendering Provider Name</th>
<th>Claim Number</th>
<th>Date of Service</th>
<th>Service Authorization Number</th>
<th>Service Type / Method</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Mariah Carey</td>
<td>Cindy Lou</td>
<td>4446</td>
<td>5/2/2011</td>
<td>15697</td>
<td>Core Evaluation</td>
<td>Denied</td>
</tr>
</tbody>
</table>

Provider Claim Home 4446 - TheraCare of New York Inc for Mariah Carey

General Details

<table>
<thead>
<tr>
<th>Rendering Provider Name: Cindy Lou</th>
<th>Billing Provider Name: TheraCare of New York Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Full Name: Mariah Carey</td>
<td>Service Authorization Number: 15697</td>
</tr>
<tr>
<td>Service Date: 5/2/2011</td>
<td>Date Created: 5/16/2011</td>
</tr>
<tr>
<td>Place Of Service: Home</td>
<td>Parent Signature: No</td>
</tr>
<tr>
<td>Rate Amount: 396.00</td>
<td>Rate Code: 5402</td>
</tr>
</tbody>
</table>

Reference Numbers

<table>
<thead>
<tr>
<th>Provider Claim Number: 4446</th>
<th>Billing Agent Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invoice Number: 411</td>
<td></td>
</tr>
</tbody>
</table>

ICD9 Codes

<table>
<thead>
<tr>
<th>EI Eligible Diagnosis (ICD) Code 1:</th>
<th>Other Eligible Diagnosis (ICD) Code 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Diagnosis (ICD) Code 3:</td>
<td>315.32 - Recp-expres language dis</td>
</tr>
<tr>
<td>Other Diagnosis (ICD) Code 4:</td>
<td></td>
</tr>
</tbody>
</table>

Claim Decision

<table>
<thead>
<tr>
<th>Claim Status: Denied</th>
<th>Effective Date: 5/16/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Approved: 0.00</td>
<td>Rejection Reason: There is not units remaining on the service authorization to cover the invoiced visit.</td>
</tr>
</tbody>
</table>

Location Information

| Location Type: Child's Home |

Claim Comments

Service Lines

<table>
<thead>
<tr>
<th>Action</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same SA/New Claim</td>
<td>New SA/New Claim</td>
</tr>
</tbody>
</table>
# NYEIS Invoices / Claims

Welcome to the New York Early Intervention System.

**My Shortcuts**
- Create Invoice
- Submit Invoice
- Upload 837 Invoice
- Download Response Files
- My Provider Homepage

**New Task | New Activity**
- Home
- Inbox
- My Cases
- My Calendar
- Search
- Registration

## Invoice Search

**Search Criteria**
- Provider of Record:
- Invoice Number:
- Invoice From Date:
- Status:
- Municipality:

## Search Results (Number of Items: 17)
<table>
<thead>
<tr>
<th>Action</th>
<th>Invoice Number</th>
<th>Provider of Record</th>
<th>Provider State ID</th>
<th>Municipality</th>
<th>Invoice Date</th>
<th>Submitted Amount</th>
<th>Approved Amount</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>67</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>5/13/2011</td>
<td>792.00</td>
<td>792.00</td>
<td>Fully Adjudicated</td>
</tr>
<tr>
<td>View</td>
<td>s91234</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>3/28/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>ab0901</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>4/12/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>OT-01</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>2/23/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>10281</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Albany</td>
<td>3/2/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>****</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>2/22/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>GS-01</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>New York (NYC)</td>
<td>2/23/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>33</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>4/25/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>311</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>5/16/2011</td>
<td>87.00</td>
<td>87.00</td>
<td>Fully Adjudicated</td>
</tr>
<tr>
<td>View</td>
<td>5509</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>New York (NYC)</td>
<td>3/2/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>5506</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>New York (NYC)</td>
<td>3/2/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>1234</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>3/2/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>jklj</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>2/18/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
<tr>
<td>View</td>
<td>11111111</td>
<td>TheraCare of New York Inc</td>
<td>3073</td>
<td>Schenectady</td>
<td>2/23/2011</td>
<td>0.00</td>
<td>0.00</td>
<td>Draft</td>
</tr>
</tbody>
</table>
NYEIS Invoices / Claims

Provider Claims Statuses:

- **Open**: Claim has not been submitted for approval and can be edited.
- **Submitted**: Claim has been submitted for approval.
- **Approved**: Claim has passed the Invoice Rules and has been approved for payment.
- **Denied**: Claim has failed one or more Invoice Rules. A Denial Reason is added to the Claim and displays on the Provider Claim Home page.
- **Pending**: Claim has violated a Billing Rule and is awaiting Waiver Submission and Approval.
- **Pending-Contract**: Claim is awaiting the Provider of record’s contract to be approved. The Provider currently has a contract Status of New Contract in Progress.
- **County Provided Service**: Municipality was the Provider of Record for an approved Claim. A payment is not created for the Municipality. This Claim will not be included in the County Payment File.
- **Released**: Municipality has released the approved Provider Claim for Payment.
- **Processing**: Claim has been included in the Municipal Payment File to Municipal Finance.
- **Paid**: Claim has been paid to the Provider.
- **Void**: Claim has been voided.
- **Void Processed**: Claim has been voided and included on a Provider payment.
- **Retro/Retro Processing/Retro Paid**: Claim has been part of a retroactive rate reimbursement.
NYEIS Invoices / Claims

Major changes in Claiming for EI Services - NYEIS vs. CSC

• No claims can be submitted without a service authorization.
• Providers need to follow 837p companion guide to prepare their 837p HIPAA Electronic Claims.
• Response Files to 837p: 997 acknowledgement and F File (response of edits to claims) instead of 835.
• Currently there is no file to replace 278 HIPAA downloads to provider agencies.
• NPI numbers are mandatory for licensed clinical professionals and certification numbers for education professionals and must be identified in the rendering provider fields for claims submitted for reimbursement.
• CPT/HCPCS code(s) and Diagnosis data must be provided on all claims submitted for payment. Billed service units per claim must comply with CPT Service unit definitions.
• For DME claims process to–be–decided.
• Service Coordination Claims needs billable time to be recorded throughout the day. NYEIS calculates number of units for every 15 minutes billed.
• One Provider Claim can have multiple service lines.
• All Service Providers will have access to NYEIS to put in the claims. No Paper Claims will be accepted from Service Providers.
NYEIS: Provider Payments

- Provider Payment cycle will be bi-weekly.
- Separate Checks/EFTs will be issued for claims done through NYEIS.
- After payment to providers, details will be reconciled in NYEIS.
- Reconciliation is done on claims level. Each paid claim will have the status “Paid”.
NYEIS : Provider Financials
NYEIS : Provider Financials

Provider Financials: TheraCare of New York Inc - 3073

<table>
<thead>
<tr>
<th>Action</th>
<th>Created Date</th>
<th>Date Paid</th>
<th>Amount</th>
<th>Municipality</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>5/13/2011</td>
<td>5/13/2011</td>
<td>792.00</td>
<td>Schenectady</td>
</tr>
<tr>
<td>View</td>
<td>5/16/2011</td>
<td></td>
<td>192.50</td>
<td>Schenectady</td>
</tr>
</tbody>
</table>

Payment Instrument Details: TheraCare of New York Inc - 5/13/2011

- Name: TheraCare of New York Inc
- Nominee Name: TheraCare of New York Inc
- Nominee Address: 79 McClelan Street
- Schenectady (Schenectady)
- New York 12304
- Creation Date: 5/13/2011
- Effective Date: 5/13/2011
- Bank Account Number: 1234567
- Bank Sort Code: 11
- Status: Issued
- Payment Method: EFT
- Amount: US Dollar 792.00

Payment Instruction Details: TheraCare of New York Inc - 05-13-2011

- Pay To Provider: TheraCare of New York Inc
- Pay To Provider Address: 79 McClelan Street
- Schenectady (Schenectady)
- New York 12304
- Creation Date: 5/13/2011
- Effective Date: 5/13/2011
- Bank Account Number: 1234567
- Bank Sort Code: 11
- Status: Reconciled

- Payment Issued Batch Number: 8603669691254177792
- Payment Method: EFT
- Amount: US Dollar 792.00

Claim Details for Payment Instrument

<table>
<thead>
<tr>
<th>SA Number</th>
<th>Child Name</th>
<th>Provider Claim Number</th>
<th>Type</th>
<th>Amount</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>14892</td>
<td>Demarcus Eastey</td>
<td>4441</td>
<td>Provider Invoice Payment</td>
<td>396.00</td>
<td>0.00</td>
</tr>
<tr>
<td>15697</td>
<td>Maniah Carey</td>
<td>4440</td>
<td>Provider Invoice Payment</td>
<td>396.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Other Financial Functions

- Medicaid and Insurance management
- Rate Changes
- Voids and Adjustments
- Vendor Listings (DME, Transportation, Respite)
- Local Payment Functions
- Claims Restrictions on Rendering Providers
Setting up Your Agency Info: Using the Navigation Menu

PROVIDER HOME PAGE AND MENU
Your Agency’s Vital Information

- Addresses
- Bank Accounts
- Contacts, Communications
- Email Addresses
- Phone Numbers
- Web Addresses
- Continuing Education
Your Agency’s Working Information

- Financials
- Enter Invoices
- Tasks
- Notes

SDOH Controlled Information:
- Models
- Products
- Roles
- Professional / Qualified Staff
- Languages
Your Agency’s Rendering Providers

• **Licenses**
  – You must enter all staff who deliver billable services and who are licensed or certified in their discipline.

• **Professional/ Qualified Personnel**
  – Initially, this portion will be completed by SDOH and any new staff will have to be reported to SDOH for entry into NYEIS. In the future, this function will be made available to your agency.
SDOH & NYC Contract Data

Also Service Types & Methods
NYS TRAINING CENTER WEBINARS


NYEIS Provider Training - Session 1: Navigation, Referrals and Case Management - 2 hrs 30 min
• The instructor demonstrates various NYEIS functions and screen navigation for referrals and case management.

NYEIS Municipal Training - Session 2 Evaluations - 2 hrs
• The instructor demonstrates various NYEIS functions and screen navigation for evaluation.

NYEIS Provider Training - Session 3: IFSPs and Service Authorizations - 1 hr 51 min
• The instructor demonstrates various NYEIS functions and screen navigation for IFSPs and service authorizations.

NYEIS Provider Training - Session 4: Provider Financials - 1 hrs 30 min
Note: You will need to execute this link to get access to this webinar
⇒ https://webexhelp.webex.com/client/T27LB/nbr2player.msi
• The instructor demonstrates various NYEIS functions and screen navigation for financials.