

New York Department of Health Bureau of Early Intervention State Fiscal Agent



EIBilling.com Updates-Child Lookup Report



UPDATED Child Lookup Report



This tutorial is designed to review the current EIBilling.com **Child Lookup Report** and highlight the new features of the updated EIBilling.com **Child Lookup Report**.

This report provides new and enhanced functionality for providers and allows providers greater flexibility with working claims from multiple levels.

Child Lookup

Type: First Name: Last Name: NYEIS Reference #:

KIDS Service Auth #:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	...	>>
Last Name	First Name	DOB	Sex	NYEIS Reference #	Data Source																					
...	...	2/6/2010	M	...	NYEIS	Details																				
...	...	5/11/2011	M	...	NYEIS	Details																				
...	...	6/3/2011	F	...	NYEIS	Details																				
...	...	5/6/2011	F	...	NYEIS	Details																				
...	...	5/4/2011	M	...	NYEIS	Details																				
...	...	9/28/2010	M	...	NYEIS	Details																				
...	...	11/9/2009	M	...	NYEIS	Details																				

Current Child Lookup Report



Home KIDS Billing ▶ Claiming ▶ Maintenance ▶ Reports ▶ Help ▶ Account ▶

Child Lookup

Type: First Name: Last Name: NYEIS Reference #: KIDS Service Auth #:

1 2 3 4

Last Name	First Name	DOB	Sex	NYEIS Reference #	Data Source	
Last	First	3/5/2011	M		NYEIS	Details
Last	First	7/2/2010	F		KIDS	Details
Last	First	6/14/2012	M		KIDS	Details
Last	First	6/6/2011	M		NYEIS	Details
Last	First	1/30/2010	M		KIDS	Details
Last	First	12/18/2010	M		KIDS	Details
Last	First	7/13/2011	F		NYEIS	Details
Last	First	7/28/2010	M		NYEIS	Details
Last	First	7/31/2012	F		NYEIS	Details
Last	First	11/25/2011	F		NYEIS	Details
Last	First	3/30/2010	F		KIDS	Details

Current Child Lookup Report



Home KIDS Billing ▶ Claiming ▶ Maintenance ▶ Reports ▶ Help ▶ Account ▶

Details for Patient Name

Child Info

Services

Insurance Policies

Claims

Last Name:	First Name:	MI:	DOB:	CIN:	CIN Confirmed:	
Last	First		3/5/2011		<input checked="" type="checkbox"/>	
AKA Last Name:	AKA First Name:	Sex:	Race:	Origin:	EC Ref Date:	Mom Name:
		M				
Mom DOB:	Number:	PO Box:	Street:	Apartment:	Phone1:	Phone2:
Address1:	Address2:	City:	State:	Zip:		
123 Pretend Ave		Anytown	NY	000000		
Eligibility Inquiry Sent:	NYEIS Child Reference Number:	Data Source:				
5/6/2014		NYEIS				

UPDATED Child Lookup Report



Details for Patient Name

Child Info **Services** **Insurance Policies** **Medicaid Eligibility** **Claims**

The “Medicaid Eligibility” tab is a new feature

Last Name:	First Name:	MI:	DOB:		
<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text"/>	<input type="text"/>		
AKA Last Name:	AKA First Name:	Sex:	Race:	Origin:	EC Ref Date:
<input type="text"/>	<input type="text"/>	<input type="text" value="M"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mom Name:	<input type="text"/>				
Mom DOB:	Number:	PO Box:	Street:	Apartment:	Phone1:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone2:	<input type="text"/>				
Address1:	Address2:	City:	State:	Zip:	
<input type="text" value="123 Pretend Ave"/>	<input type="text"/>	<input type="text" value="Anytown"/>	<input type="text" value="NY"/>	<input type="text" value="00000"/>	
Eligibility Inquiry Sent:	NYEIS Child Reference Number:	Data Source:			
<input type="text" value="11/24/2013"/>	<input type="text"/>	<input type="text" value="NYEIS"/>			

UPDATED Child Lookup-Medicaid Eligibility Tab



Child Info Services Insurance Policies **Medicaid Eligibility** Claims

Using Service Date: 5/1/2013 Updated: 11/24/2013

CIN: ZZ00000Z
Name: Last First
DOB: 3/5/2011
Gender: M
Address: 123 Pretend Ave
Anytown NY 00000

Plan Date: 5/1/2013
Anniversary: 8/1/2013
Recert Month: 06
County/Office: 00 00
Coverage: ELIGIBLE PCP (MMC)

Service Date	Eligible	Date of Data	Date Sent
8/1/2010	N	5/23/2013	5/23/2013
4/1/2013	N	11/22/2013	11/22/2013
5/1/2013	Y	11/24/2013	11/24/2013
5/4/2013	Y	5/4/2013	5/4/2013
6/1/2013	N	11/22/2013	11/22/2013

Medicaid Managed Care Info
Plan Name: HEALTH FIRST PHSP INC
Plan Code: SF
Address: 100 CHURCH STREET 18
NEW YORK NY 10007-2601
Phone:

Other Insurance
No other insurance data available.

The **Medicaid Eligibility** tab provides current information regarding the child's Medicaid coverage

- Plan Date
- Anniversary Date
- Recertification Month
- Type of Medicaid
- Medicaid Managed Care information
- List of service dates and Medicaid eligibility status

IMPORTANT INFORMATION



The **Medicaid Eligibility** tab is updated on a monthly basis and only provides the most recent Medicaid eligibility information. Please use ePACES to review a child's entire Medicaid eligibility history. Please use the link below for ePACES enrollment information.

https://www.emedny.org/hipaa/QuickRefDocs/ePACES-Enrollment_Overview.pdf

Current Child Lookup Report-Claims Tab



Details for Patient Name

Child Info Services Insurance Policies **Claims**

From To Auth # Service Type Service Category

Current Status	Date Of Service	Authorization Number	County Of Residence	Insurance Denial Code	Insurance Denial Source	Medicaid Denial Code	Medicaid Denial Source	Insurance Paid	Medicaid Paid	Escrow Paid	Service Type	Service Category	
CLOSED	03/31/2014	00000	New York						\$100.00	\$0.00		General Service	Billing History
CLOSED	03/28/2014	00000	New York						\$100.00	\$0.00		General Service	Billing History
CLOSED	03/27/2014		New York						\$100.00	\$0.00		General Service	Billing History
CLOSED	03/26/2014		New York						\$100.00	\$0.00		General Service	Billing History
CLOSED	03/25/2014		New York						\$100.00	\$0.00		General Service	Billing History
CLOSED	03/24/2014		New York						\$100.00	\$0.00		General Service	Billing History

UPDATED Child Lookup-Claims Tab



Child Info Services Insurance Policies Medicaid Eligibility Claims

Status From To Auth # Service Type Service Category Filter

All
All
Closed
Escrow
Insurance
Medicaid
Original
Void

The "Status" filter is a new feature to assist in finding claims.

Status	Date Of Service	Authorization Number	County Of Residence	Insurance Denial Code	Insurance Denial Source	Medicaid Denial Code	Medicaid Denial Source	Insurance Paid	Medicaid Paid
Escrow	08/30/2013		New York	- RC:	EOB	MA INELIGIBLE	Other		
CLOSED	08/30/2013		New York	- RC:	EOB	MA INELIGIBLE	Other		
CLOSED	08/30/2013		New York						
CLOSED	08/29/2013		New York						

Summary



The Child Lookup Report will:

- Provide new and enhanced functionality for providers
- Allow providers greater flexibility with working claims from multiple levels

For further assistance, please contact
the Customer Service Center at:
1-866-315-3747

Or email the Training Team at:
nyeitraining@pcgus.com

early intervention shaping futures

EI BILLING PORTAL

PUBLIC CONSULTING GROUP

LOGOUT

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Child Lookup

Type: All ▼ First Name: Last Name: NYEIS Reference #:

KIDS Service Auth #: Search

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	...	>>
Last Name	First Name	DOB	Sex	NYEIS Reference #	Data Source																					
Wright	Joseph	2/6/2010	M	11000	NYEIS	Details																				
Wright	Michael	5/11/2011	M	11000	NYEIS	Details																				
Wright	Frank	6/3/2011	F	11000	NYEIS	Details																				
Wright	Frank	5/6/2011	F	11000	NYEIS	Details																				
Wright	Michael	5/4/2011	M	11000	NYEIS	Details																				
Wright	John	9/28/2010	M	11000	NYEIS	Details																				
Wright	Michael	11/9/2009	M	11000	NYEIS	Details																				



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