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

EIBilling.com Updates-Posted EOBs Report

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UPDATED Posted EOBs Report

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

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

EI BILLING PORTAL

LOGOUT

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

Posted EOBs

Payer: [ ]   Check Number: [ ]   Provider Invoice: [ ]

Child Last Name: [ ]   Child First Name: [ ]   Authorization: [ ]   NYEIS Reference #: [ ]

Service Date From: [ ]   To: [ ]   Posted From: [ ]   To: [ ]   Retrieve

Current Posted EOBs Report

UPDATED Posted EOBs Report

Posted EOBs

Payer: _____ Check Number: _____ Provider Invoice: _____

Child Last Name: _____ Child First Name: _____ Authorization: _____ NYEIS Reference #: _____

Service Date From: _____ To: _____ Posted From: _____ To: _____ **Retrieve**

New fields to search for EOBs posted to a child's service date
- **Payer**
- **Provider Name**
- **Child Last Name**
- **Child First Name**
- **Authorization**
- **NYEIS Reference #**
- **Service Date From: To:**

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UPDATED Posted EOBs Report

Posted EOBs

Payer: [ ] Check Number: [ ] Provider Invoice: [ ]

Child Last Name: [ ] Child First Name: [ ] Authorization: [ ] NYEIS Reference #: [ ]

Service Date From: [ ] To: [ ] Posted From: [ ] To: [ ] **Retrieve**

EOB Entered Date	Child	Service Date	Authorization	Amount	Amount	Denial	Provider Invoice	EI Data Source	Patient Account Number	Is Adjustment	Check Number	Posted Date	Payer	Rendering Provider	
7/17/2013	Last First	4/25/...						NYEIS	00000	N		7/22/2013	AETNA		Billing History
7/17/2013	Last First	4/25/2013	00000	$75.00	$52.50		000	NYEIS	00000	N		7/22/2013	AETNA		Billing History
7/17/2013	Last First	4/25/2013	00000	$75.00		Other Denial Reason	000	NYEIS	00000	N		7/22/2013	AETNA		Billing History
7/17/2013	Last First	4/26/2013	00000	$75.00		Blanket Reject	000	NYEIS	00000	N		7/22/2013	Aetna		Billing History
7/17/2013	Last First	4/26/2013	00000	$75.00	$52.50		000	NYEIS	00000	N		7/22/2013	AETNA		Billing History

The child's name is now a link to the Child Info page

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UPDATED Posted EOBs Report-Child Info Page

Details for Patient Name

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

Last Name:	First Name:	MI:	DOB:	CIN:	CIN Confirmed:
Last	First		3/25/2011		☐

AKA Last Name:	AKA First Name:	Sex:	Race:	Origin:	EC Ref Date:
		M			

Mom Name:

Mom DOB:	Number:	PO Box:	Street:	Apartment:	Phone1:

Phone2:

Address1:	Address2:	City:	State:	Zip:
123 Pretend Ave		Anytown	NY	00000

Eligibility Inquiry Sent:	NYEIS Child Reference Number:	Data Source:
		NYEIS

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UPDATED Posted EOBs Report

Posted EOBs

Payer:		Check Number:		Provider Invoice:	
Child Last Name:		Child First Name:		Authorization:		NYEIS Reference #:	
Service Date From:		To:		Posted From:		To:		Retrieve

The **Provider Invoice #** is now a link to the Invoice Batch Details page

EOB Entered Date	Child	Service Date ▲	Authorization Number	Amount Billed	Amount Paid	Denial Reason	Provider Invoice #	EI Sc...					Rendering Provider	
7/17/2013	Last First	4/25/2013	00000	$75.00	$45.00		000	NYEIS	00000	N		7/22/2013	AETNA	Billing History
7/17/2013	Last First	4/25/2013	00000	$75.00	$52.50		000	NYEIS	00000	N		7/22/2013	AETNA	Billing History
7/17/2013	Last First	4/25/2013	00000	$75.00		Other Denial Reason	000	NYEIS	00000	N		7/22/2013	AETNA	Billing History
7/17/2013	Last First	4/26/2013	00000	$75.00		Blanket Reject	000	NYEIS	00000	N		7/22/2013	Aetna	Billing History
7/17/2013	Last First	4/26/2013	00000	$75.00	$52.50		000	NYEIS	00000	N		7/22/2013	AETNA	Billing History

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Invoice Batch Details

Child	DOB	CIN	Amount Billed	Current Status	Insurance Paid	Medicaid Paid	Escrow Paid	Service Date	Service Type	Service Category
Last, First Name	02/06/2010	ZZ00000Z	$75.00	CLOSED	$0.00	$0.00	$75.00	07/01/2013	Speech/Lang	General Service
Last, First Name	02/06/2010	ZZ00000Z	$75.00	CLOSED	$0.00	$0.00	$75.00	07/08/2013	Speech/Lang	General Service
Last, First Name	02/06/2010	ZZ00000Z	$75.00	CLOSED	$0.00	$0.00	$75.00	07/02/2013	Speech/Lang	General Service
Last, First Name	02/06/2010	ZZ00000Z	$75.00	CLOSED	$0.00	$0.00	$75.00	07/09/2013	Speech/Lang	General Service
Last, First Name	02/06/2010	ZZ00000Z	$75.00	CLOSED	$0.00	$0.00	$75.00	07/09/2013	Occupatnl Thr	General Service
									Occupatnl	General

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UPDATED Posted EOBs Report

Posted EOBs

Payer: [_____]   Check Number: [_____]   Provider Invoice: [_____]

Child Last Name: [_____]   Child First Name: [_____]   Authorization: [_____]   NYEIS Reference #: [_____]

Service Date From: [_____]   To: [_____]   Posted From: [_____]   To: [_____]   **Retrieve**

> **"Billing History"** is now a link to review billing details

EOB Entered Date	Child	Service Date ▲	Authorization Number	Amount Billed	Amount Paid	Denial Reason	Provider Invoice #	EI Data Source	Patient Account Number					
7/17/2013	Last First	4/25/2013	00000	$75.00	$45.00		000	NYEIS	00000	N		7/22/2013	AETNA	Billing History
7/17/2013	Last First	4/25/2013	00000	$75.00	$52.50		000	NYEIS	00000	N		7/22/2013	AETNA	Billing History
7/17/2013	Last First	4/25/2013	00000	$75.00		Other Denial Reason	000	NYEIS	00000	N		7/22/2013	AETNA	Billing History
7/17/2013	Last First	4/26/2013	00000	$75.00		Blanket Reject	000	NYEIS	00000	N		7/22/2013	Aetna	Billing History
7/17/2013	Last First	4/26/2013	00000	$75.00	$52.50		000	NYEIS	00000	N		7/22/2013	AETNA	Billing History

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Billing History

Child	DOB	CIN	EI Data Source
Last, First Name	03/25/2011		NYEIS

Therapist	NPI		
Therapist Name	.		

Authorization Number	From Date	To Date	Service Category	Service Type
'000000	4/13/2012	8/31/2012	General Service	Speech/Lang

Procedure Code	Invoice Number	Service Date	Current Status
	! 000	4/18/2012	CLOSED

Payment Source	Status	Billed Electronically?	Date Billed	Response Date	Amount Billed	Amount Paid	Check Number	Check Date	CPT Code	ICD9 Diagnosis Code
Aetna	DENIED	Yes	07/05/2013	07/22/2013	$75.00				92507	315.9
Escrow	CLOSED			07/22/2013	$75.00	$75.00	00000	07/23/2013	92507	315.9

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UPDATED Posted EOBs Report

Posted EOBs

Payer: [   ]   Check Number: [   ]   Provider Invoice: [   ]

Child Last Name: [   ]   Child First Name: [   ]   Authorization: [   ]   NYEIS Reference #: [   ]

Service Date From: [   ]   To: [   ]   Posted From: [   ]   To: [   ]   **Retrieve**

The "**Payer**" column is a new feature which indicates the name of the payer the EOB posted is from

EOB Entered Date	Child	Service Date ▲	Authorization Number	Amount Billed	Amount Paid	Denial Reason	Provider Invoice #	EI Data Source	Patient Account Number	Is Adjustment	Check Number	Posted Date	Payer	Rendering Provider
9/3/2013		7/1/2013	:	$75.00	$31.50		575	NYEIS	00000	N		9/4/2013	AETNA	Billing History
8/27/2013		7/1/2013		$75.00		Not a covered service	575	NYEIS	00000	N		8/27/2013	United Healthcare/Oxford USA	Billing History
9/10/2013		7/1/2013		$75.00		Not covered at time of service	575	NYEIS	00000	N		9/10/2013	Empire Blue Cross/Blue Shield	Billing History
10/2/2013		7/1/2013		$105.00		Not a covered service	575	NYEIS	00000	N		10/4/2013	Fidelis Care of NY	Billing History
9/2/2013		7/1/2013		$75.00		Not a covered service	575	NYEIS	00000	N		9/4/2013	United Healthcare/Oxford USA	Billing History

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UPDATED Posted EOBs Report

Posted EOBs

Payer: _____ Check Number: _____ Provider Invoice: _____

Child Last Name: _____ Child First Name: _____ Authorization: _____ NYEIS Reference #: _____

Service Date From: _____ To: _____ Posted From: _____ To: _____ **Retrieve**

The "**Rendering Provider**" column is a new feature which indicates the first and last name of the rendering provider

EOB Entered Date	Child	Service Date ▲	Authorization Number	Amount Billed	Amount Paid	Denial Reason	Provider Invoice #	EI Data Source	Patient Account Number	Is Adjustment	Check Number	Posted Date	Payer	Rendering Provider	
9/3/2013		7/1/2013	:	$75.00	$31.50		575	NYEIS	00000	N		9/4/2013	AETNA	Provider, Name	Billing History
8/27/2013		7/1/2013		$75.00		Not a covered service	575	NYEIS	00000	N		8/27/2013	United Healthcare/Oxford USA	Provider, Name	Billing History
9/10/2013		7/1/2013		$75.00		Not covered at time of service	575	NYEIS	00000	N		9/10/2013	Empire Blue Cross/Blue Shield	Provider, Name	Billing History
10/2/2013		7/1/2013		$105.00		Not a covered service	575	NYEIS	00000	N		10/4/2013	Fidelis Care of NY	Provider, Name	Billing History
9/2/2013		7/1/2013		$75.00		Not a covered service	575	NYEIS	00000	N		9/4/2013	United Healthcare/Oxford USA	Provider, Name	Billing History

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Summary

The Posted EOBs 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

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