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



ElBilling.com Updates-Posted EOBs Report

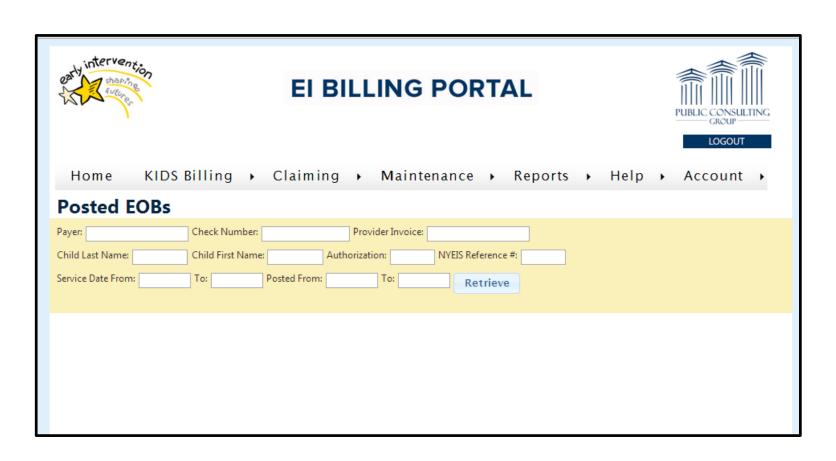






This tutorial is designed to review the current ElBilling.com *Posted EOBs Report* and highlight the new features of the updated ElBilling.com *Posted EOBs Report*.

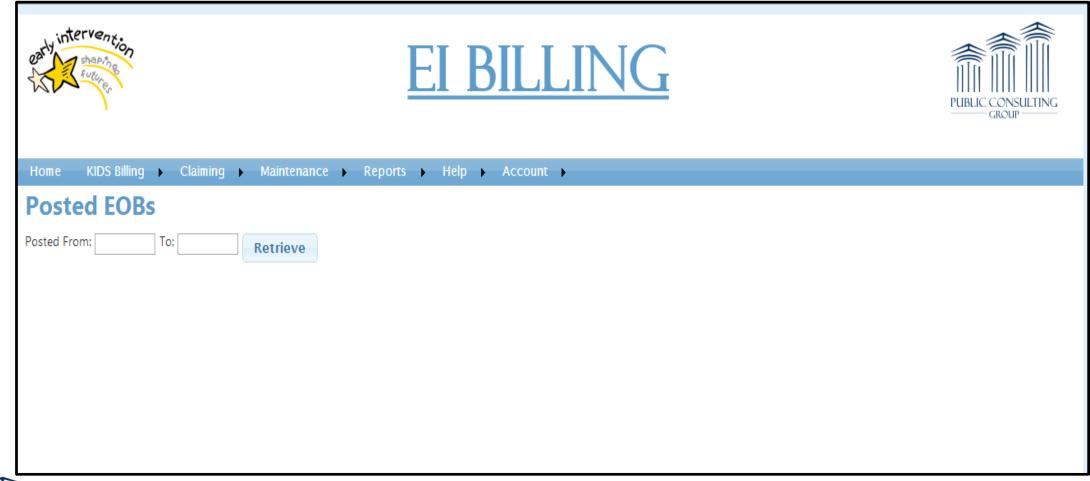
This report provides new and enhanced functionality for providers and allows providers greater flexibility with working claims from multiple levels.





Current Posted EOBs Report









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





Poste	Posted EOBs														
Payer:			Check Number	:		Provider	Invoice:								
Child Last	Child Last Name: Child First Name: Authorization: NYEIS Reference #:														
Service Date From: To: Retrieve															
EOB Entered Date	Child	D .	Authorization ne child's I				Provider e	EI Data Source	Patient Account Number	Is Adjustment	Check Number	Posted Date	Payer	Rendering Provider	
7/17/2013	<u>Last</u> First	4 _{25/} th	e Child In	fo pag	e			NYEIS	00000	N		7/22/2013	AETNA		<u>Billing</u> <u>History</u>
7/17/2013	<u>Last</u> First	4/25/2013	00000	\$75.00	\$52.50		000	NYEIS	00000	N		7/22/2013	AETNA		Billing History
7/17/2013	<u>Last</u> First	4/25/2013	00000	\$75.00		Other Denial Reason	000	NYEIS	00000	N		7/22/2013	AETNA		Billing History
7/17/2013	<u>Last</u> First	4/26/2013	: 00000	\$75.00		Blanket Reject	000	NYEIS	00000	N		7/22/2013	Aetna		Billing History
7/17/2013	<u>Last</u> First	4/26/2013	00000	\$75.00	\$52.50		000	NYEIS	00000	N		7/22/2013	AETNA		Billing History



UPDATED Posted EOBs Report-Child Info Page



				Detai	ls for Patient	Name		
Child Info	Services	Insurance P	olicies	Medicaio	d Eligibility	Claims		
Last Name:	Firs:	t Name:	MI:		DOB:		CIN:	CIN Confirmed:
AKA Last Na	me: AKA	A First Name:	Sex:		Race:		Origin:	EC Ref Date:
Mom Name:								
Mom DOB:	Nun	nber:	PO Box:		Street:		Apartment:	Phone 1:
Phone2:								
Address1:		Address2:			City:		tate:	Zip:
123 Preten		FIC Child Defere	Nonelean	D-4- C-	Anytówn	N	ΙΥ	00000
Eligibility Inq	uiry Sent: NY	EIS Child Referen	ce Number	r: Data Soi NYEIS	urce:			





Poste	ed EO	Bs												Posted EOBs													
Payer:			Check Number	:		Provider	Invoice:																				
Child Last	Name:		Child First Nam	ie:	Aut	horization:		NYEIS R	eference #:																		
Service Date From: To: Posted From: To: Retrieve																											
EOB Entered Date	Child	Service Date ▲	Authorization Number	Amount Billed	Amount Paid	Denial Reason	Provider Invoice #	Sc lin	k to the		ce # is now a Batch Details		Rendering Provider														
7/17/2013	<u>Last</u> First	4/25/2013	00000	\$75.00	\$45.00		000	pa	ge	14	7/22/2013	AL III		Billing History													
7/17/2013	<u>Last</u> First	4/25/2013	00000	\$75.00	\$52.50		000	NYEIS	00000	N	7/22/2013	AETNA		Billing History													
7/17/2013	<u>Last</u> First	4/25/2013	00000	\$75.00		Other Denial Reason	000	NYEIS	00000	N	7/22/2013	AETNA		Billing History													
7/17/2013	<u>Last</u> First	4/26/2013	00000	\$75.00		Blanket Reject	000	NYEIS	00000	N	7/22/2013	Aetna		Billing History													
7/17/2013	<u>Last</u> <u>First</u>	4/26/2013	00000	\$75.00	\$52.50		000	NYEIS	00000	N	7/22/2013	AETNA		Billing History													



UPDATED Posted EOBs Report-Invoice Batch Details Page



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
									Occupated	General





Post	ed EC	Bs													
Payer:			Check Number	1		Provider	Invoice:								
Child Last	Name:		Child First Nam	ne:	Aut	horization:		NYEIS R	leference #:						
Service Da	Service Date From: To: Retrieve														
EOB Entered	Child	Service Date ▲	Authorization Number	Amount Billed	Amount Paid	Denial Reason	Provider Invoice	EI Data Source	Patient Account	nt review billing details					
7/17/2013	<u>Last</u> First	4/25/2013	00000	\$75.00	\$45.00		000	NYEIS	Number 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	<u>Last</u> First	4/26/2013	: 00000	\$75.00		Blanket Reject	000	NYEIS	00000	N		7/22/2013	Aetna		<u>Billing</u> <u>History</u>
7/17/2013	<u>Last</u> First	4/26/2013	00000	\$75.00	\$52.50		000	NYEIS	00000	N		7/22/2013	AETNA		Billing History



UPDATED Posted EOBs Report-Billing History Page



Child	0	OB	CIN		EI Data Source					
Last, First N	lame	03/25/2011			NYEIS					
Therapist	N	IPI								
Therapist N										
Authorization N	lumber F	rom Date	To Date		Service Category	Service Typ	e			
		4/13/2012	8/31/2012		General Service	Speech/La	ang			
rocedure Cod	e II	voice Number Service Date			Current Status					
		000	4/18/2012		OLOOFD					
			4/ 10/2012		CLOSED					
		-	4/10/2012		CLOSED					
Payment	Status	Billed	Date	Respon		Amount	Check	Check	СРТ	ICD9
-	Status			Respon Date		Amount Paid	Check Number	Check Date	CPT Code	ICD9 Diagnosis Code
Payment Source	Status DENIED	Billed	Date		se Amount Billed					Diagnosis





Post	Posted EOBs															
Payer:			Check Numb	er:		Provide	er Invoice:				TH	າe "Pa	yer" colun	nn is a ı	new	
Child Las	st Name:		Child First Na	me:	A	uthorization	:	NYEIS	Referenc	e #:			which ind			ne
Service Date From: To: Posted From: To: Retrieve 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 Numbe	Posted Date	Payer	Rendering Provider		
9/3/2013		7/1/2013	:	\$75.00	\$31.50		<u>575</u>	NYEIS	00000	N		9/4/2013	AETNA	:	Billing History	
8/27/2013		7/1/2013		\$75.00		Not a covered service	<u>575</u>	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	<u>575</u>	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	<u>575</u>	NYEIS	00000	N		10/4/2013	Fidelis Care of NY		Billing History	
9/2/2013		7/1/2013		\$75.00		Not a covered service	<u>575</u>	NYEIS	00000	N		9/4/2013	United Healthcare/Oxford USA		Billing History	





Post	Posted EOBs																
Payer:			Check Numbe	r:		Provider	Invoice:						Rendering				
Child Last	t Name:		Child First Nan	ne:	Au	ıthorization:		NYEIS	Reference	#;	is a new feature which indicates the first and last name of the						
Service Da	ate From:		То:	Posted	Posted From: To: Retrieve							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		<u>575</u>	NYEIS	00000	N		9/4/2013	AETNA	Provider, Name	Billing History		
8/27/2013		7/1/2013		\$75.00		Not a covered service	<u>575</u>	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	<u>575</u>	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	<u>575</u>	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	<u>575</u>	NYEIS	00000	N		9/4/2013	United Healthcare/Oxford USA	Provider, Name	Billing History		



Summary

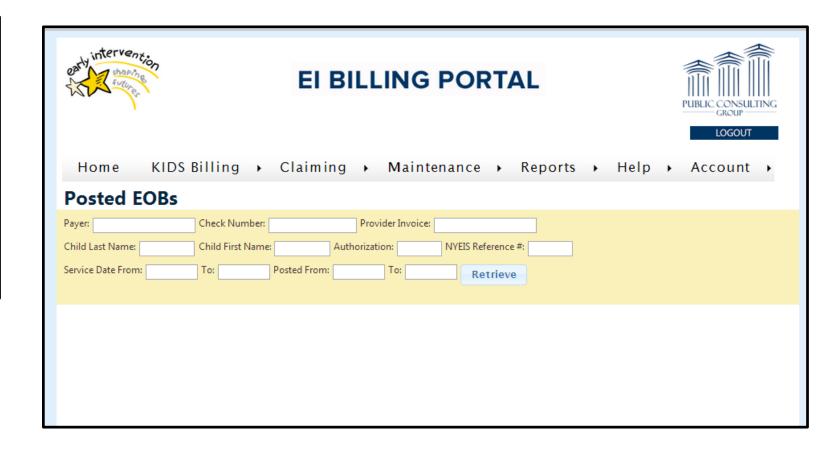


The Posted EOBs Report will:

- 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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