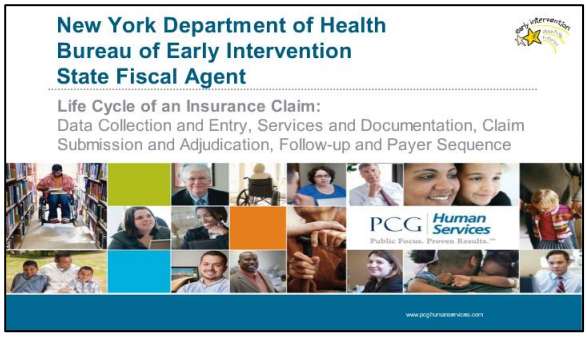
New York Department of Health
Bureau of Early Intervention
State Fiscal Agent
Life Cycle of an Insurance Claim:
Data Collection and Entry, Services and Documentation, Claim Submission and Adjudication, Follow-up and Payer Sequence
PCG Human Services
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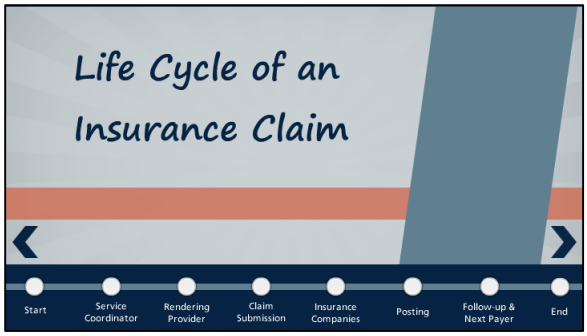

Life Cycle of an Insurance Claim
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End

This tutorial will guide you through the different stages of billing and claiming.
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End

A successful claim begins with the Service Coordinator.
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End

- Collect accurate insurance information
- Complete the Collection of Insurance Form
- Ensure the proper documents are signed
- Accurately enter this information into NYEIS

Start | Service Coordinator | Rendering Provider | Claim Submission | Insurance Companies | Posting | Follow-up & Next Payer | End

The Rendering Provider is the next part of a claim.

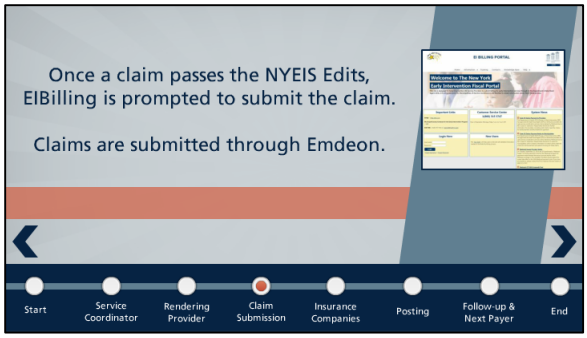
Start | Service Coordinator | Rendering Provider | Claim Submission | Insurance Companies | Posting | Follow-up & Next Payer | End

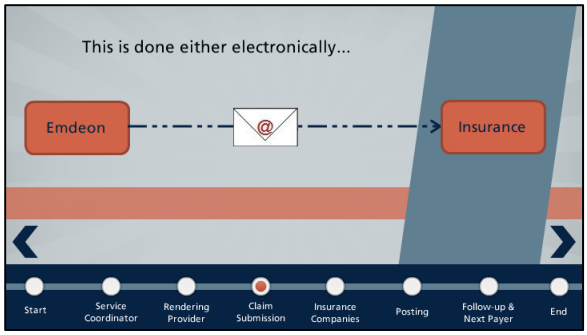
- Provide Services
- Complete documentation
- Enter Codes and Charges
- Obtain necessary Pre-Authorizations

Start | Service Coordinator | Rendering Provider | Claim Submission | Insurance Companies | Posting | Follow-up & Next Payer | End

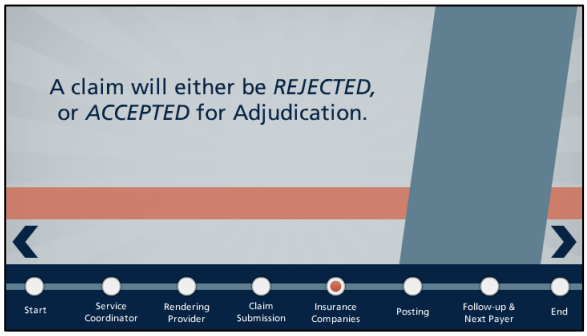
Before a claim can be submitted, the information must be entered into NYEIS.

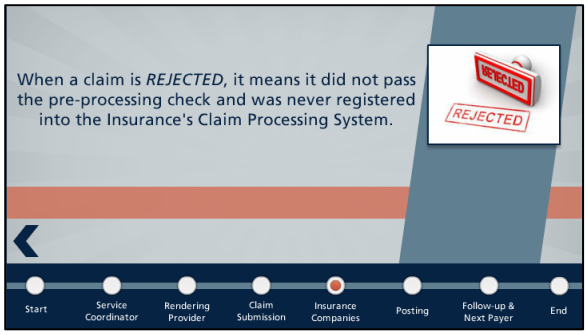
Start | Service Coordinator | Rendering Provider | Claim Submission | Insurance Companies | Posting | Follow-up & Next Payer | End

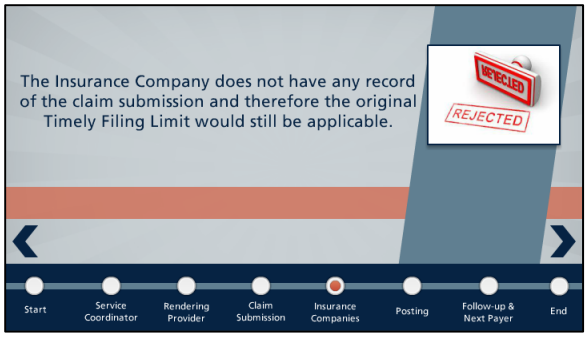

Once a claim passes the NYEIS Edits, EIBilling is prompted to submit the claim.
Claims are submitted through Emdeon.
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End

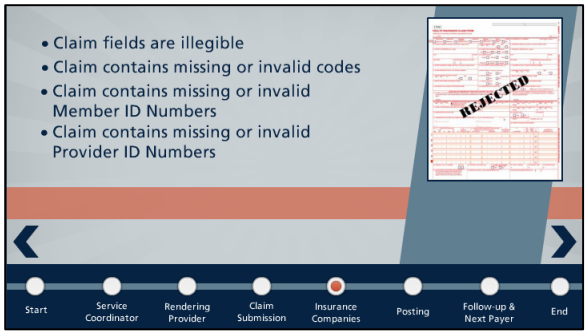

This is done either electronically...
Emdeon
@
Insurance
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End

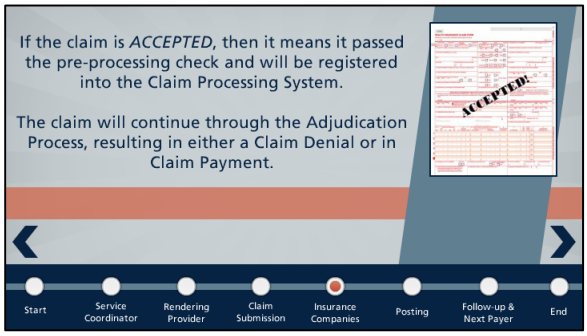
Or printed on a HCFA and mailed.
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End


A claim will either be *REJECTED,* or *ACCEPTED* for Adjudication.
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End

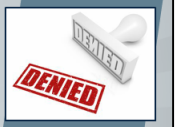

When a claim is *REJECTED*, it means it did not pass the pre-processing check and was never registered into the Insurance's Claim Processing System.
REJECTED
REJECTED
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End


The Insurance Company does not have any record of the claim submission and therefore the original Timely Filing Limit would still be applicable.
REJECTED
REJECTED
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End


• Claim fields are illegible
• Claim contains missing or invalid codes
• Claim contains missing or invalid Member ID Numbers
• Claim contains missing or invalid Provider ID Numbers
REJECTED
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End


If the claim is *ACCEPTED*, then it means it passed the pre-processing check and will be registered into the Claim Processing System.
The claim will continue through the Adjudication Process, resulting in either a Claim Denial or in Claim Payment.
ACCEPTED
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End

The Provider has a certain timeframe in which they can *RESUBMIT* a *DENIED* claim.



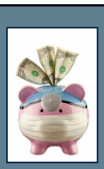
Start | Service Coordinator | Rendering Provider | Claim Submission | Insurance Companies | Posting | Follow-up & Next Payer | End

- Missing Tax ID Number
- Incomplete Information
- Incorrect Coding
- No Authorization on file
- It is a Duplicate Claim

Start | Service Coordinator | Rendering Provider | Claim Submission | Insurance Companies | Posting | Follow-up & Next Payer | End

When a claim is *PAID*, it may or may not be Paid in Full.

- It is paid according to the Provider's Contractual Agreement with the Insurance Companies
- There is some Patient Responsibility, such as a Copy or Deductible Amount

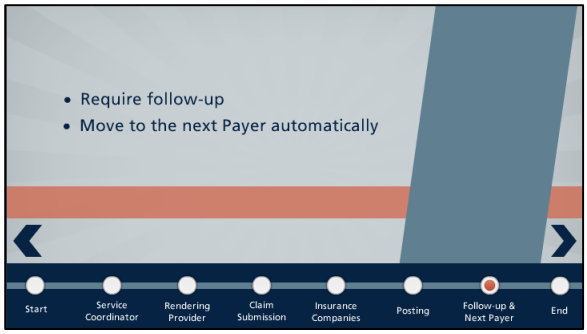


Start | Service Coordinator | Rendering Provider | Claim Submission | Insurance Companies | Posting | Follow-up & Next Payer | End

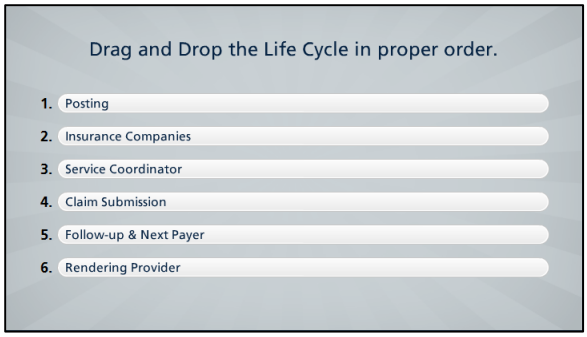
Once a claim has been adjudicated, either you or PCG will receive an Electronic Remittance Advice or an Explanation of Benefits.

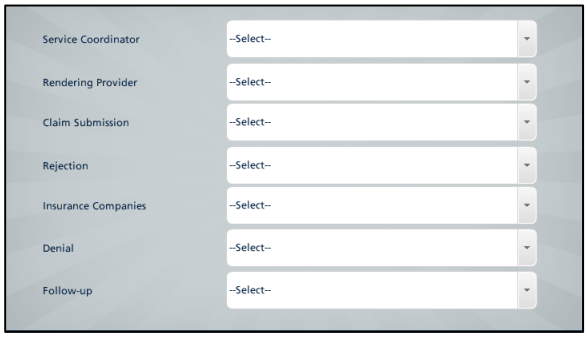
The denial codes or the payments will be entered into EIBilling.

Start | Service Coordinator | Rendering Provider | Claim Submission | Insurance Companies | Posting | Follow-up & Next Payer | End


• Require follow-up
• Move to the next Payer automatically
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End

This will be covered in the upcoming Claim Denial and Rejection Management Training: "My Claim didn't pay! Now what?!"
Start
Service Coordinator
Rendering Provider
Claim Submission
Insurance Companies
Posting
Follow-up & Next Payer
End


Drag and Drop the Life Cycle in proper order.
1. Posting
2. Insurance Companies
3. Service Coordinator
4. Claim Submission
5. Follow-up & Next Payer
6. Rendering Provider


Service Coordinator
Rendering Provider
Claim Submission
Rejection
Insurance Companies
Denial
Follow-up
--Select--

1-866-315-3747