Q&A Session for Updates on EIP Billing and Claiming

Thursday, June 27, 2013

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Q: Will our agency get reimbursed for all the claims with NYEIS "system approved" status by the escrow account, if commercial insurance/Medicaid denies the payment? How can we tell in NYEIS at what point a claim is at if it only says "system approved?"

"System Approved" is the status of a claim when it has passed all of the NYEIS invoice edit checks. This status indicates the invoice has been approved by the NYEIS system. These general service claims are extracted from NYEIS and sent forward to the State's Fiscal Agent for processing. In the event that payment from the insurer is denied for reasons beyond the provider's control or payment is made in an amount less than the state early intervention rate for the service provided, the Interim State Fiscal Agent (ISFA) will process payments for the non-covered claims or for the balance due the provider for the claims that were partially paid by insurance. Any claims which are denied by an insurer for reasons beyond the provider's control (e.g., lack of medical necessity, service not covered, visit limits, or service caps reached) will be paid from an escrow account using municipal funds at State established rates for the EIP. Claims status information is available on EiBilling.com.

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Q: We received a subrogation letter returned as undeliverable. What is the next step?

Contact the Insurance Company and ask for the correct address for mailing the subrogation.

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Q: Do we need to submit subrogation to Medicaid Managed Care?

No. You do not need to submit subrogation for children enrolled in Medicaid or Medicaid managed care.

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Q: Will we need to send more than one letter of Subrogation for each child?

No. One subrogation notice per child should be sent.

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Q: Once we send the insurance company the subrogation letter how do we confirm they have received it?

Providers are not required to confirm that insurers have received the subrogation notice, but may contact the Insurance Company directly.

Q: If there is a Medicaid denial for an error, such as a date of birth, will the provider receive a copy of an EOB so that the claim can be resubmitted to Medicaid rather than being paid from the escrow?

Prior to submitting claims to Medicaid, McGuinness is verifying child Medicaid data with eMedNY (CIN, name, DOB, etc.). For any mismatched information, McGuinness has produced a Medicaid Error Report for providers and municipalities. If the name mismatch is a simple change, such as Johnnie to John, the provider can make this change in EI Billing and resubmit the claim. They should still follow-up with the municipality to correct the name in the source data (NYEIS or KIDS).

If the mismatch is CIN, DOB, or the name is completely incorrect, the provider needs to work with the municipality to have them correct the information in the source data system (NYEIS or KIDS). When the source data is updated, that information is transmitted to the ISFA who will again verify the information with eMedNY and if correct (no mismatches), the claims will be submitted to Medicaid. No other action is needed on the provider's part.

Q: In EIBilling.com the claim status screens do not depict any Medicaid or Insurance claim submitted dates, denials, or other information. Is this the case with all providers and, if so, when will this be corrected?

The ISFA has populated EIBilling reports with additional information to assist providers in tracking claim status and payment.

Q: When we receive a check for payment from Medicaid will we receive a remittance of what child and dates of services were paid?

Remittance information for Medicaid is available on EIBilling.com. When providers log on to EIBilling, their dashboard has selections under "Reports" for "Claims In-Process" and "Claims Status." These selections show how much money is in each claiming process (Insurance, Medicaid, and Escrow) at a given time for every claim submitted. The amount shown represents the total amount in the claiming process for each payment system, not just the amount authorized for payment that week (claims could be in preparation to be billed, waiting for adjudication, rebilled, pending, etc.) Additional information is available under each individual claim by clicking on details and billing history.

The "Invoice Batch Statuses" page, under "Reports", also allows you to view billing details of each submitted invoice. They are grouped by invoice number; you can see the total billed, the total paid, the total in insurance, Medicaid, and Escrow, and details for each invoice. This may help to track claims. If a claim is paid in part by Insurance or Medicaid and the balance of the payment is made through Escrow, checks would be sent from each source. The ISFA has continued to populate EIBilling reports with additional information to assist providers in tracking claim status and payment.

Q: I was not sent a password -how can I get one?

Log-in information is generated by the ISFA from provider information recorded in NYEIS. Provider information in NYEIS needs to be accurate. The provider should take these actions:

1. The provider should ensure that they have a valid and accurate e-mail address entered in NYEIS. The provider can update their own e-mail address as needed, and should do so immediately if the listed e-mail address is outdated or incorrect. Please note, log-on credentials are sent to only one e-mail address/contact person per agency using an e-mail address that is listed in NYEIS. You may want to enquire within your agency to identify if the log-on credentials were sent to a different individual.

2. The provider should ensure that there is a valid and correct NPI# entered in NYEIS. If the NPI# is missing or incorrect, the provider should immediately send an e-mail to provider@health.state.ny.us with the provider's identifying information and correct NPI# in order for our staff to update this information in NYEIS.

Once these actions have been taken, it will take approximately one week for the corrected information to be transmitted to the interim fiscal agent, so that the log-on information can be generated and sent to the provider.

The IFSA, McGuinness & Associates Inc., can be contacted by e-mail at: ProviderSupport@EIBilling.com, for further assistance.

Q: How should providers send Explanation of Benefits to the IFA that have been received from CI?

EOB information sent to providers must be processed before claims can continue through the billing cycle. Insurers are required to send these EOBs to the fiscal agent, ideally electronically, but many insurance companies have instead sent paper remittance information to the provider. In order to process these claims further, EI Providers need to check the EIBilling website to see if the EOB information was received electronically by the ISFA.

Claims should be checked on EiBilling.com using the patient account number (sometimes also called the patient control number). This number will begin with the letters "CS", "IB", or "SBA". If you search for the claim and see that EOB information was already received, you do not need to do anything further with that EOB information. If the EOB information was not received electronically by the ISFA, you will need to enter it and fax this information to the ISFA so that it can be processed.

The fax number for sending EOB information to the ISFA is 1-518-836-0400.

For a more detailed explanation of how to enter the EOBs, please see the following knowledge base article: https://support.eibilling.com/KB/a87/entering-eobs.aspx

Please contact provider support at providersupport@eibilling.com if you have further questions.

The Department of Financial Services has issued guidance directing insurers to send the EOBs to the ISFA for which they need to comply.

Q: EOB's also contain patient names who may not be seen under the EI program because we are an In-Network Provider. We would not be able to send those EOB's to the ISFA as that information needs to remain confidential. Please advise.

Patient names should be redacted if not in the EIP and faxed to the ISFA as noted above.

Q: Will reports be updated to show when insurance payments are sent to fiscal agent?

Insurers are required to send payments to the provider. Remittance information is required to be sent to the ISFA and available on EiBilling.com.

Q: We have sent out numerous Requests for Coverage Information, have gotten nothing back from any insurance companies, what do we do??

Please contact the child's service coordinator to assist and follow up with the individual insurance company.

Q: Will EI Billing be developing a better search function for claims? So we can search by child and date to see the status of a particular claim?

The ISFA has populated EIBilling reports with this additional information to assist providers in tracking claim status and payment with details for each check.

Q: Does Medicaid provide payment for SC claims and SI services? We have received little to no payment from Medicaid for these claims?

Yes, Medicaid reimburses for Service Coordination and Special Instruction.

Q: Can you explain what the CI clearinghouse is?

The CI Clearinghouse is a third party organization that assists the ISFA in processing claims to commercial insurance. The ISFA utilizes a commercial insurance (CI) clearinghouse, Emdeon, to assist with claims submission to Third Party payors. The ISFA must enroll providers with the CI clearinghouse to link the provider with each insurance payor and the ISFA. A CI clearinghouse provides assistance with the transmission of service and claim data between the ISFA system and commercial insurers electronically to allow for more timely submission and adjudication of claims.

Q: Will providers ever receive 835 files from NYEIS again or will we only receive the payment information in the excel format.

For claims submitted after 4/1/13, remittance information is available on EiBilling.com. NYEIS will not be generating the 835 remittance file.

Q: If a provider accepts a lower rate for a payment from an insurance company, the municipality will bear a larger portion of the expense, correct?

If a provider accepts a negotiated rate of payment and that payment from the insurer is made in an amount less than the State-approved early intervention rate for the service provided, the ISFA will process payments for the balance due the provider from the escrow account using municipal funds at State established rates for the EIP. Billing providers will receive the full EIP rate for delivered services. If the provider does not accept the negotiated rate, and the insurer subsequently denies the claim for reasons such as out of network provider, then the entire payment will be made from the escrow account.