ElHub-
Early Intervention Billing and Claiming User Guide

September 30, 2025

Connecticut Birth to Three System

https://bac.prod.cteihub.com/Public/Portal.aspx

Table of Contents

1. Revision History

Version Number	Release Date	Author	Revision Summary
v.0.1.0	6.27.2024	La Toria Lane	
v.0.1.1	2/7/2025	Jill Rigsby	Web-2-Case Update

2. System Overview

2.1 ElBilling Portal

The ElBilling Portal provides the Providers to submit billing for early Agent (SFA). It is an access point for the El fiscal process.

functionality that supports the Early Intervention (EI) Service intervention services through the Department's State Fiscal providers, and Lead Agency Staff, to obtain information about

3. System Requirements

3.1 Software Requirements

Software/Browser Requirements	Recommend for full functionality
	Microsoft Edge 42.17134.1.0 and higher
	Google Chrome version 70.0.3538.102 and higher
	Mozilla Firefox version 63.03 and higher

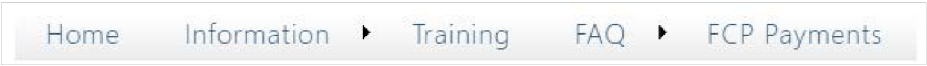
4. Navigation

4.1 Icon Hyperlinks and Buttons

ICON HYPERLINK/ BUTTON	DESCRIPTION
	This hyperlinked icon directs you to the welcome homepage ("Welcome to the Connecticut Birth to Three Fiscal Portal Intervention Fiscal Portal"). The location of this button is on the top – left corner of your screen.
 	The location of this button is on the top-right corner of your screen. **Step / Action** 1. The CT EI URL opens a pre-login page with alerts, system news, important links, and the call center phone number and hours 2. Enter your **Username** and **Password.** Click the **Login** button.  • Once logged in, a set of Dashboards on the **Home** page appears. • Clicking the **LOGOUT** button (top right) logs you out of EIBilling and directs you to the EIBilling Welcome page.

4.2 Navigation Bar (Pre-Login)

The table below exhibits what all users can view without login into the EIBilling web portal.



SELECTION TAB	DESCRIPTION
Home	Clicking this button directs you to the EIBilling login page.
Information	Clicking this button invokes a drop-down list, they are as follows: • **For Provider**: When clicked, directs the user to the Provider Information page (Read-only).
Training	Clicking this button directs you to the Training and Support Information page.
FAQ	Clicking this button invokes a drop-down list, they are as follows: • **For Families**: When clicked, direct the user to the Family Information page (Read-only). • **For Providers**: When clicked, it directs the user to the Provider Information page (Read-only).
FCP Payments	This is a legacy menu item as CT B23 no longer collects Family Cost Participation (FCP) Payments.

4.3 Navigation Bar (Post Login)

The table below exhibits what State, EI Service Coordinators, and Providers users under their specific login can view.

SELECTION TAB	DESCRIPTION
Home	When clicked, it directs you to the Dashboards on the **Home** page. **Prerequisite:** Users must be logged into the EIBilling web portal.
Claiming	When clicked, it invokes a drop-down list; they are as follows: • **Insurance**: ➢ **Upload Insurance 835 File:** When clicked, it directs you to the Upload Insurance 835 Files page. • **Workable Claims:** ➢ **Insurance**: When clicked, it directs you to the Insurance Claims Needing Attention page ➢ **Medicaid**: When clicked, it directs you to the Medicaid Claims Needing Attention page **Prerequisite:** Users must be logged into the EIBilling web portal

	• **Provider Profile:** When clicked, it directs you to the Provider Profile page. • **User List:** When click, it directs you to the User Maintenance page.
Reports	When clicked, it invokes a drop-down list; they are as follows:
	• **Claiming**: ➢ **Child lookup**: It allows the user to search for every child who has ever been in his/her caseload. ➢ **Claim Lookup**: It allows the user to search for any claim that has successfully migrated to EI Billing. ➢ **Claim Research**: It allows the user to search for claims using a variety of parameters. ➢ **Claim Status**: It allows the user to search for a claim using the claim's status as a primary parameter. ➢ **Claims in Progress**: It allows the user to view all outstanding claims and separates them by the name of the particular insurance company, Medicaid, Escrow, and by Status. ➢ **Visit Payment Summary:** The user can view the cost of all past services a child receives and payments for those services, separates them by date and payment type. • **CPT Codes**: The Current Procedure Terminology (CPT) allows users to search for a CPT code's narrative description. • **Family Cost Participation Reports:** **NOTE: The state of Connecticut no longer requires Family Cost Participation as of July 1, 2022** ➢ **View FCP Payment History:** It allows the user to see all past Family Cost Participation payments from a specified date range. ➢ **View Invoices:** It allows the user to view bills from a specified date range by family. ➢ **View Statement Details:** The user can view the specific information of the family cost participation invoices. • **Financial**: ➢ **Escrow Checks:** It shows all Escrow payments by date. ➢ **Invoice Batch Statuses**: The user can search for every invoice and claim approved by Birth to Three from an invoicing perspective. ➢ **Provider Payment Profile**: It allows the user to view the aggregate total of both paid claims from insurance, Medicaid, and Escrow and outstanding claims from both insurance, Medicaid, and Escrow. ➢ **Provider Payment Summary:** The user can view a total of specified of funds paid to the provider from both insurance, Medicaid, and Escrow. • **Insurance** ➢ **Claims Awaiting EOBs:** The user can view claims 25 days or older that have not received remittance from insurance and no EOB has been entered by the provider.

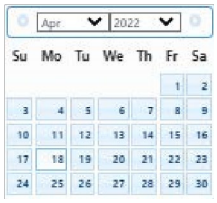
- **Insurance Remittance Data:** It allows the user to search insurance remittance by child, payer, remittance type, and/or date.
- **Insurance 835 Checks:** The user can view,
- **Posted EOBs:** The user can view claims that have remittance from insurance and an EOB has been entered and processed by the provider.

SELECTION TAB	DESCRIPTION
	• **Insurance 835 Remittance Details** The user can search for all remittances posted via 835s for each agency/provider. • **Invalid Licensed Professional Data** The user can view a list of unlicensed professionals by provider name. • **Medicaid**: ➢ **Medicaid 835 Checks**: It shows the user an itemized view of every Medicaid payment issued to every EI agency/provider. ➢ **Medicaid 835 Remittance Details** The user can view every claim adjudicated on every Medicaid remit. ➢ **Medicaid Claim Batches:** It allows the user to view Medicaid claims by batch date providing the interchange number, claim account, and claim account. ➢ **Medicaid Claim By Status** allows the user to search each remit for a denied claim based on the Adjustment and Remark code. ➢ **Medicaid 835 Results**: It provides the user with a summary of every Medicaid Remit issued. • **Summary Reports**: ➢ **Summary by Service Type**: The user can view all payments received and outstanding claims by the type of service billed.
Help	When clicked, it invokes a drop-down list; they are as follows: • **Contacts**: When clicked, it directs you to the Connecticut Birth to Three Contacts page. • **FAQ**: ➢ **For Families**: When clicked, it directs you to the Family FAQ page (Read-only). ➢ **For Providers**: When clicked, it directs you to the Provider FAQ page (Read-only). • **Information**: ➢ **For Providers**: When clicked, it directs you to the Provider Information page (Read-only). • **Training**: When clicked, it directs you to the Training and Support Information page.

4.4 Calendar Picker

Clicking any date field on a form invokes the calendar picker (shown below).

- If a Date field is populated (e.g., 04/18/2022) and the user clicks in the date field, the calendar picker appears, showing the data entered into the date field.
- If a Date field is blank and the user clicks in the date field, the calendar picker shows the current system date.



ACTION BUTTON	DESCRIPTION
Directional Arrows	If you click on the left arrow, the system goes back (previous) a month. The system advances (next) a month if you click on the right arrow.
Month Drop-down	To select a 3-digit month (e.g., Nov), click the drop-down arrow and choos from the list of months.
Year Drop-down	To select a year (e.g., 2018), click the drop-down arrow and choose rom t list of months.
Day Block	Click the appropriate day block on the calendar picker to select a day manually.
<esc>	To cancel/close the calendar picker, using the keyboard, depress the <esc> (Escape) key, or click anywhere outside (e.g., screen) of the calendar picker.

On most (not all) reports in EI Billing, there must be a date of separation.

4.5 Spreadsheet/Grid – Sorting Column Headers

To “order by” columns in the spreadsheet/grid, click on a column header you want to sort.

ACTION BUTTON	DESCRIPTION
	An up arrow first appears inside the column header.
	Click on the down arrow icon in the column header again, switch between rting s the column in ascending or descending order.

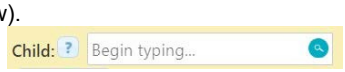
Multiple clicking toggles the up/down arrows. For example, clicking on another column sorts the table based on the first column header clicked.

4.6 Pagination Display Controller

CONTROLLER	DESCRIPTION
1 2 3 4 5 6 7 8 9 10 ...	Pagination allows you to view large amounts of content more accessible to nd fi and break up several entries into multiple pages, allowing you to toggle ıgh thro the material with ease. For example, you'll see this controller at the f a bottom Report page. • Page one (1) shows up by default. • Clicking past page ten (10) selection, an ellipse button "**...**" becomes ıbled en at the controller's beginning. an • When clicking on any number/page, the number button is no longer has underline beneath the page number (which means the current page displayed).

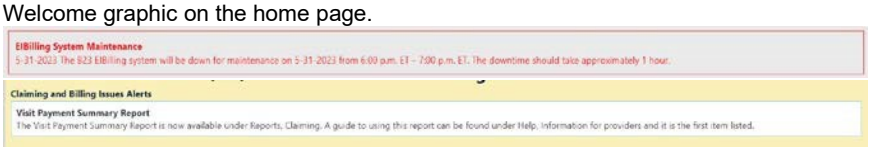
4.7 Typeahead

Typeahead, also known as autocomplete or autosuggest. It is a language prediction tool search interface that provides suggestions for you when **typing** in a query into a search field (example shown below).



4.8 Home Page Message Banner

All-important ElBilling system messages (examples shown below) posted below the Welcome graphic on the home page.



Special alerts are typically seen pre-login. Messages include routine maintenance, call center closures due to training, or call center closures due to periodic training.

4.9 Global Search

Use the search field (below) to perform a global ElBilling portal search.

Search only produces results for El portal destinations (clickable destinations under headings). It will not allow search for specific claims or children.

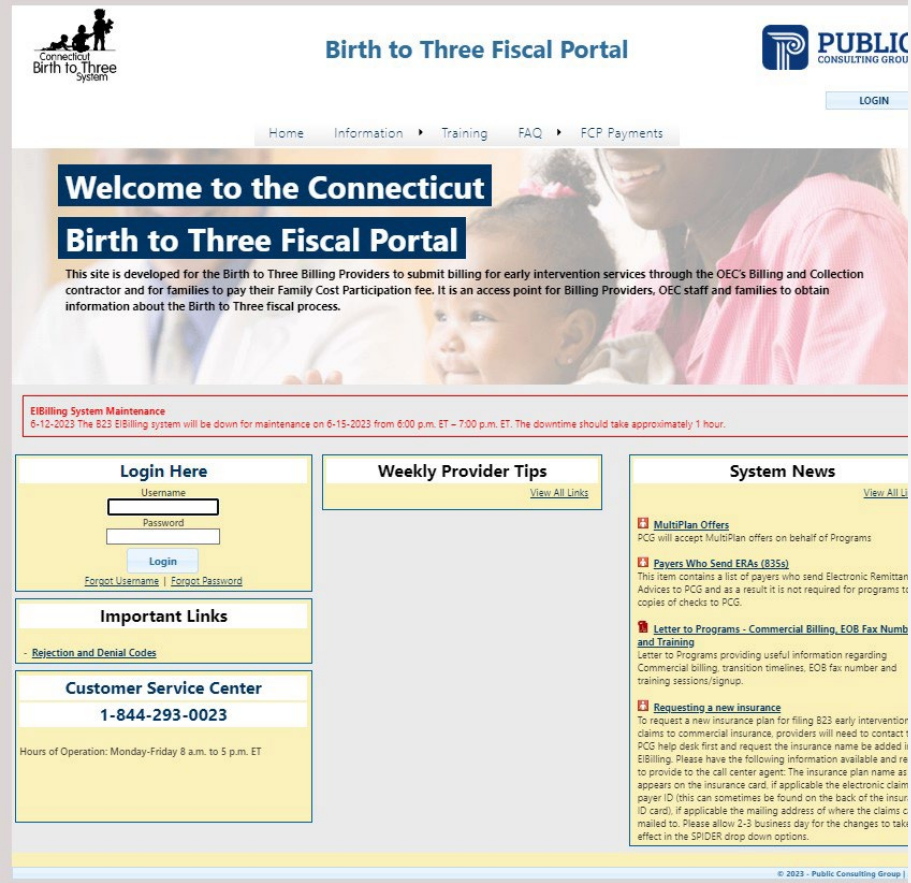
4.10Tooltip

 Hovering your mouse pointer over this icon (?) provides a popup tooltip.

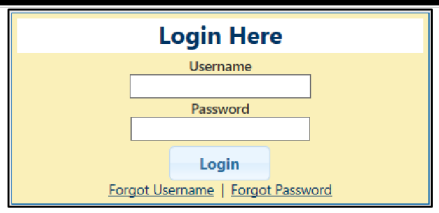
5. Pre-Login (All Users)

5.1 Home (Main Page)

The EIBilling web portal homepage is a public URL that all internet users (e.g., nonregistered) can access. The Early Intervention Fiscal Portal (EIBilling) homepage provides users with information and assistance navigating the system (Weekly Provider Tips, System News, Important Links, and Customer Service Center contact number and hours of operation.).

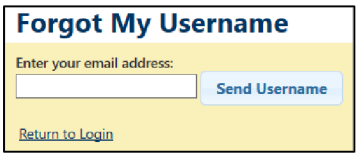

Connecticut Birth to Three system
Birth to Three Fiscal Portal
LOGIN
Home
Information
Training
FAQ
FCP Payments
Welcome to the Connecticut
Birth to Three Fiscal Portal
This site is developed for the Birth to Three Billing Providers to submit billing for early intervention services through the OEC's Billing and Collection contractor and for families to pay their Family Cost Participation fee. It is an access point for Billing Providers, OEC staff and families to obtain information about the Birth to Three fiscal process.
ElBilling System Maintenance
6-12-2023 The B23 ElBilling system will be down for maintenance on 6-15-2023 from 6:00 p.m. ET – 7:00 p.m. ET. The downtime should take approximately 1 hour.
Login Here
Username
Password
Login
Forgot Username | Forgot Password
Weekly Provider Tips
View All Links
System News
MultiPlan Offers
PCG will accept MultiPlan offers on behalf of Programs
Payers Who Send ERAs (835s)
Letter to Programs - Commercial Billing, EOB Fax Numb
and Training
Letter to Programs providing useful information regarding Commercial billing, transition timelines, EOB fax number and training sessions/signup.
Requesting a new insurance
Important Links
- Rejection and Denial Codes
Customer Service Center
1-844-293-0023
Hours of Operation: Monday-Friday 8 a.m. to 5 p.m. ET

GROUP	DESCRIPTION
Login Here	



The hyperlinks, fields, and buttons are as follows:

- **Username**: Enter your unique alphanumeric username.
- **Password**: Enter your unique alphanumeric password.
- **Login**: When clicked, the system verifies the Username and Password. If a registered user, the system will open the Dashboard page.
- **Forgot Username**: If you forget your username, clicking this hyperlink opens the Forgot My Username page (shown below).
    - Click the Return to Login hyperlink to cancel this request and return to the "Log in" page.

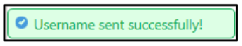


ACTION BUTTON	DESCRIPTION
Send Username	When clicked, if the username exists in the system, an email is sent to the user's email account and instructed via a link to reset the username (e.g., shown below).

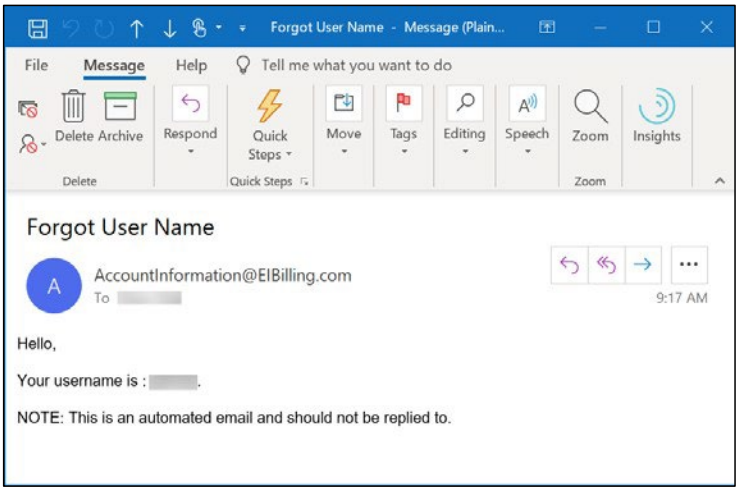
Step / Action

1. **Enter your email address**: Entered the appropriate email address (e.g., User123@gmail.com).
2. Click the **Send Username** button.

If the username already exists in the EIBilling database, a message bar appears (shown below).



- Leaving the **Enter your email address** field blank or entering an unrecognized email and clicking the **Send Username** button, the system populates a warning message bar (shown below).

GROUP	DESCRIPTION
	• If more than one (1) username exists for the email address, the system populates a warning message bar (shown below).  **If the User does not receive a system-generated email message in their email account Inbox, it may be in the user's spam box (an example shown below).**  • **Return to Login**: This hyperlink returns the user to the Login page (shown below). • **Forget Password**: If you forgot your password, clicking this hyperlink opens the **Forgot My Password** page (shown below).
Forgot My Password	 **Step / Action** 1. Clicking the Forgot Password gives the User two options: enter the username or an **Email Address**. • **Username**: The appropriate Username (e.g., My username) entered.

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GROUP	DESCRIPTION
	• **Email Address**: The appropriate email address (e.g., User123@gmail.c entered. 2. If you have more than one account linked to the same email address, only fi the username (leave the email blank). 3. If you enter both (Username and Email Address) or just the email address, t system prompts a message.  If the User does not receive a system-generated email message in their email account Inbox, it may be in the user's spam box. 

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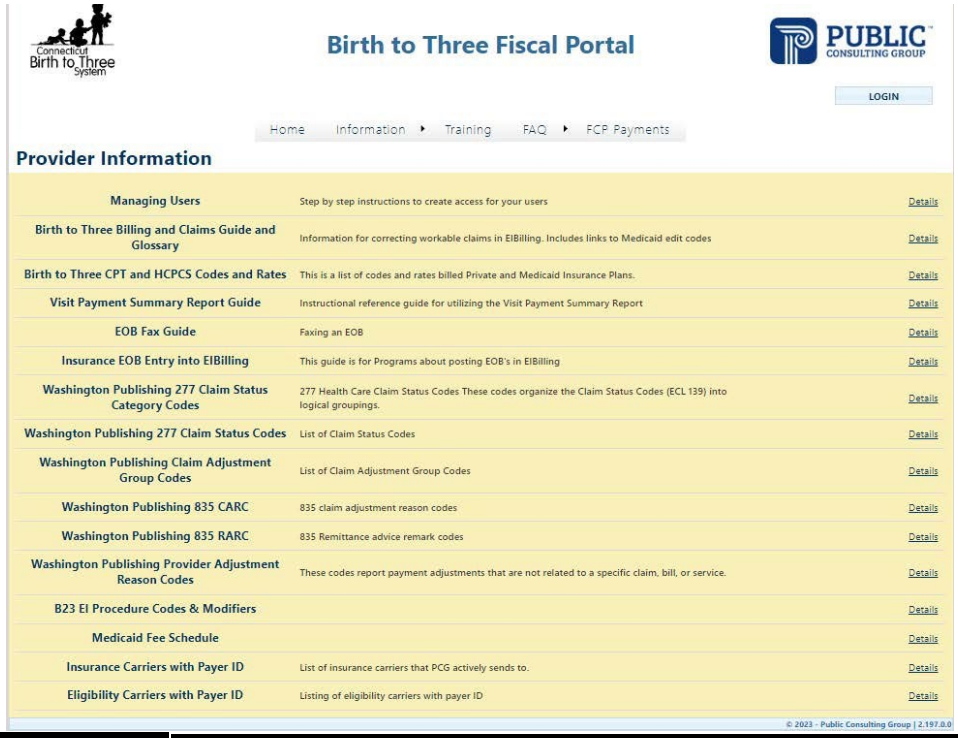
5.2 Text Hyperlinks

A text hyperlink is a word, phrase, or image that you can click on to jump to a specific section within this document. Text hyperlinks are often blue and underlined, but for Accessibility requirements, the font color is black.

5.3 Information

The pages below provide helpful information (e.g., sample forms) for providers. The EIBilling administration team manages the content.

5.3.1 For Providers Page



LABEL	DESCRIPTION
Provider Information	This page (read-only) displays any relevant information. A hyperlink adjacent to ıe t posted content is available, and when clicked, it directs you to a document or webpage (e.g., EIBilling Knowledge Base).

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5.4 Training and Support Information Page

This page provides you with how-to information such as Webinars, Videos, Fact Sheets, and Request Training.

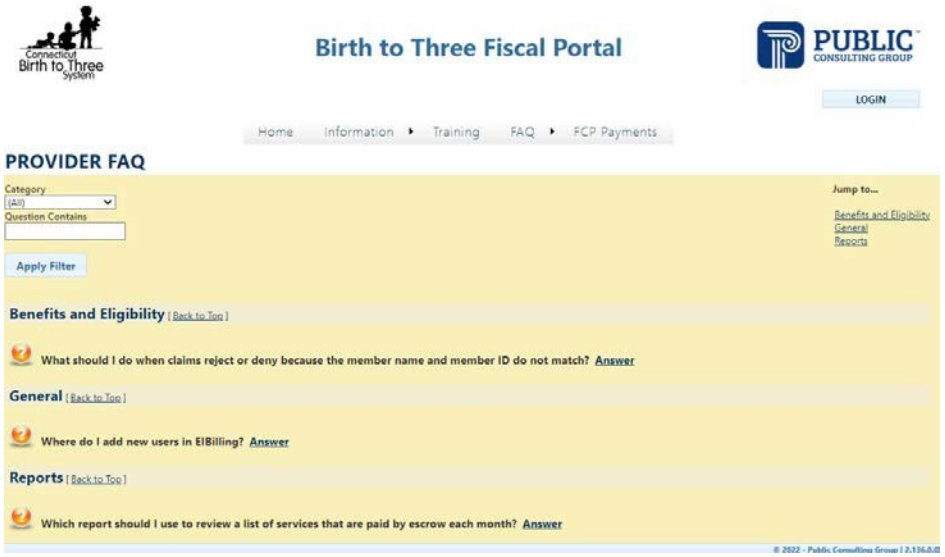
GROUP	DESCRIPTION
Webinars	This group contains hyperlinks to any relevant pre-recorded webinars, generally ɔut ab the EIBilling web portal.
Videos	This group contains tutorials that pertain to the operation of the EIBilling web portal.
Fact Sheets	This group contains EIBilling Fact Sheet to assist Providers.
Request Training	This group provides contact information if you would like to set up additional trainin sessions or have questions concerning the EI fiscal process (EIBilling) and training.

5.5 FAQ

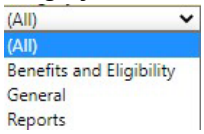
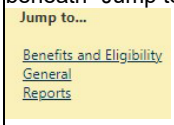
The pages below provide helpful FAQs for counties and providers. The EIBilling administration team manages the content.

5.5.1 For Providers Page

This page displays Provider FAQs with adjacent hyperlink **Answers,** and when clicked, the



answer displays below the Question (an example shown below).

FIELD	DESCRIPTION
Category 	This drop-down retains selections added to the County FAQ page: • Selecting **All** displays all FAQ categories relevant to Providers. • Selecting a specific category such as "**Benefits and Eligibility**" displays Benefits and Eligibility FAQs for Providers.
Questions Contains	Use this search field (box) to type in a keyword and click the **Apply Filter** button. Your search results are then filtered. Please see the "Apply Filter" section example below.
Jump to…	Clicking a specific FAQ Category hyperlink from the available hyperlinks beneath "Jump to…" (example below) positions the FAQ-centered screen. 

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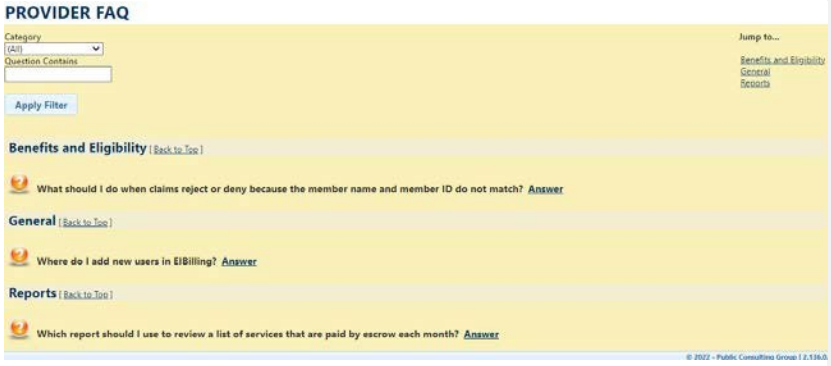
BUTTON	DESCRIPTION
Apply Filter Apply Filter	When clicking this button, the system uses your keyword entered in the **Question Contains** field and displays your FAQ results (example below). 

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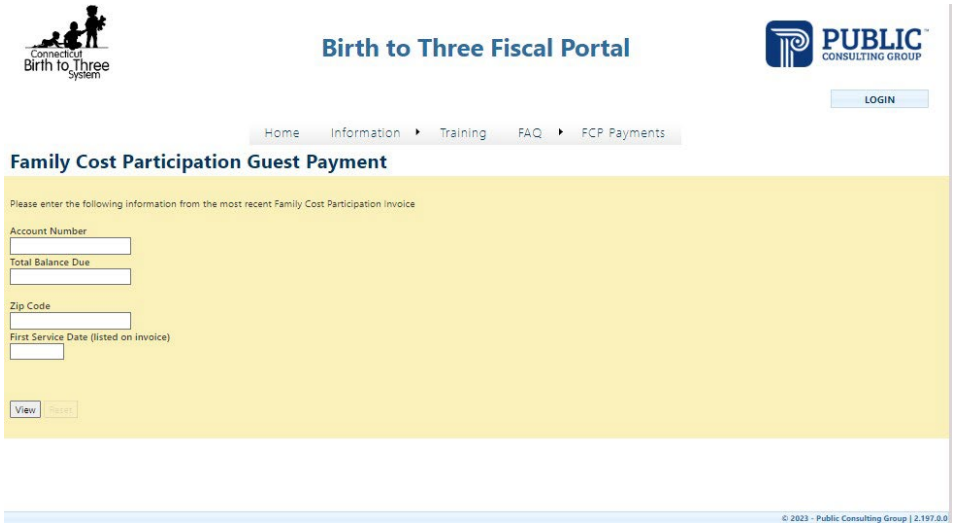
5.6 FCP Payments

NOTICE:
The state of Connecticut no longer requires Family Cost Participation as of July 1, 2021



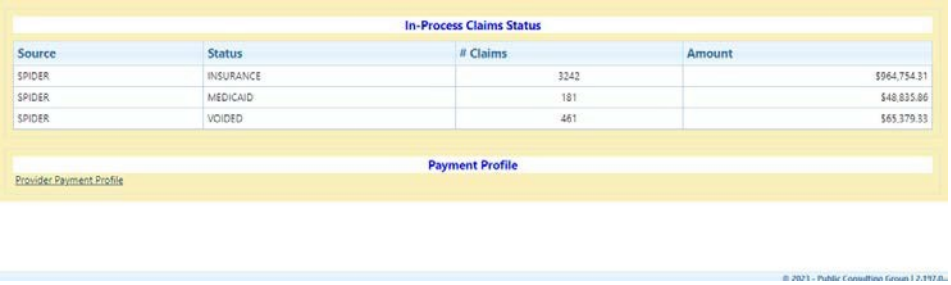
FIELD	DESCRIPTION
Account Number	This field allows the user to enter their family cost account number
Total Balance Due	Enter the total remaining Family Cost balance associated with the account.
Zip Code	Enter the address associated with the account/family.
First Service Date	The user can enter the date of the first service received associated with this cost.

NOTICE:
The state of Connecticut no longer requires Family Cost Participation as of July 1, 2021

6. Post-Login (Registered Users)

6.1 Dashboard Page (Home Page)

The EIBilling Dashboard view is based on the User type. All-State users' have the same Dashboard where they can see "In-Process Claims Status" and "Payment Profile."



In-Process Claims Status

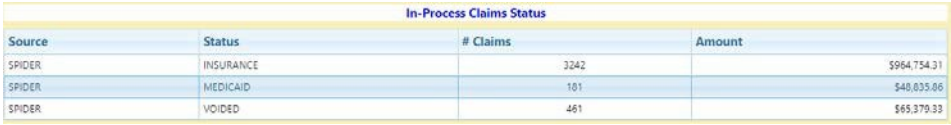
Source	Status	# Claims	Amount
SPIDER	INSURANCE	3242	$964,754.31
SPIDER	MEDICAID	181	$48,835.86
SPIDER	VOIDED	461	$65,379.33

Payment Profile

Provider Payment Profile

6.2 Dashboards

6.2.1 In – Process Claims Status



In-Process Claims Status

Source	Status	# Claims	Amount
SPIDER	INSURANCE	3242	$964,754.31
SPIDER	MEDICAID	181	$48,835.86
SPIDER	VOIDED	461	$65,379.33

COLUMN	DESCRIPTION
Source	This column displays the source where the data came from
Status	This column displays the claim's payment source
# Claims	This column displays the total number of claims by payment source
Amount	This column displays the total cost of in process claims by payment source.

6.2.2 Payment Profile

FIELD	DESCRIPTION
From	Use the calendar picker (activated by clicking in the field) and select the 'from' date.
To	Use the calendar picker and select the 'to' date.

BUTTON	DESCRIPTION
Run	Click this button to generate the Provider Payment Profile Summary bas on your criteria (Start and End dates).

COLUMN	DESCRIPTION
Submitted	This column displays the amount of funds submitted to a payment source.
Paid	This column displays the amount of funds paid from a payment source.
Pending	This column displays the amount of fund awaiting to be paid to the provi

ROW	DESCRIPTION
Insurance	This row displays the amount of insurance funds submitted, paid, and pending to the provider.
Medicaid	This row displays the amount of Medicaid funds submitted, paid, and pe to the provider.
Escrow	This row displays the amount of escrow funds submitted, paid, and pend to the provider.

Total	This row displays the total amount of funds submitted, paid, and pending the provider.
% Paid	The percentage of funds that have been paid to the provider.
% Pending	The percentage of funds awaiting to be paid to the provider.

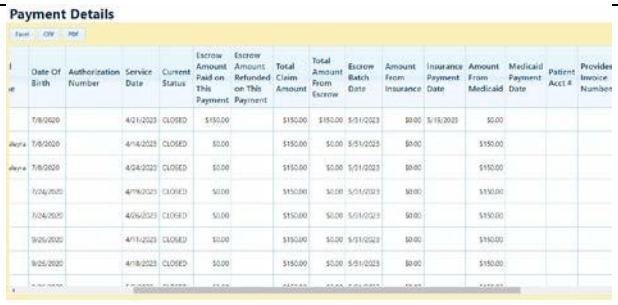
TAB	DESCRIPTION
Escrow	This tab provides further details about escrow paid to the provider

Medicaid 835s	This tab provides further details about Medicaid 835s paid to the provider.
Insurance 835s	This tab provides further details about Insurance 835s paid to the provider.
EOBs	This tab provides further details about the EOBs.

6.2.2.1 Escrow

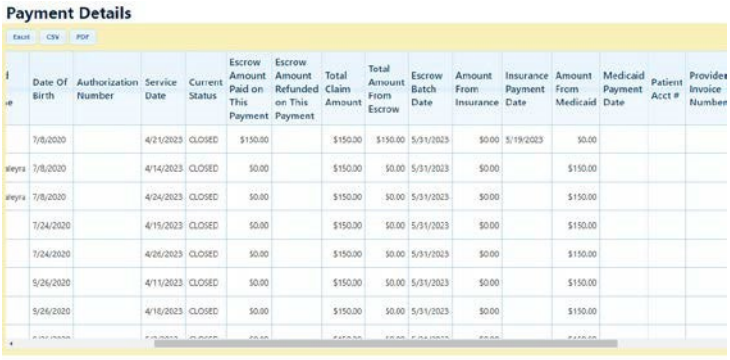
BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Payment Number	The column displays the payment number.
Payment Date	The column displays the date payment was received.
Payment Method	This column displays how the payment was made.
Payment Amount	This column displays the total cost of the payment.
Refund Amount	This column displays the refund received, if applicable.
Safety Net Repayment Amount	This column displays he funds received from the Public Health and Social Services Emergency Fund that was repaid.
Escrow Payment Amount	This column displays the amount of escrow paid per payment number.
Number of Claims	This column displays the number of claims included in the payment.
View Claims	To view claims, click on the **View Claims** hyperlink. When clicked, the Payment Details Page appears (see below).



Please refer to section 6.2.2.1.1 Payment Details for descriptions on the columns and buttons.

6.2.2.1.1 Payment Details

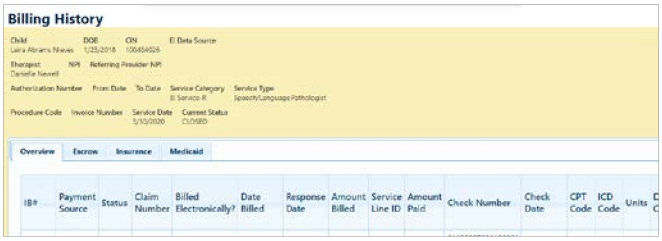


BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below) 
CSV	Click this button to export yourreport to CSV format. Your web browser promptsyou with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser promptsyou with a message pad and three button options (see example below). 

Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this when the payer does not have a claim on record, OSC has updated the child's information, or when some data point on the claim needs to be updated and sent back to the designated payer.

COLUMN	DESCRIPTION
Check Number	The column displays the check number.
Check Date	The column displays the date check was received. **Payment Method** This column displays how the payment was made. **EI Data Source** This column displays where the EI data source originated **Child Last Name** This column displays the last name of the child.
Child First Name	This column displays the first name of the child.
Date of Birth	This column displays the date of birth of the child.
Authorization Number	This column displays the authorization number issued by B23. (Not Applicable in CT)
Service Date	This column displays the date of service care was provided.
Current Status	This column displays the current status of the payment.
Escrow Amount Paid on This Payment	This column displays the amount paid of escrow paid on a claim payment.
Escrow Amount Refunded This Payment	This column displays the amount refunded of escrow paid on a claim **on** payment.
Total Claim Amount	This column displays the total amount of the claim.
Total Amount from Escrow	This column displays the total amount of the claim that represent escrow.
Escrow Batch Date	This column displays the escrow batch date.
Amount from Insurance	This column displays the amount of funds paid to the provider from insurance.
Insurance Payment Date	This column displays the date insurance made payment for the claim.
Amount from Medicaid	This column displays the amount of funds paid to the provider from Medicaid.
Medicaid Payment Date	This column displays the date Medicaid made payment for the claim.
Patient Acct #	This column displays the unique patient account number.
Provider Invoice Number	This column displays the unique invoice number a provider has.
Therapist First Name	This column displays the last name of the therapist.
Therapist Last Name	This column displays the first name of the therapist.
Therapist NPI	This column displays the National Provider Identifier number of the Therapist.

Medicaid Denial Code	This column displays the denial code for the Medicaid claim submitted for the service provided for the child

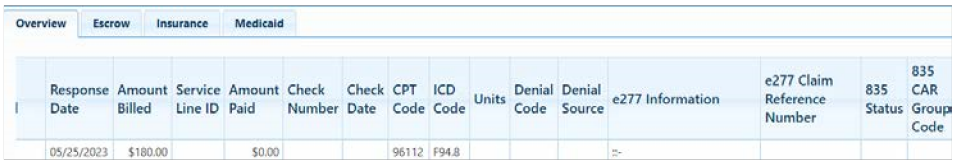
Insurance Denial Code	This column displays the denial code for the Insurance claim submitted for the service provided for the child
Billing History	To view billing history, click on the **Billing History** hyperlink. When clicked, the Billing History page appears (see below).  ***Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.***

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

6.2.2.1.1a Billing History

The billing history allows the user to view various points of payments and charges for service the child has received. It gives the view point in an overview, by escrow, insurance, and Medicaid. A break down of each tab is below.

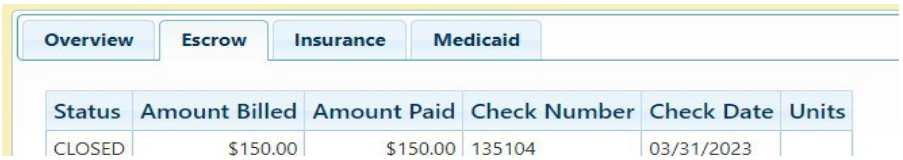
6.2.2.1.1a – 1 Overview



COLUMN	DESCRIPTION
IB#	This column displays the insurance billing ID number.
Payment Source	This column displays who made the payment.

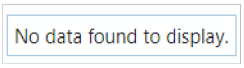
Status	This column displays the insurance status of the child.
Claim Number	This column displays the claim number.
Billed Electronically	This column displays if the services were billed electronically.
Date Billed	This column displays the date billed for the child.
Response Date	This column displays the date the bill was responded to.
Amount Billed	This column displays the amount billed for the service provided for the child.
Service Line ID	This column displays the line-item control number submitted to an insurance company
Amount Paid	This column displays the amount paid for the service provided for the child.
Check Number	This column displays the check number issued for the payment.
Check Date	This column displays the date the check was issued.
CPT Code	This column displays the CPT (Current Procedural Terminology) code, also known as service codes for medical procedures
ICD Code	This column displays the ICD10 code the agency provided.
Units	This column displays the number of units rendered.
Denial Code	This column displays the denial code for the claim submitted for the service provided for the child
Denial Source	This column displays the denial source for the claim submitted for the service provided for the child
E277 Information	This column displays the 277 claim status determination code.
E277 Claim Reference Number	This column displays an entities reference number assigned to a claim during processing.
835 Status	This column displays the835 adjudication determination status.
835 Car Group	This column displays the 835 Claim Adjustment Group Code **Code**
835 CAR Code	This column displays the Claim Adjustment Reason Code
835 Remark Code	This column displays the Remittance Advice Remark
Code **835 Cycle**	This column displays the check or trace number value **Insurance**
Claim ID	This column displays the unique ID for the insurance claim.
Insurance Company	This column displays the insurance company of the child.
Policy #	This column displays the policy number of the child's insurance plan.
Member ID	This column displays the member ID of the child's insurance plan. **Referring**
Provider NPI	This column displays the referring provider name.
835 Payer Claim ID	This column displays the claim reference number assigned by the insurance company
Medicaid 835 Files	This column displays the file name of the 835 reports

6.2.2.1.1a – 2 Escrow



COLUMN	DESCRIPTION
Status	This column displays the insurance status of the child.
Amount Billed	This column displays the amount billed to the insurance company.
Amount Paid	This column displays the amount paid for the service provided for the child.
Check Number	This column displays the check number issued for the payment.
Check Date	This column displays the date the check was issued.
Units	This column displays the number of units rendered.

If no data is found, ElBilling displays the following message pad below.

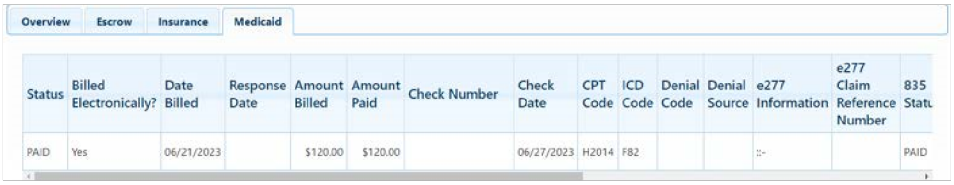


6.2.2.1.1a – 3 Insurance

COLUMN	DESCRIPTION
Status	This column displays the insurance status of the child.
Billed Electronically	This column displays if the services were billed electronically.
Data Billed	This column displays the insurance assigned group number provided by the agency.
Response Date	This column displays the date the bill was responded to.
Amount Billed	This column displays the discipline type of the therapist.
Check Number	This column displays the check number issued for the payment.
Check Date	This column displays the date the check was issued.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.
Denial Code	This column displays the denial code for the claim submitted for the service provided for the child
Denial Source	This column displays the denial source for the claim submitted for the service provided for the child
E277 Information	This column displays the 277 claim status determination code.
E277 Claim Reference Number	This column displays an entities reference number assigned to a claim during processing.
835 Status	This column displays the835 adjudication determination status.
835 Car Group Code	This column displays the 835 Claim Adjustment Group Code
835 CAR Code	This column displays the Claim Adjustment Reason Code
835 Remark Code	This column displays the Remittance Advice Remark Code
835 Cycle	This column displays the check or trace number value
835 Action	This column displays the act completed for the claim

COLUMN	DESCRIPTION
Insurance Company	This column displays the insurance company of the child.
Policy #	This column displays the policy number of the child's insurance plan.
Member ID	This column displays the member ID of the child's insurance plan.
Referring Provider NPI	This column displays the referring provider name.
Payment Type	This column displays the method the payment was made.

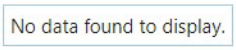
6.2.2.1.1a – 2 Medicaid



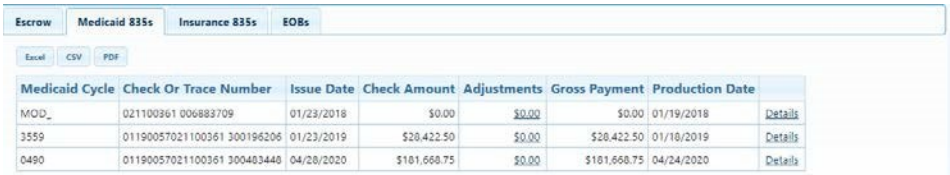
COLUMN	DESCRIPTION
Status	This column displays the insurance status of the child.
Billed Electronically	This column displays if the services were billed electronically.
Data Billed	This column displays the insurance assigned group number provided by the agency.
Response Date	This column displays the date the bill was responded to.
Amount Billed	This column displays the discipline type of the therapist.
Check Number	This column displays the check number issued for the payment.
Check Date	This column displays the date the check was issued.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.
Denial Code	This column displays the denial code for the claim submitted for the service provided for the child
Denial Source	This column displays the denial source for the claim submitted for the service provided for the child
E277 Information	This column displays the 277 claim status determination code.
E277 Claim Reference Number	This column displays an entities reference number assigned to a claim during processing.
835 Status	This column displays the835 adjudication determination status.
835 Car Group Code	This column displays the 835 Claim Adjustment Group Code
835 CAR Code	This column displays the Claim Adjustment Reason Code
835 Remark Code	This column displays the Remittance Advice Remark Code
835 Cycle	This column displays the check or trace number value
835 Action	This column displays the act completed for the claim
Insurance Company	This column displays the insurance company of the child.
Policy #	This column displays the policy number of the child's insurance plan.
Member ID	This column displays the member ID of the child's insurance plan.
Referring Provider NPI	This column displays the referring provider name.

COLUMN	DESCRIPTION
Payment Type	This column displays the method the payment was made.

If no data is found, ElBilling displays the following message pad below.



6.2.2.2 Medicaid 835s



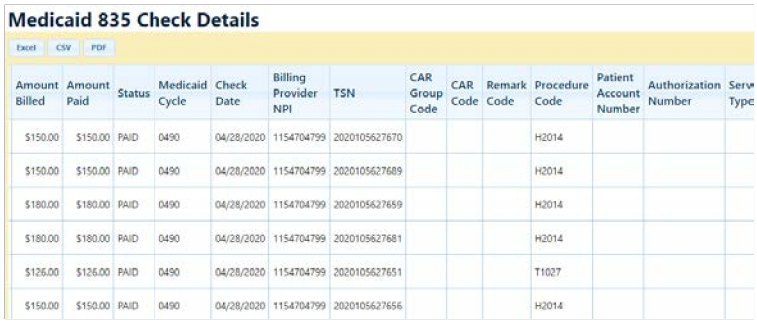
BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below)
CSV	Click this button to export your report to CSV format. Your web browser prompts with a message pad and three button options (see example below).
PDF	Click this button to export your report to PDF format. Your web browser prompts with a message pad and three button options (see example below).

COLUMN	DESCRIPTION
Medicaid Cycle	The column displays the Medicaid cycle.
Check or Trace Number	The column displays the check or transaction number issued to the agen
Issue Date	This column displays the date the bill was issued.
Check Amount	This column displays the amount of money paid.
Adjustments	This column displays the sum of monetary adjustments prior to final che amount.
Gross Payment	This column displays the gross paid amount before monetary adjustment are applied.
Production Date	This column displays the date the report was added to EIBilling.

Details	To view details, click on the **Details** hyperlink. When clicked, the Medicai 835 Check Details appear (see below).

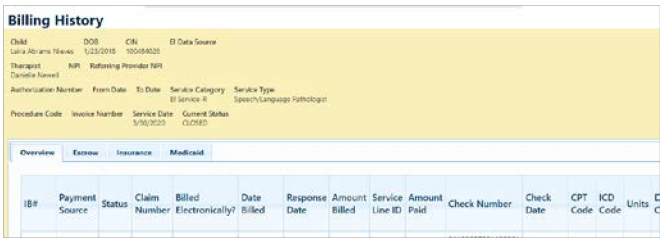
Please refer to section 6.2.2.2a Medicaid 835 Check Details for descriptions on the columns and buttons.

6.2.2.2a Medicaid 835 Check Details

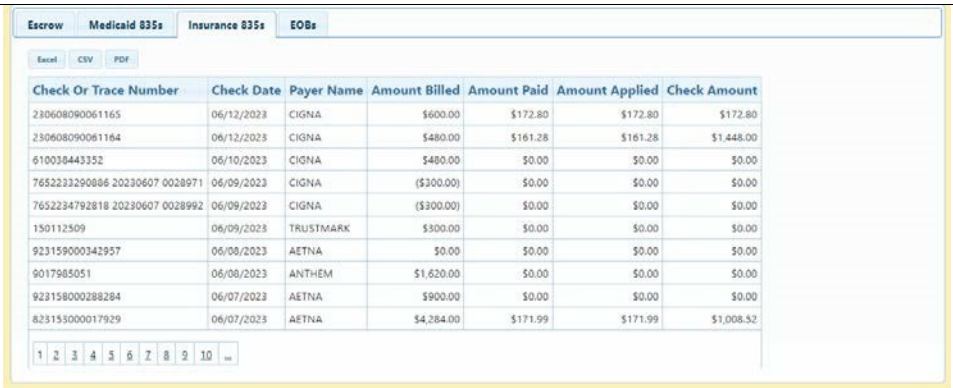


BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Last Name	This column displays the last name of the child.
First Name	This column displays the first name of the child.

Service Date	This column displays the service date provided for the child.
Amount Billed	This column displays the sum of amount billed provided in an 835 report.
Amount Paid	This column displays the sum of amount paid.
Status	This column displays the insurance status of the child.
Medicaid Cycle	This column displays the check or trace number value from the 835 report.
Check Date	This column displays the date the check was issued.
Billing Provider NPI	This column displays the provider's NPI.
TSN	This column displays the claim reference number assigned by the insurance company
CAR Group Code	This column displays the 835 Claim Adjustment Group Code
CAR Code	This column displays the Claim Adjustment Reason Code
Remark Code	This column displays the Remittance Advice Remark Code
Code **Procedure**	This column displays the CPT/HCPCS procedure code
Patient Account Number	This column displays the unique patient account number.
Authorizations Number	This column displays the authorization number issued by B23. (Not Applicable in CT)
Service Type	This column displays the discipline type of the therapist.
Therapist First Name	This column displays the last name of the therapist.
Therapist Last Name	This column displays the first name of the therapist.
Billing History	To view billing history, click on the **Billing History** hyperlink. When clicked, the Billing History page appears (see below).  ***Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.***

6.2.2.3 Insurance 835s

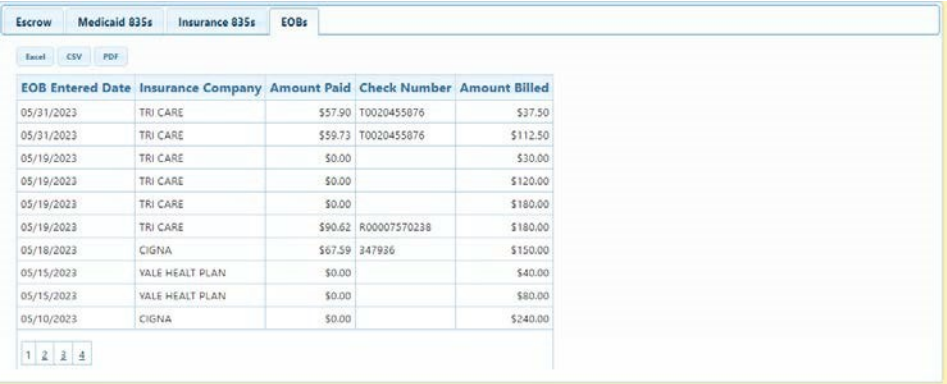


Check Or Trace Number	Check Date	Payer Name	Amount Billed	Amount Paid	Amount Applied	Check Amount
230608090061165	06/12/2023	CIGNA	$600.00	$172.80	$172.80	$172.80
230608090061164	06/12/2023	CIGNA	$480.00	$161.28	$161.28	$1,448.00
610038443352	06/10/2023	CIGNA	$480.00	$0.00	$0.00	$0.00
7652233290886 20230607 0028971	06/09/2023	CIGNA	($300.00)	$0.00	$0.00	$0.00
7652234792818 20230607 0028992	06/09/2023	CIGNA	($300.00)	$0.00	$0.00	$0.00
150112509	06/09/2023	TRUSTMARK	$300.00	$0.00	$0.00	$0.00
923159000342957	06/08/2023	AETNA	$0.00	$0.00	$0.00	$0.00
9017985051	06/08/2023	ANTHEM	$1,620.00	$0.00	$0.00	$0.00
923158000288284	06/07/2023	AETNA	$900.00	$0.00	$0.00	$0.00
823153000017929	06/07/2023	AETNA	$4,284.00	$171.99	$171.99	$1,008.52

1 2 3 4 5 6 7 8 9 10 ...

COLUMN	DESCRIPTION
Check or Trace Number	The column displays the check or transaction number issued to the agen cy.
Check Date	This column displays the date the check was issued.
Payer Name	This column displays the name of the insurance company.
Amount Billed	This column displays the sum of amount billed provided in an 835 report.
Amount Paid	This column displays the sum of amount paid.
Amount Applied	This column displays the sum of the amount paid and added to an EI clai m.
Check Amount	This column displays the amount that was issued on the check.

6.2.2.4 EOBs



EOB Entered Date	Insurance Company	Amount Paid	Check Number	Amount Billed
05/31/2023	TRI CARE	$57.90	T0020455876	$37.50
05/31/2023	TRI CARE	$59.73	T0020455876	$112.50
05/19/2023	TRI CARE	$0.00		$30.00
05/19/2023	TRI CARE	$0.00		$120.00
05/19/2023	TRI CARE	$0.00		$180.00
05/19/2023	TRI CARE	$90.62	R00007570238	$180.00
05/18/2023	CIGNA	$67.59	347936	$150.00
05/15/2023	YALE HEALT PLAN	$0.00		$40.00
05/15/2023	YALE HEALT PLAN	$0.00		$80.00
05/10/2023	CIGNA	$0.00		$240.00

1 2 3 4

COLUMN	DESCRIPTION
EOB Entered Date	This column displays the date the EOB was entered in EIBilling.

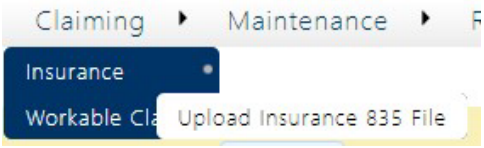
Insurance Company	This column displays the name of the insurance company.
Amount Paid	This column displays the amount paid on a claim.
Check Number	This column displays the check number issued for the payment.
Amount Billed	This column displays the amount billed to the insurance company.

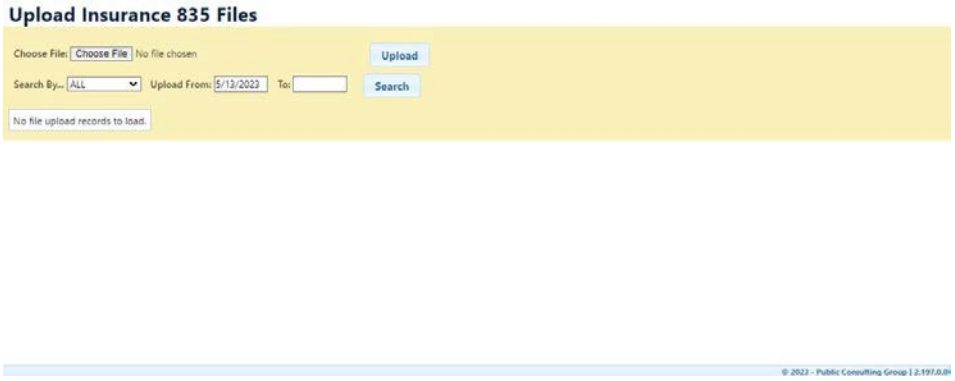
7. Claiming

7.1 Insurance

7.1.1 Upload Insurance 835 Files

This screen enables you to enter payment or denial information from the Explanation of Benefits received from the insurer.





FIELD	DESCRIPTION
Search By… ALL FAILURE PENDING PROCESSING SUCCESS	Using the drop-down, make the appropriate selection from the list.
Upload from	Use the calendar picker (activated by clicking in the field), select the upload from dates ‘from’
To	Use the calendar picker and select the to dates

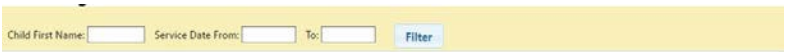
BUTTON	DESCRIPTION
Choose File	Click this button to search on your computer for files to add to the insurance 835 files.
Upload	Based on your file selection, click this button to add a document to the insurance 835 files.

Search	Based on your criteria on the fields mentioned above, click this button to genera your query. e

If no uploa s are found, ElBilling displays the following message pad below.

7.2 Workabl e Claims

7.2.1 In surance

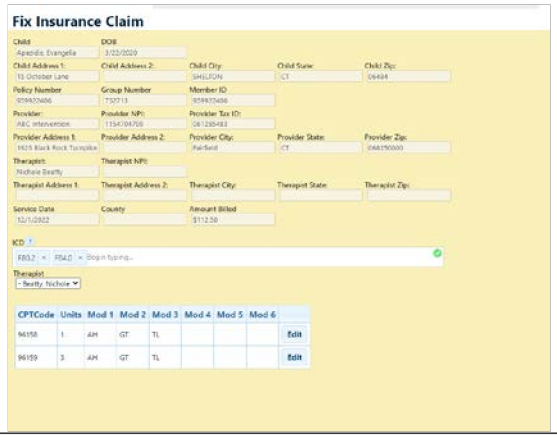


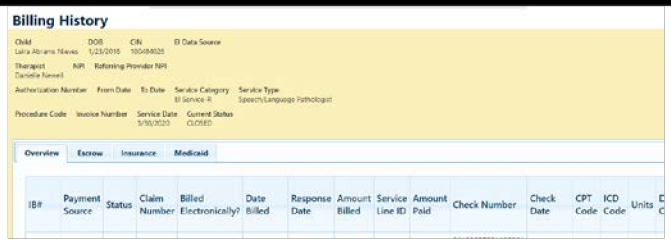
FIELD	DESCRIPTION
Child Last Name	To narrow your search, enter the child's last name for the service provided for at th child.
Child First Name	To narrow your search, enter the child's first name for the service provided for at th child.
Service Date From:	Use the calendar picker (activated by clicking in the field) and select the 'from' service date for the child.
To:	Use the calendar picker and select the child's 'to' service date.

BUTTON	DESCRIPTION
Filter	When clicked, the system displays your results based on your criteria selection.

TAB	DESCRIPTION
Category 1 Problems Detected by Central Billing Office	This tab provides further details about Billing Problems Detected.
Category 2 -277 Rejections	This tab provides further details about 277 Rejections
Category 3 – 835 Errors	This tab provides further details about 835 Errors.

7.2.1.1 Category 1 Problems by Central Billing Office

COLUMN	DESCRIPTION
Child	This column displays the name of the child.
Policy Number	This column displays the insurance policy number provided by the agency.
Group Number	This column displays the insurance assigned group number provided by the agency.
Member ID	This column displays the insurance policy number provided by the agency.
Service Category	This column displays the type of service that was provided by the therapist.
Service Type	This column displays the discipline type of the therapist.
Authorization Number	This column displays the authorization number issued by B23. (Not Applicable in CT)
Service Date	This column displays the date of service care was provided.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.
Referring Provider NPI	This column displays the referring provider name. (Not Applicable to CT)
Errors	This column displays the error message that the CBO detected is an error prior to billing.
Edit/Fix Claim	To edit/fix a claim, click the **Edit/Fix Claim** hyperlink. The page appears (example below) when clicked. 
Billing History	To view billing history, click on the **Billing History** hyperlink. When clicked, the Billing History page appears (see below).

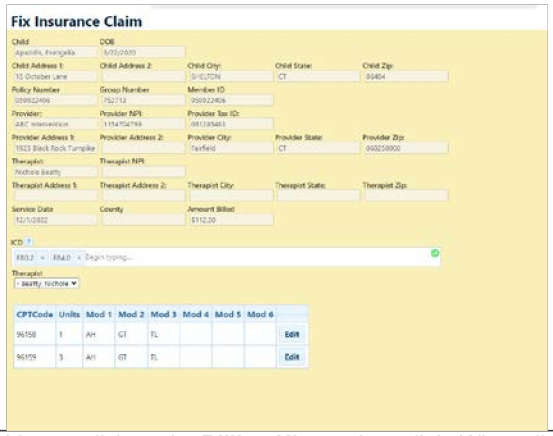
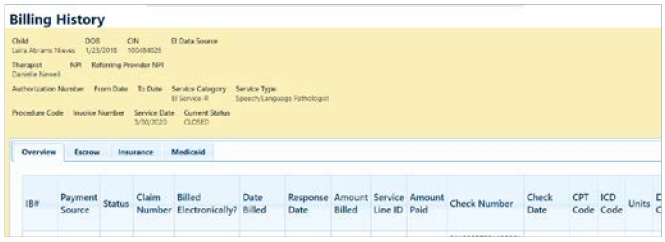
COLUMN	DESCRIPTION
	 ***Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.***

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 
Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this when the payer does not have a claim on record, OSC has updated the child's information, or when some data point on the claim needs to be updated and sent back to the designated payer.

7.2.1.2 Category 2 – 277 Rejections

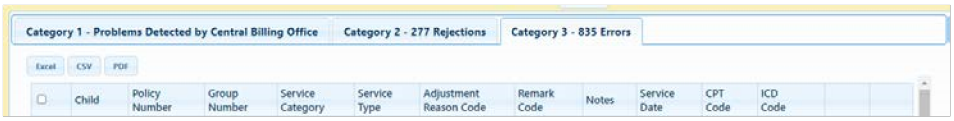
COLUMN	DESCRIPTION
Child	This column displays the name of the child.
Policy Number	This column displays the insurance policy number provided by the agency.
Group Number	This column displays the insurance assigned group number provided by the agency.
Service Category	This column displays the type of service that was provided by the therapist.
Service Type	This column displays the discipline type of the therapist.

COLUMN	DESCRIPTION
E77 Information	This column displays the 277 claim status group code, 277 status reason code, and 277 message
Authorization Number	This column displays the authorization number issued by B23. (Not Applicable in CT)
Service Date	This column displays the date of service care was provided.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.
Referring Provider NPI	This column displays the referring provider name. (Not Applicable to CT)

BUTTON	DESCRIPTION
Edit/Fix Claim	To edit/fix a claim, click the **Edit/Fix Claim** hyperlink. The page appears (example below) when clicked. 
Billing History	To view billing history, click on the **Billing History** hyperlink. When clicked, the Billing History page appears (see below).  ***Please refer to section 6.2.2.1.1a Billing History for descriptions of the columns and buttons.***

Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this when the payer does not have a claim on record, OSC has updated the child's information, or when some data point on the claim needs to be updated and sent back to the designated payer.

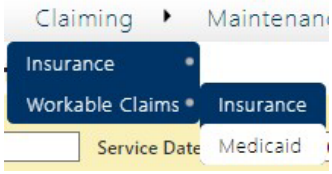
7.2.1.3 Category 3 – 835 Errors

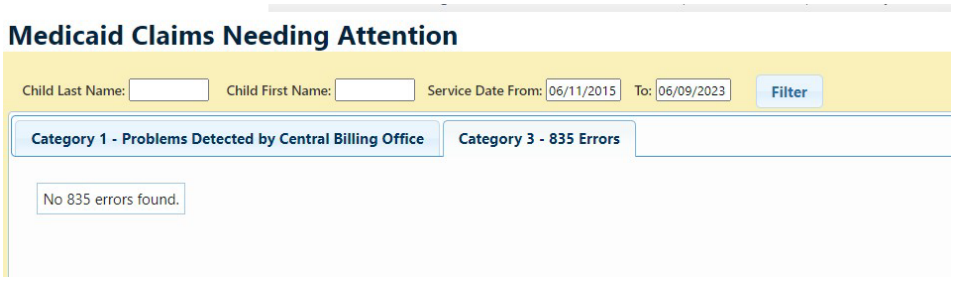


COLUMN	DESCRIPTION
Child	This column displays the name of the child.
Policy Number	This column displays the insurance policy number provided by the agency.
Group Number	This column displays the insurance assigned group number provided by the agency.
Service Category	This column displays the type of service that was provided by the therapist.
Service Type	This column displays the discipline type of the therapist.
Adjustment Code	This column displays the combination of the Claim adjustment group and claim adjustment reason code provided in the 835/EOB response from an insurance company.
Remark Code	This column displays the remark code provided in the 835/EOB response from an insurance company.
Notes	This column displays the provides a status message of why a claim denied
Service Date	This column displays the date of service care was provided.
CPT Code	This column displays the CPT code added.
ICD Code	This column displays the ICD10 code the agency provided.

BUTTON	DESCRIPTION
Edit/Fix Claim	This column displays the hyperlink to the edit claim web page where users can correct the claim.
Billing History	This column displays the hyperlink that directs the user to the billing history page.
Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this when the payer does not have a claim on record, OSC has updated the child's information, or when some data point on the claim needs to be updated and sent back to the designated payer.

7.2.2 Medicaid



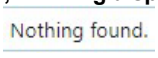


FIELD	DESCRIPTION
Child Last Name	Enter the child's last name in this field.
Child First Name	Enter the child's first name in this field.
Service Date From:	Use the calendar picker (activated by clicking in the field) and he select t 'from' service date for the child.
To	Use the calendar picker, and select the appropriate 'to' date.

BUTTON	DESCRIPTION
Filter	Based on your criteria fields mentioned above, click this button to generate your query. ElBilling provides your results in a grid fashion.

TAB	DESCRIPTION
Category 1 – Problems Detected by Central Billing Office	This tab displays Medicaid problems detected.
Category 3 – 835 Errors	This tab displays Medicaid 835 Errors

If no problems or errors are found, ElBilling displays the following message pad below.



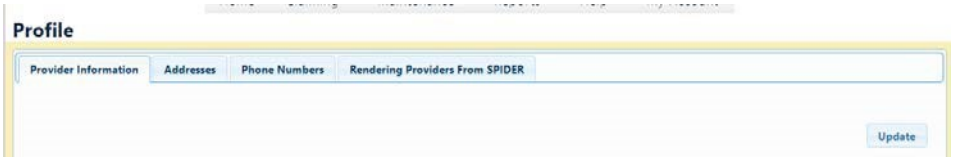
BUTTON	DESCRIPTION
Resubmit Selected Claims	The system sends the claim back to the payer on file when clicked. Use this wh the payer does not have a claim on record, OSC has updated the child's inform or when some data point on the claim needs to be updated and sent back to the designated payer.

	Resubmit Selected Claims

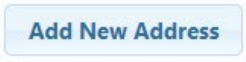
ElHub- Early Intervention Billing and Claiming User Guide v0.1.0

8. Maintenance

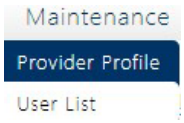
8.1 Provider Profile

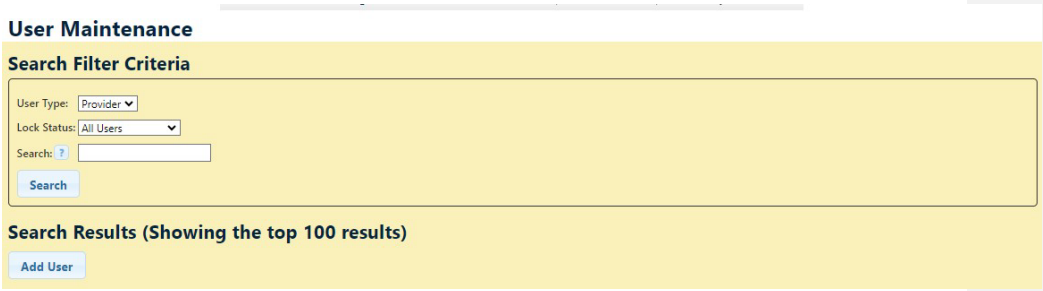


TAB	DESCRIPTION
Provider Information	This tab displays the general background information about a provider.
Addresses	This tab displays the additional address for the provider.
Phone Numbers	This tab displays any additional phone numbers for a provider
Rendering Providers from SPIDER	This tab display rendering provider information received from the source system. (This is not used in CT)

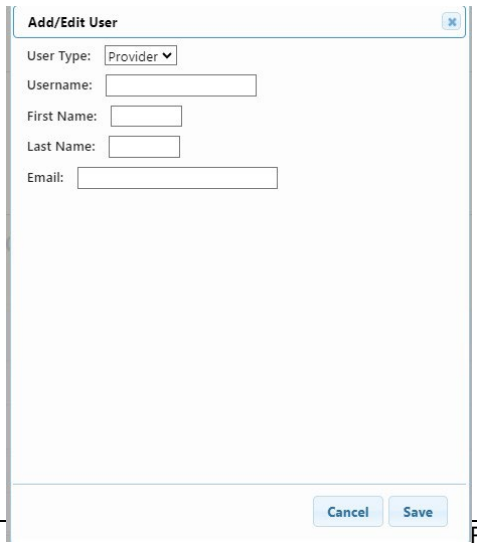
BUTTON	DESCRIPTION
Update	Click this button to update the provider's background information. 
Add New Address	Click this button to add a new address to the provider profile. 
Phone Numbers	Click this button to add a new phone number to the provider profile. 

8.2 User List





FIELD	DESCRIPTION
User Type	Use this drop-down and select the appropriate provider from the list.
Lock Status All Users All Users Locked Users Not Locked Users	Use this drop-down
Search	Enter a user name in this field.

BUTTON	DESCRIPTION
Add User	**Step / Action** Click this button to add a user. Enter their user name, first name, last name, and email and click save. 

COLUMN	DESCRIPTION
Edit User	To edit a user, click the **Edit User** hyperlink. The **Edit User** page appear when clicked similar to the add user pop up.
User Name	This column displays name used to login
First Name	This column displays the user's first name
Last Name	This column displays the user's last name
Company	This column displays the organization the user is representing
Email	This column displays the user's email.
NPI	This column displays the user's national provider identifier number.
FEIN	This column displays the federal employee identification number.
Locked	This column displays if the user is locked from the system.
Lock/Unlock User	This column allows the user to lock or unlock a user from the system. 
Reset Password	To reset a user's password, click the **Reset Password** hyperlink. The **E User** page appears when clicked similar to the add user pop up.

ElHub- Early Intervention Billing and Claiming User Guide v0.1.0

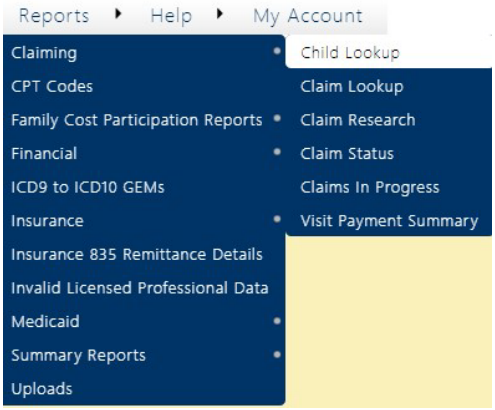
9 Reports

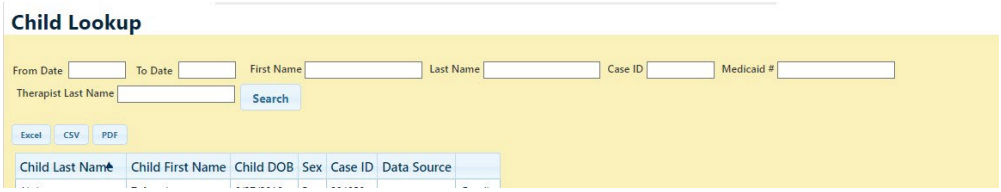
The reporting screens enable you to generate various reporting to monitor the progress of claims and payments from respective payers.

9.1 Claiming

9.1.1 Child Lookup

This screen enables you to search for every child who has ever been on your caseload.





FIELD	DESCRIPTION
From Date	Enter the 'from date' or click this field and use the calendar picker to generate a reporting period.
To Date	Enter the 'to date' or click this field and use the calendar picker to te a gener reporting period.
First Name	To narrow your search, enter the first name of the child.
Last Name	To narrow your search, enter the last name of the child.

Case ID	To narrow your search, enter the unique identification number given to every child
Medicaid #	To narrow your search, enter the Medicaid identification number given to every child
Therapist Lane	To narrow your search, enter the Therapist's last name.

You must wait 15 seconds between exports.

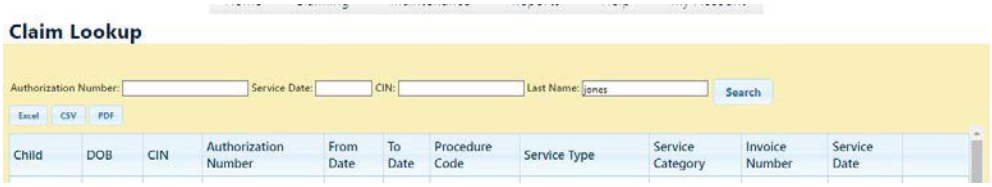
BUTTON	DESCRIPTION
Search	When clicked, the system searches the EIBilling database and displays your results based on your criteria selection.
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

: To "order by" columns in the spreadsheet/grid, click on a column header you want to sort (see section 4.5 Spreadsheet/Grid – Sorting Column Headers).

COLUMN	DESCRIPTION
Child Last Name	This column displays the last name of the child.
Child First Name	This column displays the first name of the child.
Child DOB	This column displays the date of birth of the child.
Sex	This column displays the gender ('M' or 'F').
Case ID	This column displays the reference number associated with the claim for the service provided for the child.
Data Source	This field displays the Source system where the child's intake has taken place.
Details	To view details, click on the **Details** hyperlink. When clicked, personal and background details of the child appear. The tabs include Info, Services, Insurance Policies, Medicaid Eligibility, and Claims.

9.1.2 Claim Lookup

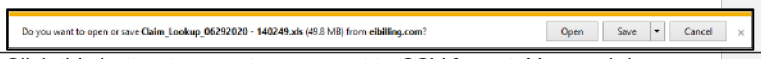
This screen enables you to search for any claim successfully migrated to EI Billing.

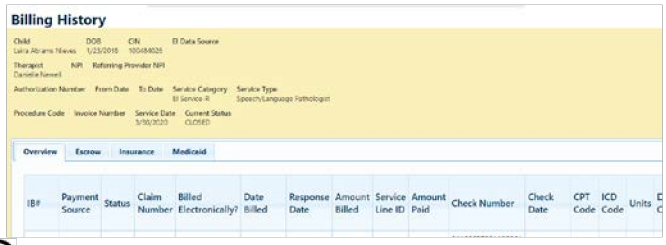


FIELD	DESCRIPTION
Authorization Number	To narrow your search, enter the authorization number for the service provided for the child.
Service Date	Enter the date (or use the calendar picker) for the child's service to narro your search.
CIN	To narrow your search, enter the Client Identification Number (CIN); this the unique identifier given to participants
Last Name	To narrow your search, enter the child's last name for the service provid for that child.

BUTTON	DESCRIPTION
Search	When clicked, the system displays your results based on your criteria selection (see the Claim Lookup screenshot example above).

You must wait 15 seconds between exports.

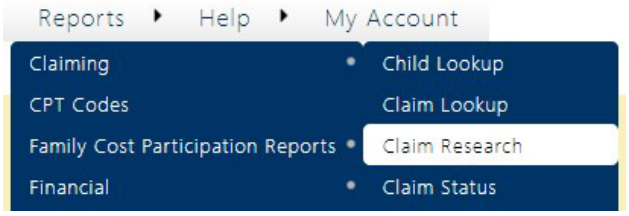
BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).

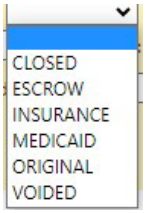
COLUMN	DESCRIPTION
Child	Click this hyperlink to review the details (drill-down) for a specific child record/row. When clicked, a page appears with the "Details for…" (the child's name), with five (5) tabs **(Info**, **Services**, **Insurance Policies**, **Medicaid Eligibility**, and **Claims**).
DOB	This column displays the child's date of birth.
CIN	This column displays the Client Identification Number (CIN), the unique identifier given to participants.
Authorization Number	This column displays the authorization number for the service provided for the child.
From Date	This column displays the date the service provided began for the child.
To Date	This column displays the date the service provided ended for the child.
Procedure Code	This column displays the IDC Code used for the claim.
Service Type	This column displays the type of service(s) provided for the child.
Service Category	This column displays the category of service(s) provided for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
Billing History	To view billing history, click on the **Billing History** hyperlink. When clicked, the Billing History page appears (see below).  ***Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.***

ElHub- Early Intervention Billing and Claiming User Guide v0.1.0

9.1.3 Claim Research

This screen enables you to search for claims using a variety of parameters.



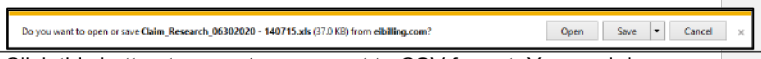
FIELD	DESCRIPTION
Payer	To narrow your search, use this drop-down and select the appropriate ayer p from the list.
Status 	To narrow your search, use this drop-down and select the appropriate atus st from the list.
Child Last Name	To narrow your search, enter the child's last name for the service ed provid for that child.
Child First Name	To narrow your search, enter the child's first name for the service ed provid for that child.

CIN	To narrow your search, enter the Client Identification Number (CIN); is this the unique identifier given to participants
Authorization	To narrow your search, enter the authorization number for the service provided for the child.
Service Date From	Enter the ‘from’ date (or use the calendar picker) for the child's service to narrow your search.

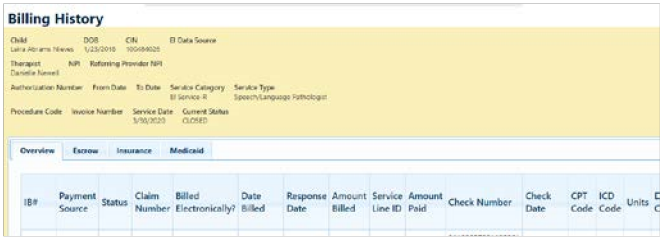
FIELD	DESCRIPTION
To	Enter the 'to' date (or use the calendar picker) for the child's service to narrow your search.
Added Date From	Use the calendar picker and select the 'from' added date for the child's service.
To	Use the calendar picker and select the added date for the child's service.

BUTTON	DESCRIPTION
Search	When clicked, the system displays your results in a grid/table based on your criteria selection (see example below).

You must wait 15 seconds between exports.

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Current Status	This column displays the status of the claim for the service provided for the child.
Child	This column displays the name (last and first) of the child.
DOB	This column displays the date of birth of the child.
Service Date	This column displays the service date provided for the child.
EI Data Source	This column displays where the EI data source originated.
Authorization	This column displays the service authorization number for the service provided for the child.
Service Setting	This column displays the attendance group size at the time of service. (individual, group of 2-3, group of 4-5 etc.) (Not used in CT)
Service Location	This column displays the location the child's service were being provided.
Therapist	This column displays the name of the therapist who provided service for the child.
Provider Invoice #	This column displays the provider invoice number for the service provided for the child.
Child Account Number	This column displays the child's unique account number

COLUMN	DESCRIPTION
Billed Amount	This column displays the billed amount for the service provided for the child.
Last Insurance Billing Date	This column displays the latest insurance billing date for the child.
Insurance Denial Code	This column displays the denial code for the claim submitted to insurance for the service provided for the child.
Insurance Denial Source	This column displays the source where the denial of the claim occurred.
Last Medicaid Billing Date	This column displays the last date for the Medicaid was billed for the child.
Medicaid Denial Code	This column displays the denial code for the claim submitted to Medicaid for the service provided for the child.
Medicaid Denial Source	This column displays the source where the denial of the claim occurred.
Insurance Paid	This column displays the Insurance amount paid for the child.
Medicaid Paid	This column displays the Medicaid amount paid for the child.
Escrow Paid	This column displays the Escrow amount paid for the child.
Escrow Pending	This column displays the Escrow amount pending for the child.
Outstanding Amount	This column displays the remaining amount owed for services.
Check Number	The column displays the check number
Billing History	To view billing history, click on the **Billing History** hyperlink. When clicked, the Billing History page appears (see below).  ***Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.***

9.1.4 Claim Status

This screen enables you to search for a claim using the claim's status as the primary parameter.

FIELD	DESCRIPTION
Status CLOSED ESCROW INSURANCE MEDICAID ORIGINAL VOIDED	To narrow your search, use this drop-down and select the appropriate status from the list.
Service Date From	Enter the 'from' date (or use the calendar picker) for the child's service to narrow your search.
To	Enter the 'to' date (or use the calendar picker) for the child's service to narrow your search.

You must wait 15 seconds between exports.

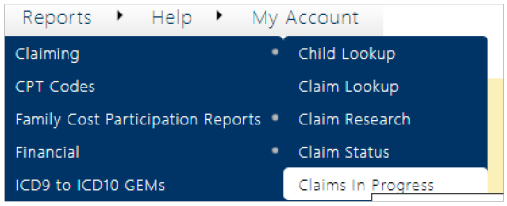
BUTTON	DESCRIPTION
Search	**When clicked, the system displays your results based on your criteria selection (see the grid/table example below).**
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below).

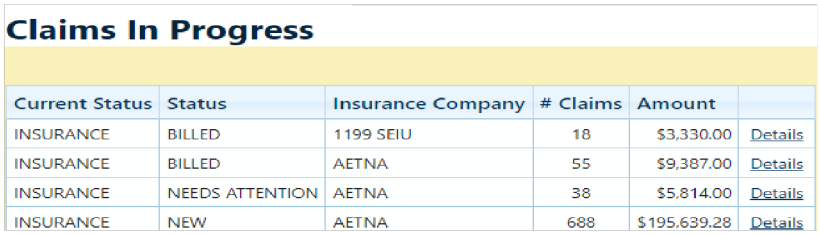
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Current Status	This column displays the status of the claim for the service provided for the child.
Last Name	This column displays the last name of the child.
First Name	This column displays the first name of the child.
DOB	This column displays the date of birth of the child.
Date of Service	This column displays the service date provided for the child.
EI Data Source	This column displays where the EI data source originated.
Authorization Number	This column displays the service authorization number for the service provided for the child.
Provider	This column displays the provider's name who provided the service for the child.
Patient Account Number	This column displays the unique internal number assigned by SFA to outgoing claims.
Amount	This column displays the billed amount for the service provided for the child.
Insurance Billing Date	This column displays the date the insurance billed for the child.
Insurance Denial Code	This column displays the denial code for the Insurance claim submitted for the service provided for the child.
Insurance Denial Source	This column displays the source where the denial of the Insurance claim occurred.
Medicaid Billing Date	This column displays the date the Medicaid billed for the child.
Medicaid Denial Code	This column displays the denial code for the Medicaid claim submitted for the service provided for the child.
Medicaid Denial Source	This column displays the source where the denial of the Medicaid claim occurred.
Insurance Paid	This column displays the Insurance amount paid for the child.
Medicaid Paid	This column displays the Medicaid amount paid for the child.
Escrow Paid	This column displays the Escrow amount paid for the child.
Escrow Pending	This column displays the Escrow amount pending for the child.

9.1.5 Claims In Progress

This screen enables you to see all outstanding claims and separates them by the name of the particular insurance company by Medicaid, Escrow, and Status.





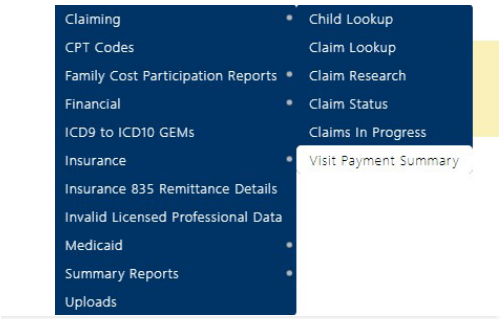
BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 

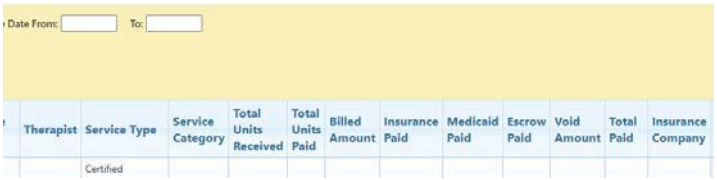
COLUMN	DESCRIPTION
Current Status	This column displays the status of an insurance company or Medicaid claim.
Status	This column displays a claim's status (Closed, Escrow, Insurance, Medicaid, New, Original, Paid, Respite, or Voided).
Insurance Company	This column displays the insurance company's name or if the claim is covered by "Medicaid."
# Claims	This column displays the number of claims submitted by the insurance company or Medicaid.
Amount	This column displays the total amount for claims by the insurance company or Medicaid.
Details	To view a claim(s) detail, click the **Details** hyperlink. A detailed **Claims In Progress Details** page appears (example below) when clicked. 

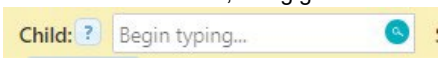
9.1.6 Visit Pay

ments Summary

This s
Attention
claims' a creen lets you view how many claims are currently in the Needs
reports, the adjudication stage where the error was detected, and the
ge range.





FIELD	DESCRIPTION
Child	Enter the child's name, using global search.  ***Please refer to section 4.9 Global Search for descriptions on us e.***
Service Date From	Enter the 'from' date (or use the calendar picker) for the child's service to narrow your search.
To	Enter the 'to' date (or use the calendar picker) for the child's service to narrow your search.

BUTTON	DESCRIPTION
Search	When clicked, the system displays your results based on your criteria selection (exa ple above and below).

COLUMN	DESCRIPTION
Case ID	

COLUMN	DESCRIPTION
Last Name	This column displays the last name of the child.
First Name	This column displays the first name of the child.
DOB	This column displays the date of birth of the child.
Service Date	This column displays the service date provided for the child.
Therapist	The column displays the therapists name
Service Type	This column displays the type of service(s) provided for the child.
Service Category	This column displays the category of service(s) provided for the child.
Total Units Received	This column displays the total amount of units received from the source system.
Total Units Paid	This column displays the total amount of units that are paid
Billed Amount	This column displays the billed amount for the service provided for the child.
Insurance Paid	This column displays the amount insurance paid for the child services.
Medicaid Paid	This column displays the amount Medicaid paid for the child services.
Escrow Paid	This column displays the amount Escrow paid for the child services.
Void Amount	This column displays the amount of funds voided
Total Paid	This column displays the total number of claims paid.
Insurance Company	This column displays the insurance company's name or if the claim is covered by “Medicaid.”
Visit ID	This column displays the unique ID assigned to a child’s visit.
Program	This column displays the name of the program that delivered the services.

You must wait 15 seconds between exports.

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

ElHub- Early Intervention Billing and Claiming User Guide v0.1.0

9.2 CPT Codes (Current Procedure Terminology)

This screen lets you to search for a narrative description of a CPT code.

FIELD	DESCRIPTION
Code	To narrow your search, enter the CPT Code.

BUTTON	DESCRIPTION
Search	Click this button to return the results (example above showing grid) base your criteria entered in the Code field above.

COLUMN	DESCRIPTION
CPT Code	This column displays the CPT (Current Procedural Terminology) code, al known as service codes for medical procedures. Each procedure has a unique five-digit code that identifies health insurance companies and the of care provided for the child.

CPT Code Description	

9.3 Family Cost Participation Reports

NOTE: The state of Connecticut no longer requires Family Cost Participation as of July 1, 2022

TAB: View FCP Payment History

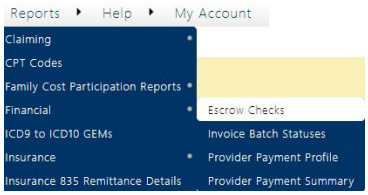
TAB: View Invoices

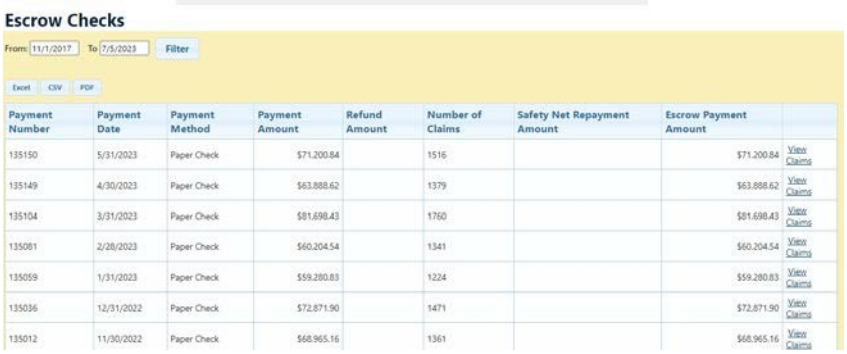
TAB: View Statement Details

NOTE: The state of Connecticut no longer requires Family Cost Participation as of July 1, 2022

9.4 Financial

9.4.1 Escrow Checks





FIELD	DESCRIPTION
From	Enter the 'from date' (or use the calendar picker) to generate a reporting period. ***This is a required field. If left blank, ElBilling prompts the follo message:** Must provide valid date range values. **ring**
To	Enter the 'to date' (or use the calendar picker) to generate a reporting riod. pe **ring** ***This is a required field. If left blank, ElBilling prompts the follo message:** Must provide valid date range values.

BUTTON	DESCRIPTION
Filter	When clicked, the system displays your results based on your criteria selection (Provider, From, and To dates).
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

You must wait 15 seconds between exports.

COLUMN	DESCRIPTION
Payment Number	This column displays the unique identifier assigned to the financial escrow transaction.
Payment Date	This column displays the date the escrow payment was made.
Payment Method	This column displays the escrow payment type (e.g., EFT, Paper Check, etc.).
Payment Amount	This column displays the escrow payment amount.
Refund Amount	This column displays the refund amount of the escrow payment.
Safety Net Repayment Amount	This column displays the amount specifically designated to repay the legacy Safety Net program.
Escrow Payment Amount	This column displays the escrow payment amount.
Number of Claims	This column displays the number of claims in escrow checks.
View Claims	To view claims, click on the **View Claims** hyperlink. When clicked, the Payment Details Page appears (see below).

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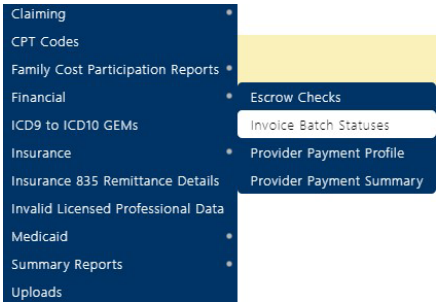
COLUMN	DESCRIPTION
	 ***Please refer to section 6.2.2.1.1 Payment Details for description the columns and buttons.***

9.4.2 Invoice

This screen l **Batch Statues**
from an invoicin

ts you search for every invoice and claim approved by Birth to Three
perspective.



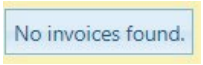
FIELD	DESCRIPTION

From	Enter the ‘from’ date (or use the calendar picker). ⓘ **By default, ElBilling selects the previous end of the month ‘from date’ and populates the current date.**
To	Enter the ‘to’ date (or use the calendar picker).

FIELD	DESCRIPTION
	By default, ElBilling selects the previous end of the month 'from date' and populates the current date.
Invoice Number	To narrow your search, enter the invoice number for the batch.

BUTTON	DESCRIPTION
Search	Click this button to return the results (example below showing grid) based on your criteria entered (Provider, Type, From, To, and Invoice Number) above.

If no invoices are found, ElBilling displays the following message pad below.



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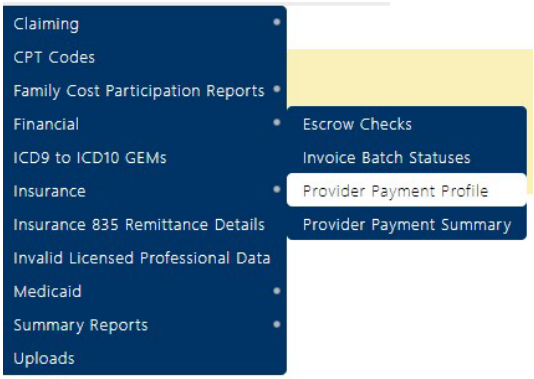
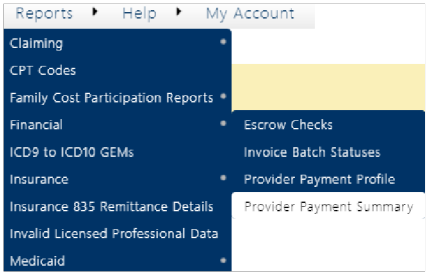
9.4.3 Provider Payment Profile



Please refer to section "6.2.2 Payment Profile" for descriptions on fields, buttons, and/or hyperlinks.

9.4.4 Provider Payment Summary



FIELD	DESCRIPTION
From	Enter the 'from' or click this field and use the calendar picker to generate a reporting period.
To	Enter the 'to' or click this field and use the calendar picker to generate a reporting period.

BUTTON	DESCRIPTION
Run	Click this button to generate the Provider Payment Profile Summary based on your criteria (Start and End dates).
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Provider Name	The column displays the provider agency name.
Insurance 835s	This column displays the amount of fund from Insurance 835s

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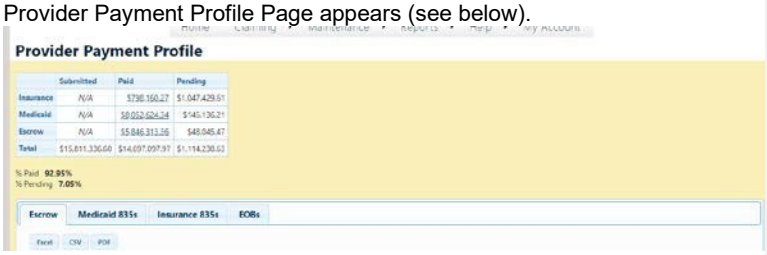
COLUMN	DESCRIPTION
EOBs	This column displays the amount of fund from EOBs
Medicaid 835s	This column displays the amount of fund from Medicaid 835s
Escrow	This column displays the amount of fund from Escrow
View Details	To view claims, click on the **View Claims** hyperlink. When clicked, the Provider Payment Profile Page appears (see below).  **Please refer to section "6.2.2 Payment Profile" for descriptions fields, buttons, and/or hyperlinks.**

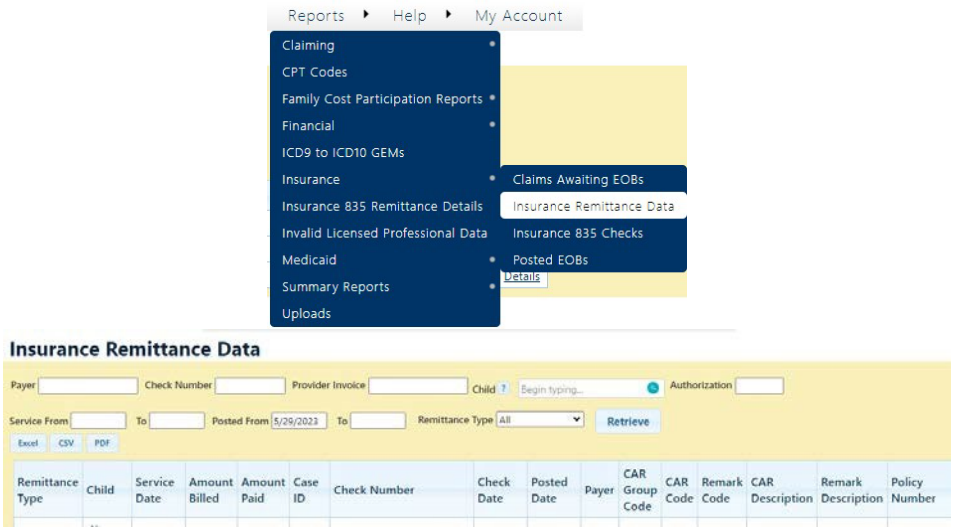
9.6 Insurance

9.6.1 Claims Awaiting EOBs

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Child	This column displays the child's name
Service Date	This column displays the service date for the service provided for the child.
Amount Billed	This column displays the amount billed for the service provided for the child.
Date Billed	This column displays the date billed for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
Insurance Company	This column displays the insurance company's name or if the claim is covered by "Medicaid
Policy Number	This column displays the insurance policy number provided by the agency.
Insurance Phone Number	This column display the insurance company phone number

9.6.2 Insurance Remittance Data



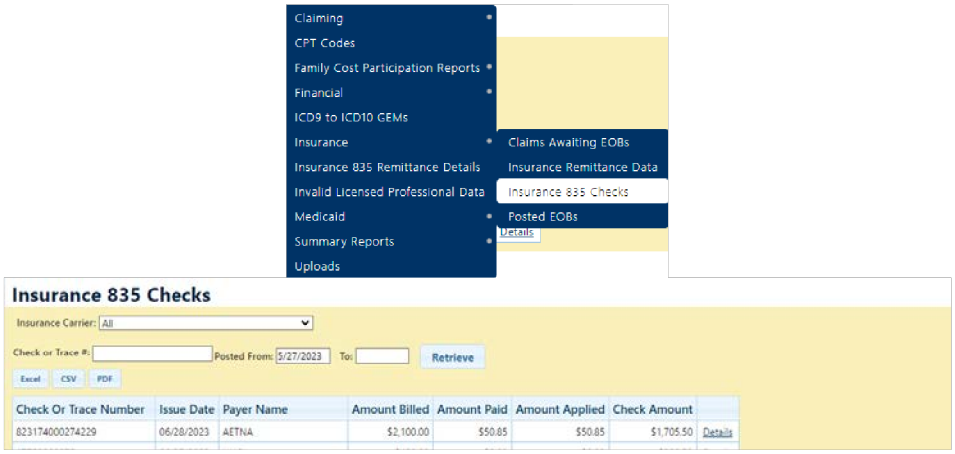
FIELD	DESCRIPTION
Payer	Enter the payer's name (e.g., insurance company) for the child's service narrow your search.
Check Number	To narrow your search, enter the check number used to pay the amount.
Provider Invoice	To narrow your search, enter the provider invoice number.
Child	To narrow your search, enter the name of the child.
Authorization	To narrow your search, enter the authorization number for the service provided for the child.
Service From	Enter the 'from' date (or use the calendar picker) for the child's service to narrow your search.
To	Enter the 'to' date (or use the calendar picker) for the child's service to narrow your search.
Posted From	Use the calendar picker and select the 'posted from' the date the child's services were posted.
To	Use the calendar picker and select the added date for the child's service.
Remittance Type All EOB Entry EOB Adjustment ERA 835 Detail	Select the type of response the data was in. Leave this set to All if youe ar unsure.

COLUMN	DESCRIPTION

Child	This column displays the child's name
Service Date	This column displays the service date for the service provided for the chil d.

COLUMN	DESCRIPTION
Amount Billed	This column displays the amount billed for the service provided for the child.
Date Billed	This column displays the date billed for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
Insurance Company	This column displays the insurance company's name or if the claim is covered by “Medicaid
Policy Number	This column displays the insurance policy number provided by the agency.
Insurance Phone Number	This column display the insurance company phone number

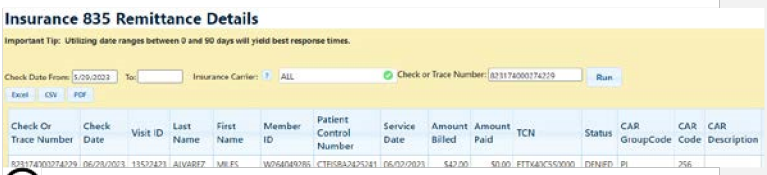
9.6.3 Insurance 835 Checks



FIELD	DESCRIPTION
Insurance Carrier	To narrow your search, use the drop down menu to select the Insurance carrier.
Check or Trace #	To narrow your search, enter the check or trace number used to pay the amount
Posted From	Use the calendar picker and select the ‘posted from’ the date the child's services were posted.
To	Use the calendar picker and select the added date for the child's service.

BUTTON	DESCRIPTION
Retrieve	
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below).

	
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Check or Trace Number	This column displays the check and/or trace number
Issue Date	This label displays the date payment was released to the agency/provider. **The check is released on the check release date listed in the Medicaid cycle calendar. This date is usually over two weeks after the check issue date. To see the check release date for that Medicaid cycle, providers should check their state Medicaid cycle calendar.**
Payer Name	This column displays the name of the insurance company.
Amount Billed	This column displays the amount billed for the service provided for the child.
Amount Paid	This column displays the amount paid for the service provided for the child.
Amount Applied	This column displays the amount applied for the service provided for the child.
Check Amount	This column displays the total payment amount issued by the insurer.
Details	To view details, click on the **Details** hyperlink. When clicked, the Insurance 835 Remittance Details page appears (see below).  ***Please refer to section 9.7 Insurance 835 Remittance Details for descriptions on the columns and buttons.***

9.6.4 Posted EOBs (Explanation of Benefits)

- This screen lets you view claims where the Explanation of Benefits responses are manually entered into the system.

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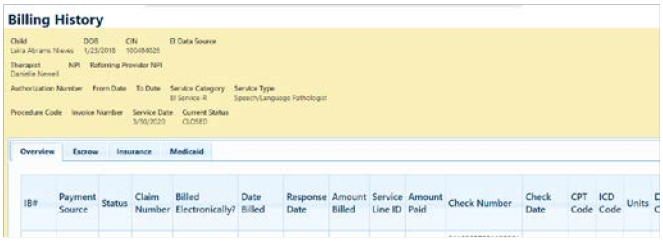
FIELD	DESCRIPTION
Payer	Enter the payer's name (e.g., insurance company) for the child's service narrow your search.
Check Number	To narrow your search, enter the check number used to pay the amount.
Provider Invoice	To narrow your search, enter the provider invoice number.
Child Last Name	To narrow your search, enter the last name of the child.
Child First Name	To narrow your search, enter the first name of the child.
Authorization	To narrow your search, enter the authorization number for the service provided for the child.
Case ID	To narrow your search, enter the unique identification number given to every child
Service Date From	To narrow your search, use the calendar selector, and select the service 'from' date for the child.
To	To narrow your search, use the calendar selector, and select the service date for the child.

Posted From	The "Posted From" and "To" display the Explanation of Benefit response manually entered into the system during a specified range. Narrow your search and enter the latest date ('From') to see data in data results.
To	Narrow your search and enter the earliest date ('To') to see dates to incl in the data results.

BUTTON	DESCRIPTION
Retrieve	Based on your criteria fields mentioned above, click this button to genera your query. EIBilling provides your results in a grid fashion (example sho below).

COLUMN	DESCRIPTION
EOB Enter Date	This column displays when the entry dates Explanation of Benefits (EOBs) in EIBilling.
Child	Click this hyperlink to review the details (drill-down) for a specific child record/row. When clicked, a page appears with the "Details for…" (the child's name), with five (5) tabs **(Info**, **Services**, **Insurance Policies**, **Medicaid Eligibility**, and **Claims**).
Service Date	This column displays the service date for the service provided for the child.
Authorization Number	This column displays the service authorization number for the service provided for the child.
Amount Billed	This column displays the amount billed for the service provided for the child.
Amount Paid	This column displays the amount paid for the service provided for the child.
Denial Reason	This column displays a brief description of the denial reason for the child.
Provider Invoice Number	This column displays the provider invoice number.
EI Data Source	This column displays where the EI data source originated.
Patient Account Number	This column displays the patient number provided by the service provider for offering service to the child.
Is Adjustment	This column displays the claims where corrections (adjustments) were made to previously entered claims.
Check Number	This column displays the check number that paid the bill for the service provided for the child.
Posted Date	This column displays the date that the explanation of benefits information was entered into the system.
Payer	This column displays the name of the Payer (e.g., insurance company) name.
Rendering Provider	This column displays the rendering provider of the individual who provided the care for the child.
Billing History	To view billing history, click on the **Billing History** hyperlink. When clicked, the Billing History page appears (see below).  ***Please refer to section 6.2.2.1.1a Billing History for descriptions on the columns and buttons.***

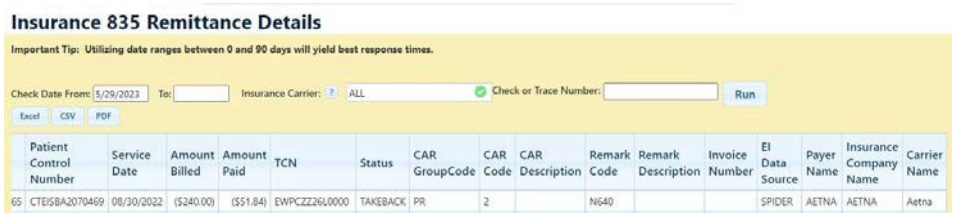
You must wait 15 seconds between exports.

BUTTON	DESCRIPTION

Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

9.7 Insurance 835 Remittance Details

This screen enables you to search for all remittances posted via 835s for each agency/provider.



: To "order by" columns in the spreadsheet/grid, click on a column header you want to sort (see section 3.5 Spreadsheet/Grid – Sorting Column Headers)

Utilizing date ranges between 0 and 90 days will yield the best response times.

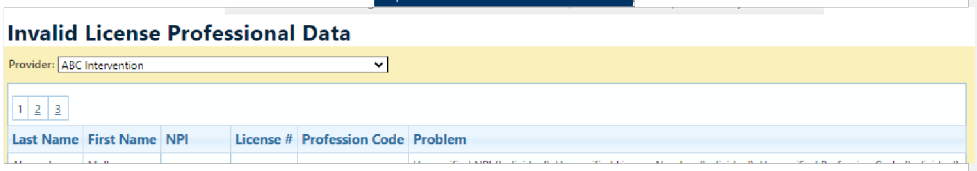
	payment date.
To	Manually enter (or use the Calendar Picker) the check date 'to' data as of the selected date of insurance payment.
Insurance Carrier	To narrow your search, enter a name or street address; you may enter “All” (or leave blank) to select all.
Check or Trace Number	To narrow your search, enter the Check or Trace number, or leave blank to search all.

Run	EIBilling generates a based on your Provider selection (example shown above).

COLUMN	DESCRIPTION
Check Or Trace Number	This column displays the payment number issued by the insurer.
Check Date	This column displays the date of payment from the insurer.
Visit ID	
Last Name	This column displays the last name of the child.
First Name	This column displays the first name of the child.
Member ID	This column displays the member ID of the child’s insurance plan.
Patient Control Number	This column displays a unique alpha-numeric identification number for this claim assigned by the provider to facilitate retrieval of individual case records and payment posting.
Service Date	This column displays the type of service(s) provided for the child.
Amount Billed	This column displays the amount billed for the service provided for the child. **Amount Paid** This column displays the insurance amount paid for the service provided for the child.
TCN	This column displays the claim number assigned by the insurance company.
Status	This column displays an insurance company's status or Medicaid payment (e.g., Paid, Closed, Medicaid, etc.).
CAR Group Code	This column displays a categorization of a payment adjustment.
CAR Code	This column displays the CAR Code that explains why the claim was paid differently than billed or why the claim was denied.
CAR Description	This column displays the denial reason in narrative format.
Remark Code	This column displays the remark code for the service provided for the child.
Remark Description	This column displays the remark description for the service provided for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
EI Data Source	This column displays where the EI data source originated.
Payer Name	This column displays the name of the insurance company.

Insurance Company Name	This column displays the insurance company's name or if the claim is covered by “Medicaid.”
Carrier Name	This column displays the insurance carrier

9.8 Invalid Licensed Professional Data



FIELD	DESCRIPTION
Provider	Use this drop-down and select the appropriate provider from the list. Once selected, EIBilling generates the results (if any) and populates the following grid (example shown above). ***This is a required field.**

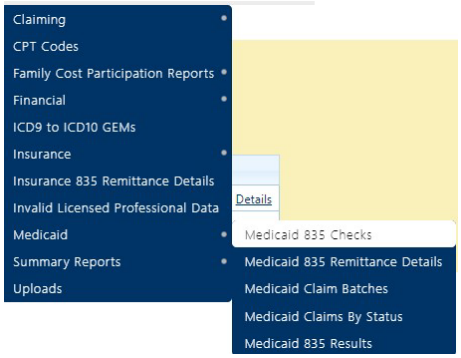
COLUMN	DESCRIPTION
Last Name	This column displays the last name of the provider.
First Name	This column displays the first name of the provider.
NPI	This label displays the provider's National Provider Identifier number.
License #	This column displays the provider license number.
Profession Code	This column displays the professional number of the provider.
Problem	This column displays the license problem associated with the provider.

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 

9.9 Medicaid

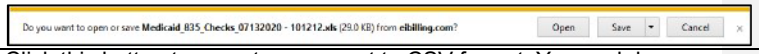
A reporting suite that shows you a variety of Medicaid reports.

9.9.1 Medicaid 835 Checks



This screen enables you to itemize a view of every Medicaid payment issued to every EI agency/provider.

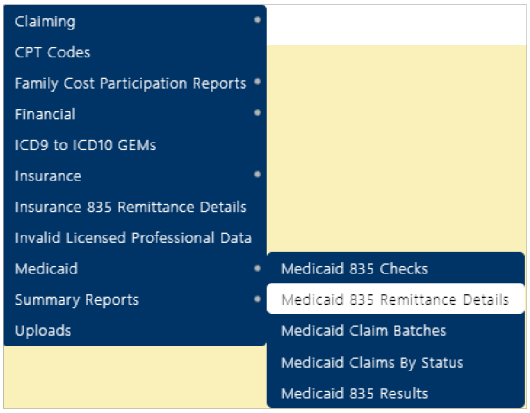
You must wait 15 seconds between exports.

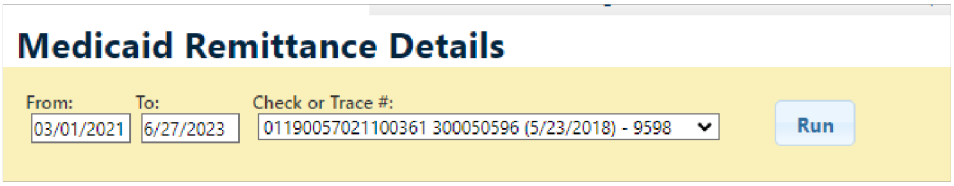
BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below).

COLUMN	DESCRIPTION
Medicaid Cycle	This column displays the Medicaid calls their weeks' cycles.
Check Or Trace Number	This column displays the payment number issued by the insurer.
Issue Date	This label displays the date payment was released to the agency/provider. **The check is released on the check release date listed in the Medicaid cycle calendar. This date is usually over two weeks after the check issue date. To see the check release date for that Medicaid cycle, providers should check their state Medicaid cycle calendar.**
Check Amount	This column displays the total payment amount issued by the insurer.
Adjustments	This column displays the amount (which can be $0.00) for any Medicaid 835 check adjustment. To view adjustment details for a "check number," click the dollar amount value hyperlink. When selected/clicked, the **Medicaid 835 Check Adjustments** page appears (see example below).
Gross Payment	This column displays the Medicaid gross payments.
Production Date	This column displays the Medicaid Cycle production date.
Details	To view details on a Medicaid 835 Check, click the **Details** hyperlink adjacent to the appropriate record/row. When selected/clicked, you are directed to the **Medicaid 835 Check Details** page (example shown below). 

9.9.2 Medicaid 835 Remittance Details

This screen lets you view every claim adjudicated on every Medicaid remit.



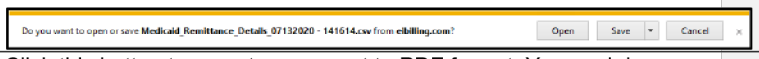


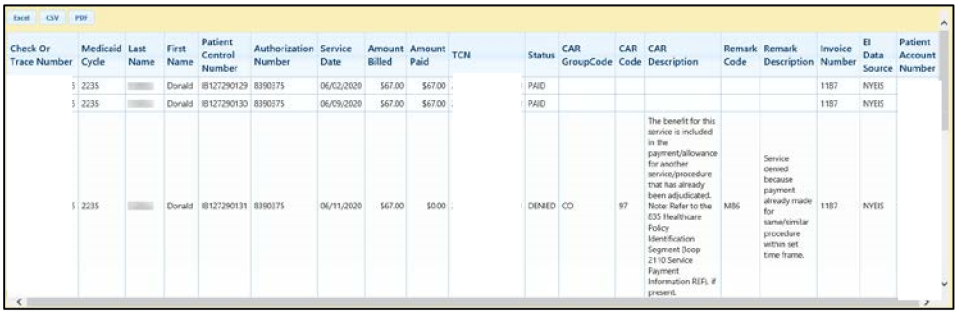
FIELD	DESCRIPTION
From	Enter the 'from' date (or use the calendar picker).
To	Enter the 'to' date (or use the calendar picker). **By default, ElBilling selects the current 'to date.'**
Check or Trace Number	This field enables a drop-down and selects the most current number from the list. To choose a different check or trace number, use the drop-down, and select the appropriate check/trace number from the list.

BUTTON	DESCRIPTION
Run	To generate a Medicaid 835 Remittance report, click this button. When clicked, ElBilling generates a based on your Provider selection (example shown above).

Unable to see Results **You must wait 15 seconds between exports.**

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below).

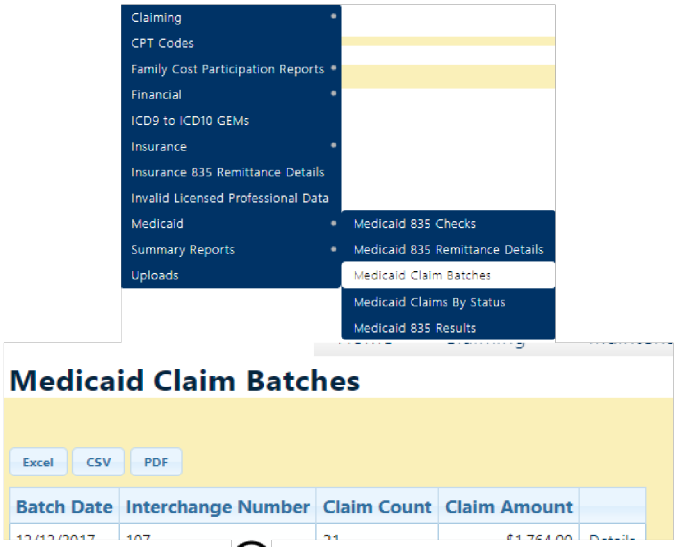
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 



COLUMN	DESCRIPTION
Check or Trance Number	This column displays the check or trace number of the Medicaid 835 Check adjustment.
Medicaid Cycle	This column displays the Medicaid calls their weeks' cycles.
Last Name	This column displays the child's last name for the payment made for the service provided.
First Name	This column displays the child's first name for the payment made for the service provided.
Patient Control Number	This column displays a unique alpha-numeric identification number for this claim assigned by the provider to facilitate retrieval of individual case records and payment posting.
Authorization Number	This column displays the provider authorization number for the service provided for the child.
Service Date	This column displays the type of service(s) provided for the child.
Amount Billed	This column displays the amount billed for the service provided for the child.
Amount Paid	This column displays the insurance amount paid for the service provided for the child.
TCN (Transaction Control Number)	This column displays Medicaid's unique identifier assigned to each claim they process.
Status	This column displays the status of Medicaid 825 payment "BILLED," "PAID," etc.
CAR Group Code	This column displays a categorization of a payment adjustment.
CAR Code	This column displays the Code that explains why the claim was paid differently than billed or why it was denied.
CAR Description	This column displays the denial reason in narrative format.

COLUMN	DESCRIPTION
Remark Code	This column displays the remark code for the service provided for the child.
Remark Description	This column displays the remark description for the service provided for the child.
Invoice Number	This column displays the invoice number for the service provided for the child.
EI Data Source	This column displays where the EI data source originated.
Patient Account Number	This column displays the patient account number for the child.

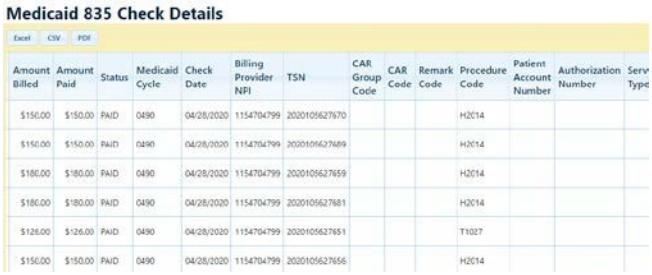
9.9.3 Medicaid Claim Batches



Unable to see Results ⓘ **You must wait 15 seconds between exports.**

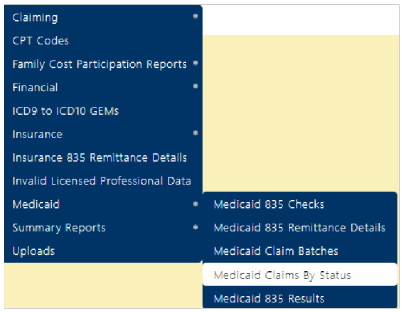
BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 
CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 

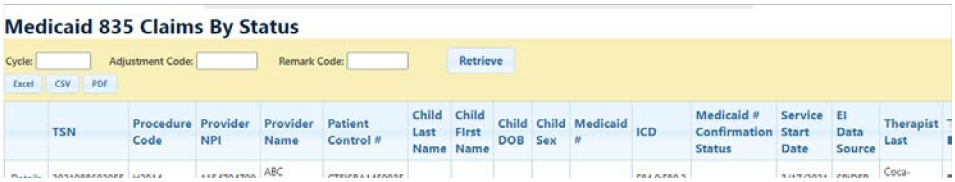
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

COLUMN	DESCRIPTION
Batch Date	This column displays the batch date
Interchange Number	This column displays the interchange number
Claim Count	This column displays the total amount ofclaims in each batch
Claim Account	This column displays the cost of the claim
Details	To view details, click on the **Details** hyperlink. When clicked, the Medicaid 835 Check Details appear (see below).  ***Please refer to section 6.2.2.2a Medicaid 835 Check Details for descriptions on the columns and buttons.***

9.9.4 Medicaid Claims By Status

This screen lets you search for claims by adjudication decisions for each Medicaid cycle.





FIELD	DESCRIPTION
Cycle	To narrow your search, enter the Medicaid Cycle number.
Adjustment Code	To narrow your search, enter the adjustment code.
Remark Code	To narrow your search, enter the remark code.

BUTTON	DESCRIPTION
Retrieve	Based on your criteria fields mentioned above, click this button to generate your query. EIBilling provides your results in a grid/table fashion (example shown below).

COLUMN	DESCRIPTION
Details (Hyperlink)	To view details, click on the **Details** hyperlink. When clicked, the Medicaid 835 Check Details appear (see below).

Please refer to section 6.2.2.2a Medicaid 835 Check Details for descriptions on the columns and buttons.

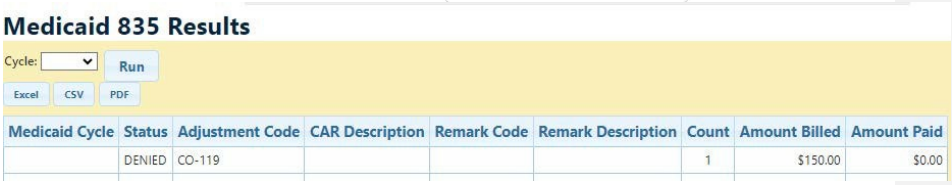
Commented [LLT1]: Unable to confirm the hyperlink goes to Medicaid 835 Details link does not work

Commented [CC2R1]: Currently this does not work. I created a bug ticket for developers to resolve the issue.

COLUMN	DESCRIPTION
TSN	This column displays the claim reference number assigned by the insurance company
Procedure Code	This column displays the procedure code of the service provided for the child.
Procedure NPI	This column displays the procedure NPI code of the service provided for the child.
Provider Name	This column displays the provider's name of the service provided for the child.
Patient Control Number	This column displays a unique alpha-numeric identification number for this claim assigned by the provider to facilitate retrieval of individual case records and payment posting.
Child Last Name	This column displays the child's last name in which the service was provided.
Child First Name	This column displays the child's first name in which the service was provided.
Child DOB	This column displays the date of birth (DOB) of the child.
Child Sex	This column displays the sex/gender of the child.
Medicaid Number	
ICD	This column displays the **ICD9 code** assigned to the child for the service provided.
Medicaid # Confirmation	This column displays the Medicaid number confirmation status. **Status**
Service Start Date	This column displays the service start date for the services provided to the child.
EI Data Source	This column displays the Early Intervention (EI) source provided for the child.
Therapist Last	This column displays the therapist's Last name for the service provided for the child.
Therapist First	This column displays the therapist's first name for the service provided for the child.
Therapist NPI	This column displays the National Provider Identifier number of the Therapist. **SBA ID**
This column displays the strength-based assessment (SBA) number for the child.	
Medicaid Cycle	This column displays the Medicaid calls their weeks' cycles.
Status	This column displays the status of the service provided for the child.
Adjustment Code	This column displays the adjustment code for Medicaid 835.
CAR Description	This column displays the denial reason in narrative format.
Remark Code	This column displays the remark code for the service provided for the child.
Remark Description	This column displays the remark description for the service provided for the child.
Amount Billed	This column displays the amount billed for Medicaid 835.
Amount Paid	This column displays the insurance amount paid for Medicaid 835.

9.9.5 Medicaid 835 Results

This screen lets you view a summary of every Medicaid Remit issued.

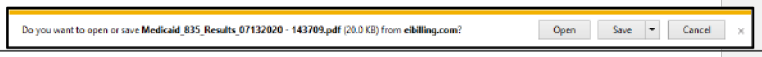


FIELD	DESCRIPTION
Cycle	To narrow your search, use the drop-down and select the appropriate Medicaid Cycle number. **ⓘ ElBilling displays the latest Cycle number (top of the list).**

BUTTON	DESCRIPTION
RUN	To generate a Medicaid 835 Results query, click this button (see grid/table example below showing results).

ⓘ You must wait 15 seconds between exports.

BUTTON	DESCRIPTION
Excel	Click this button to export your report to an MS Excel format. Your web browser prompts you with a message pad and three button options (see example below). 

CSV	Click this button to export your report to CSV format. Your web browser prompts you with a message pad and three button options (see example below). 
PDF	Click this button to export your report to PDF format. Your web browser prompts you with a message pad and three button options (see example below). 

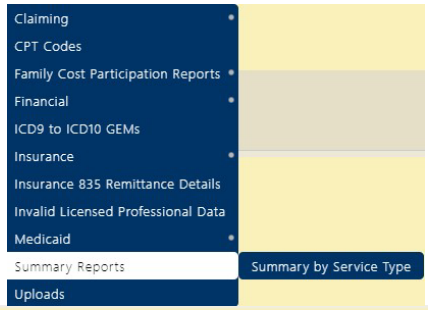
COLUMN	DESCRIPTION
Medicaid Cycle (hyperlink)	This column displays the Medicaid Cycle number. To view the Medicaid Cycle number details, click the **Medicaid Cycle** hyperlink adjacent to the record/row.
Status	This column displays the status (e.g., DENIED, PAID, etc.) for Medicaid 835.
Adjustment Code	This column displays the adjustment code for Medicaid 835.
CAR Description	This column displays the denial reason in narrative format.
Remark Code	This column displays the remark code for the service provided for the child.
Remark Description	This column displays the remark description for the service provided for the child.
Count	This column displays the count (quantity) of Medicaid 835.
Amount Billed	This column displays the amount billed for Medicaid 835.
Amount Paid	This column displays the insurance amount paid for Medicaid 835.

9.10 Summary Reports

A reporting suite enables a comprehensive and detailed view of claiming payment tendencies by payer, provider, and municipality.

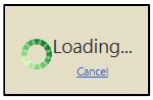
9.10.1 Summary by Service Type

This screen lets you view claims paid, paid by whom, and pending by type of service provider



FIELD	DESCRIPTION
From Date ☐ **Null**	Enter the 'from date' (or use the calendar picker) to generate a reporting period. To show all, select the "Null" checkbox.
To Date ☐ **Null**	Enter the 'to date' (or use the calendar picker) to generate a reporting period. To show all, select the "Null" checkbox.
Date Filter 	Use this drop-down and select the appropriate date type from the list.
Billing Provider	Use this drop-down and select the appropriate billing provider from the list.
Service Type	Use this drop-down and select the appropriate service type from the list.

FIELD	DESCRIPTION
Service Category 1-Time Consultation 1-Time Consultation-R ALL Assessment Assessment-R EI Service EI Service-R Evaluation Evaluation-R Face to Face Visit Face to Face Visit-R IFSP Meeting IFSP Meeting-R Parent Cancelled Staff Cancelled Voice Contact Only	Use this drop-down and select the appropriate service category from the list.

BUTTON	DESCRIPTION
View Report	When clicked and based on your criteria on the fields mentioned above, t system searches the ElBilling database and displays your results in a gri (example shown below). **When clicked, it may take some time (depending on the date ra for your report to generate.** 

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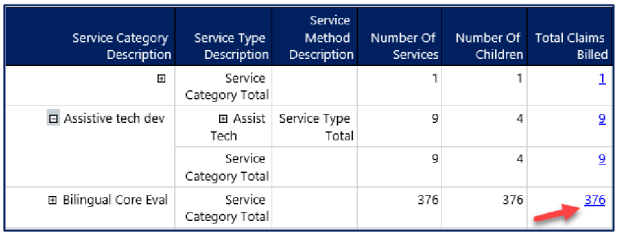
Summary of Claims for County

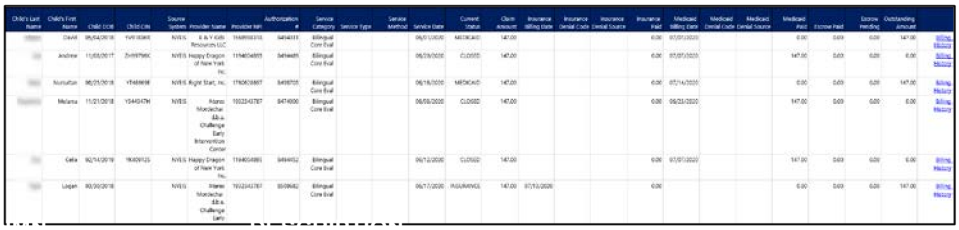
Service Category Description	Service Type Description	Service Method Description	Number Of Services	Number Of Children	Total Claims Billed	Open Claims	Total Billed Amount	Total Paid Amount	Insurance Claims Pending	Insurance Pending Amount	Insurance Claims Paid	Insurance Paid
⊞	Service Category Total		352	314	3902	3423	1,155,868.6	142,278.43	471	144,657.72	31	3,232.23
⊞ 1-Time Consultation	Service Category Total		40	147	155	4	23,109	21,225.35	14	2,406.00	16	1,688.95
⊞ 1-Time Consultation-R	Service Category Total		0	42	42	3	5,490	5,070	6	780.00	4	329.78
⊞ Assessment	Service Category Total		560	2885	3675	502	902,190	904,431.83	393	98,730.00	29	7,044.17
⊞ Assessment-R	Service Category Total		7	1439	1891	147	478,080	458,691.8	227	57,480.00	26	4,698.15
⊞ EI Service	Service Category Total		4529	5460	78372	3273	11,398,725	21,483,550.73	16316	2,459,462.24	11110	1,241,838.04

COLUMN	DESCRIPTION
Service Category Description ⊞	This column displays the name of the service category. Expanding (click) a service category hive, for example, "General Service," you'll notice the adjacent "Service Type Description" column detail expanded. Also, the "Service Method Description" column provides additional hives (example below).

Service Category Description	Service Type Description	Service Method Description
⊞ Core evaluation	Service Category Total	
⊟ Evaluation/NonPhys	⊟ Speech/Lang	
		Service Type Total
	Service Category Total	
⊟ General Service	⊟	Basic Grp
		Enh Grp
		Service Type Total
	⊟ Assist Tech	Indiv/Home
		Service Type Total
	⊟ Occupatnl Thr	Indiv/Center
		Indiv/Home
		Service Type Total
	⊟ Physical Thr	Indiv/Center
		Indiv/Home
		Service Type Total
	⊟ Social Work	Ext Home
		Indiv/Home
		Service Type Total
	⊟ Spec Instruct	Ext Home
		Indiv/Home
		Service Type Total
	⊟ Speech/Lang	Ext Home
		Indiv/Center
		Indiv/Home
		Service Type Total
	⊟ Vision	Indiv/Home
		Service Type Total
	Service Category Total	

COLUMN	DESCRIPTION
Service Type Description	This column displays a brief description of the service type.
Service Method Description	This column displays a brief description of the service method.
Number of Services	This column displays the number of services provided to children.
Number of Children	This column displays the number of children who received services.
Total Claims Billed	This column displays the total quantity of claims billed. Click the hyperlink (numeric value) to view more details (drill-down) on the total claims billed for a record/row; select/click the hyperlink (numeric value).  EIBilling generates another report/grid (see below, **Summary By Service Type Details**).
Open Claims	This column displays the number of open claims.
Total Billed Amount	This column displays the total billed number of claims.
Total Paid Amount	This column displays the total number of claims paid.
Insurance Claims Pending	This column displays the total insurance claims pending.
Insurance Pending Amount	This column displays the total amount of insurance claims.
Insurance Claims Paid	This column displays the total insurance claims paid.
Insurance Paid	This column displays the total of insurance-paid claims.
Medicaid Claims Pending	This column displays the total Medicaid claims pending.
Medicaid Pending Amount	This column displays the total amount of Medicaid claims.
Medicaid Claims Paid	This column displays the total Medicaid claims paid.
Medicaid Paid	This column displays the total Medicaid paid claims.
Escrow Claims Pending	This column displays the total escrow claims pending.
Escrow Pending Amount	This column displays the total amount of escrow claims.
Escrow Claims Paid	This column displays the total escrow claims paid.
Escrow Paid	This column displays the total of escrow paid claims.

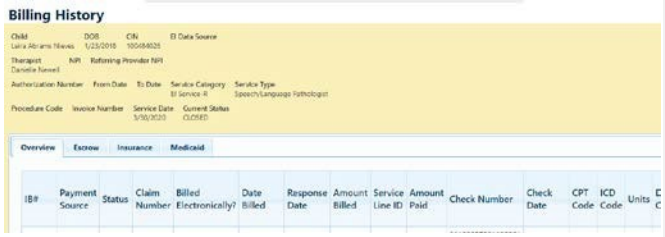
Summary By Service Type Details



Child's First Name	This column displays the first name of the child.
Child DOB	This column displays the child's date of birth.
Child CIN	This column displays the Client Identification Number (CIN) for the child; this is the unique identifier given to participants.
Source System	This column displays the data source
Provider Name	This column displays the provider's name for the service provided for the child.
Provider NPI	This label displays the provider's National Provider Identifier number.
Authorization #	This column displays the provider authorization number for the service provided for the child.
Service Category	This column displays a brief description of the service category.
Service Type	This column displays a brief description of the service type.
Service Method	This column displays a brief description of the service method.
Service Date	This column displays the type of service(s) provided for the child.
Current Status	This column displays an insurance company's status or Medicaid payment (e.g., Paid, Closed, Medicaid, etc.).
Claim Amount	This column displays the claim amount for the service provided for the child.
Insurance Billing Date	This column displays the date the insurance billed for the child.
Insurance Denial Code	This column displays the insurance denial code for the claim submitted for the service provided for the child.
Insurance Denial Source	This column displays the source where the denial of the claim occurred.
Insurance Paid	This column displays the amount of insurance paid for the claim.
Medicaid Billing Date	This column displays the date the Medicaid billed for the child.
Medicaid Denial Code	This column displays the Medicaid denial code for the claim submitted for the service provided for the child.
Medicaid Denial Source	This column displays the source where the denial of the Medicaid claim occurred.
Medicaid Paid	This column displays the amount of Medicaid paid for the claim.
Escrow Paid	This column displays the amount paid by the state escrow for the claim.
Escrow Pending	This column displays state escrow pending for the claim.
Outstanding Amount	This column displays the outstanding amount of the claim.

Billing History

To view billing history, click on the **Billing History** hyperlink. When clicked, the Billing History page appears (see below).

COLUMN	DESCRIPTION
	 ***Please refer to section 6.2.2.1.1a Billing History for descriptions the columns and buttons.*** ***on***

10 Help

For help with the EIBilling application, the following sub-menus are as follows.

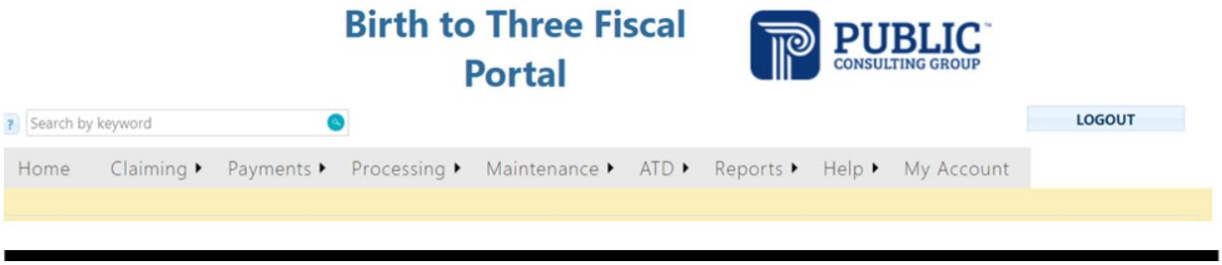
10.1 Contacts

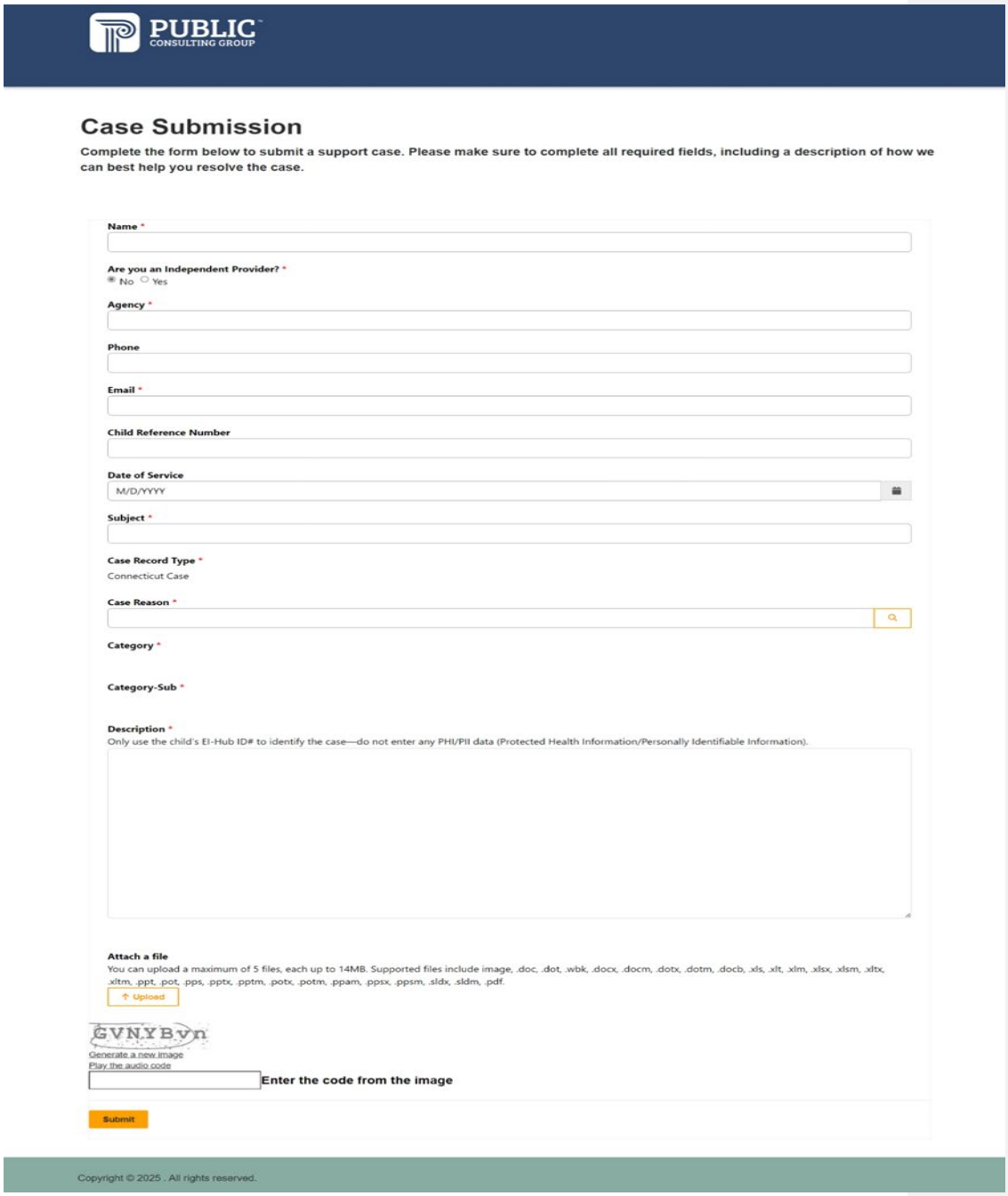
Connecticut Birth to Three Contacts

PCG hosts a Web-2-Case Customer Service application for CT B23 Providers. All customer service requests will be made through a submission request form within the CT B23 Fiscal Portal. All customer service requests generated through the Web-2-Case system will be handled by the CT B23 EI Billing Team through a triage process.

Below are the screens that a provider will see in the CT B23 Portal. A new link under the **Help Menu** has been added: "HelpHub Web-2-Case." This link will open a new window and allow the user to fill in the form and submit a service request.

.



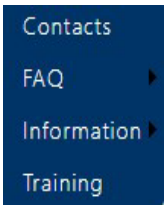

PUBLIC CONSULTING GROUP
Case Submission
Complete the form below to submit a support case. Please make sure to complete all required fields, including a description of how we can best help you resolve the case.
Name *
Are you an Independent Provider? *
No Yes
Agency *
Phone
Email *
Child Reference Number
Date of Service
M/D/YYYY
Subject *
Case Record Type *
Connecticut Case
Case Reason *
Category *
Category-Sub *
Description *
Only use the child's EI-Hub ID# to identify the case—do not enter any PHI/PII data (Protected Health Information/Personally Identifiable Information).
Attach a file
You can upload a maximum of 5 files, each up to 14MB. Supported files include image, .doc, .dot, .wbk, .docx, .docm, .dotx, .dotm, .docb, .xls, .xlt, .xlm, .xlsx, .xlsm, .xltx, .xltm, .ppt, .pot, .pps, .pptx, .pptm, .potx, .potm, .ppam, .ppsx, .ppsm, .sldx, .sldm, .pdf.
Upload
GVNYBvn
Generate a new image
Play the audio code
Enter the code from the image
Submit
Copyright © 2025 . All rights reserved.

10.3 Information

10.3.1 For Providers

Please refer to section "5.3.1 For Providers Page" for descriptions on fields, buttons, and hyperlinks.

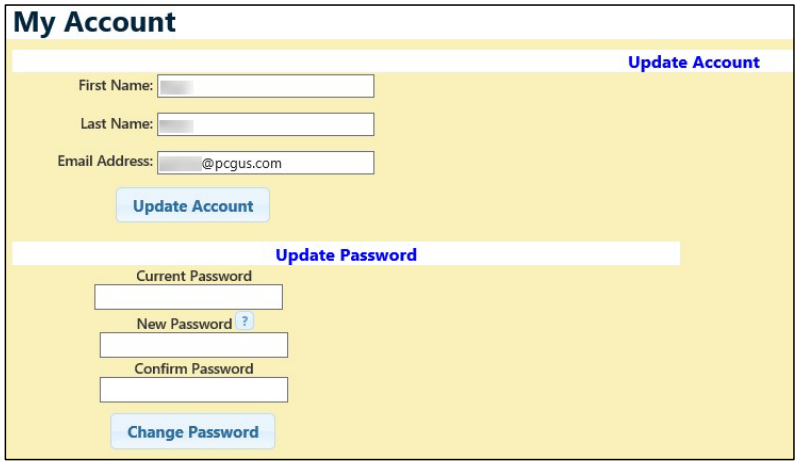
10.4 Training



Please refer to section "5.4 Training and Support Information Page" for the following groups: Webinars, Videos, Fact Sheets, and Request Training hyperlinks.

11 My Account

This screen lets you update personal information regarding the EI Billing portal-including email address and password.



11.1 Update Account

FIELD	DESCRIPTION
First Name	This field displays the user's first name.
Last Name	This field displays the user's last name.
Email Address	This field displays the user's email address (e.g., corporate email).

BUTTON	DESCRIPTION
Update Account	To update any modifications of the fields mentioned above, click this butt on.

11.2 Update Password

FIELD	DESCRIPTION
Current Password	Enter your current password for ElBilling to confirm your password is on file.
New Password	Enter your new password. **Password must comply with the following requirements:** • **The password must be between 8 and 50 characters long.**
Confirm Password	Enter your new password again so ElBilling can confirm your new passw ord.

BUTTON	DESCRIPTION
Change Password	To update your changes in the fields mentioned above, click this button.

12 Abbreviations and References

ABBREVIATIONS / REFERENCES	FULL TEXT
270	ELIGIBILITY, COVERAGE OR BENEFIT INQUIRY
271	ELIGIBILITY, COVERAGE OR BENEFIT RESPONSE
277	HEALTH CARE INFORMATION STATUS NOTIFICATION
835	ELECTRONIC REMITTANCE ADVICE
837P	ELECTRONIC HEALTHCARE CLAIM FOR PROFESSIONAL BILLING
999	FILE LEVEL STATUS ACKNOWLEDGEMENT
ABA	APPLIED BEHAVIOR ANALYSIS
ACH	AUTOMATED CLEARING HOUSE
ADJUDICATION MATRIX	A LIST OF HOW CLAIM ERRORS WILL BE PROCESSED
AT	ASSITIVE TECHNOLOGY
ATD	ASSITIVE TECHNOLOGY DEVICE
AVRS	MEDICAID ASSIGNED TRADING PARTNER ID
ATN	APPLICATION TRACKING NUMBER
B23 (BIRTH 2 THREE)	BIRTH TO THREE
CBO	CENTRAL BILLING OFFICE
CMAP	CONNECTICUT MEDICAL ASSISTANCE PROGRAM
CMS	CENTERS FOR MEDICARE AND MEDICAID SERVICES
CMS 1500	HEALTH INSURANCE CLAIM FORM (SEE HCFA 1500)
CPT	CURRENT PROCEDURAL TERMINOLOGY
DT	DEVELOPMENTAL THERAPY
EDI	ELECTRONIC DATA INTERCHANGE
EFT	ELECTRONIC FUNDS TRANSFER
EI BILLING	THE CBOS WEB BASED PORTAL FOR EIS PROGRAMS TO USE
EIN	EMPLOYER IDENTIFICATION NUMBER
EIS	EARLY INTERVENTION SERVICES
EITS	EARLY INTERVENTION TREATMENT SERVICE
EOB	EXPLANATION OF BENEFITS
ERA	ELECTRONIC REMITTANCE ADVICE

ABBREVIATIONS / REFERENCES	FULL TEXT
ESCROW	FUNDS HELD BY THE LEAD AGENCY (STATE, FEDERAL PART C AND PART B)
FCP	FAMILY COST PARTICIPATION
FERPA	FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
FSA	FLEXIBLE SPENDING ACCOUNT
GAINWELL	MANAGES THE BILLING DATA FOR DSS
GAP	GENERAL ADMINISTRATIVE PAYMENTS
HCFA 1500	HEALTH INSURANCE CLAIM FORM (SEE CMS 1500)
HCPCS	HEALTHCARE COMMON PROCEDURE CODING SYSTEM
HIPAA	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
HRA	HEALTH REIMBURSMENT ACCOUNT
HAS	HEALTH SPENDING/SAVINGS ACCOUNT
IB	INSURANCE BILLING ID (LINE ITEM BILLING ID)
ICD 10	INTERNATIONAL CLASSIFICATION OF DISEASES / TENTH REVISION
IDEA	Individuals with Disabilities Education Act (1986)
NPI	NATIONAL PROVIDER IDENTIFIER NUMBERS
OEC	OFFICE OF EARLY CHILDHOOD (OEC)
OT	OCCUPATIONAL THERAPIST
OSEP	OFFICE OF SPECIAL EDUCATION PROGRAMS
PA	PRIOR AUTHORIZATION
Part C	Section of IDEA pertaining to children from birth to 3 years of age
PHI	PERSONAL HEALTH INFORMATION
PII	PERSONALLY IDENTIFIABLE INFORMATION
PT	PHYSICAL THERAPIST
SBA	SERVICE BILLING ATTENDANCE ID (CLAIM ID)