Public Consulting Group- Early Intervention Billing and Claiming Guide

September 30, 2025

Connecticut Birth to Three System

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REVISION HISTORY

Version Number	Release Date	Author	Revision Summary
v.0.1.0	6/27/2024	Jill Rigsby	
v.0.1.1	2/10/2025	Jill Rigsby	Web-2-Case Update
v.0.1.2	9/29/2025	Jill Rigsby	Annual Update

PROCESS OVERVIEW

Connecticut (CT) B23 Data System transfers data files to Secure File Transfer Protocol (SFTP) site for PCG to receive. PCG receives data files with the following information from the CT B23Data System. Data extracted from data files and stored in the CT Production Site:

- Child Data
  - Child ID
  - Last Name
  - First Name
  - Date of Birth
  - Gender
  - Address
  - City
  - State
  - Zip Code
  - Alternative Billing Last Name
  - Alternative Billing First Name
- Visits
- Insurance Authorization
- Practitioner List

All data transferred from the Connecticut B23 Data system is what has been entered into the system by provider agency staff.

Claims are created daily from visits received. Billing records are created and billed daily to a payment source. Claims for children who have been identified as having no insurance are moved directly to escrow daily.

COMMERCIAL INSURANCE

Commercial insurance 837 files are distributed daily to an outside contractor for billing to insurance companies. Commercial insurance 999 report files are retrieved daily from the outside contractor.

Commercial insurance 277 report files are retrieved daily from the outside contractor and processed by PCG. Claims in EI Billing receive 277 status updates and run through the adjudication matrix daily in EI Billing.

Rejected claims that require attention are handled based on who is responsible for resolving them. If the rejection is the responsibility of the provider agency, the provider agency user can address the issue and resend the claim within EI Billing to outside contractors as needed. If the rejection falls under PCG's responsibility, the PCG

support user can resolve the issue and resend the claim within EI Billing to outside contractors on an as-needed basis.

Commercial insurance 835 report files are retrieved daily from the outside contractor and processed by PCG. Within EI Billing, claims receive 835 status updates and are run through the adjudication matrix each day. Claims that are denied are automatically moved to the next payment source, as identified by the CT B23 Data System. For denied claims that require attention, responsibility is divided as follows: if the issue is the provider agency's responsibility, the provider agency user can resolve and resend the claim within EI Billing to outside contractors as needed. If the issue is PCG's responsibility, the PCG support user can resolve and resend the claim within EI Billing to outside contractors on an as-needed basis.

MEDICAID INSURANCE

Medicaid insurance 837 claims are distributed daily direct to Medicaid. Medicaid insurance 999 report files are retrieved daily from Medicaid. Medicaid insurance files that are rejected on a 999 report are corrected and re-sent by PCG to Medicaid.

Medicaid insurance 835 report files are retrieved according to the Medicaid billing cycle schedule and processed by PCG. On the date these files become available, claims in EI Billing receive 835 status updates and are run through the adjudication matrix. Claims that are denied are moved to the next payment source, as identified by the CT B23 Data System, on the same date. For denied claims that require attention, responsibility is divided as follows: if the issue is the provider agency's responsibility, the provider agency user can resolve and resend the claim to Medicaid on an as-needed basis. If the issue is PCG's responsibility, the PCG support user can resolve and resend the claim to Medicaid as needed.

ELIGIBILITY

PCG creates commercial insurance 270 eligibility request files and distribute monthly to outside contractor. PCG receives commercial insurance 271 eligibility response files, storing in EI Billing. PCG creates agency reports of 271 responses and distributes to CT B23 providers and lead agency.

PCG creates Medicaid insurance 270 eligibility request files and distribute monthly directly to Medicaid. PCG receives Medicaid insurance 271 eligibility response files, storing in EI Billing. PCG creates agency reports of 271 responses and distributes to CT B23 providers and lead agency.

EI BILLING SUPPORT

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.

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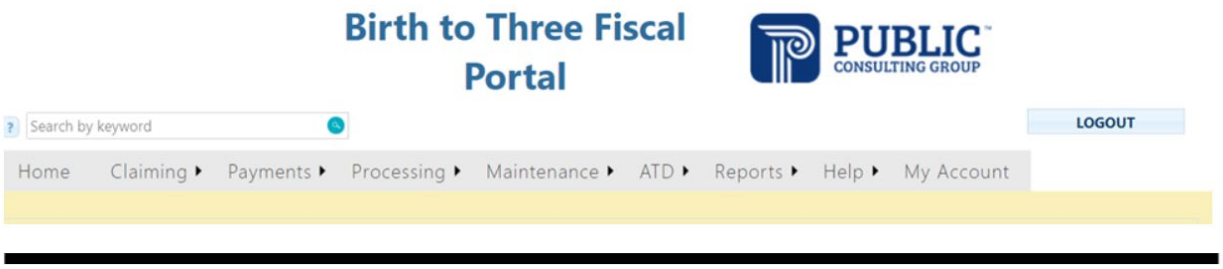

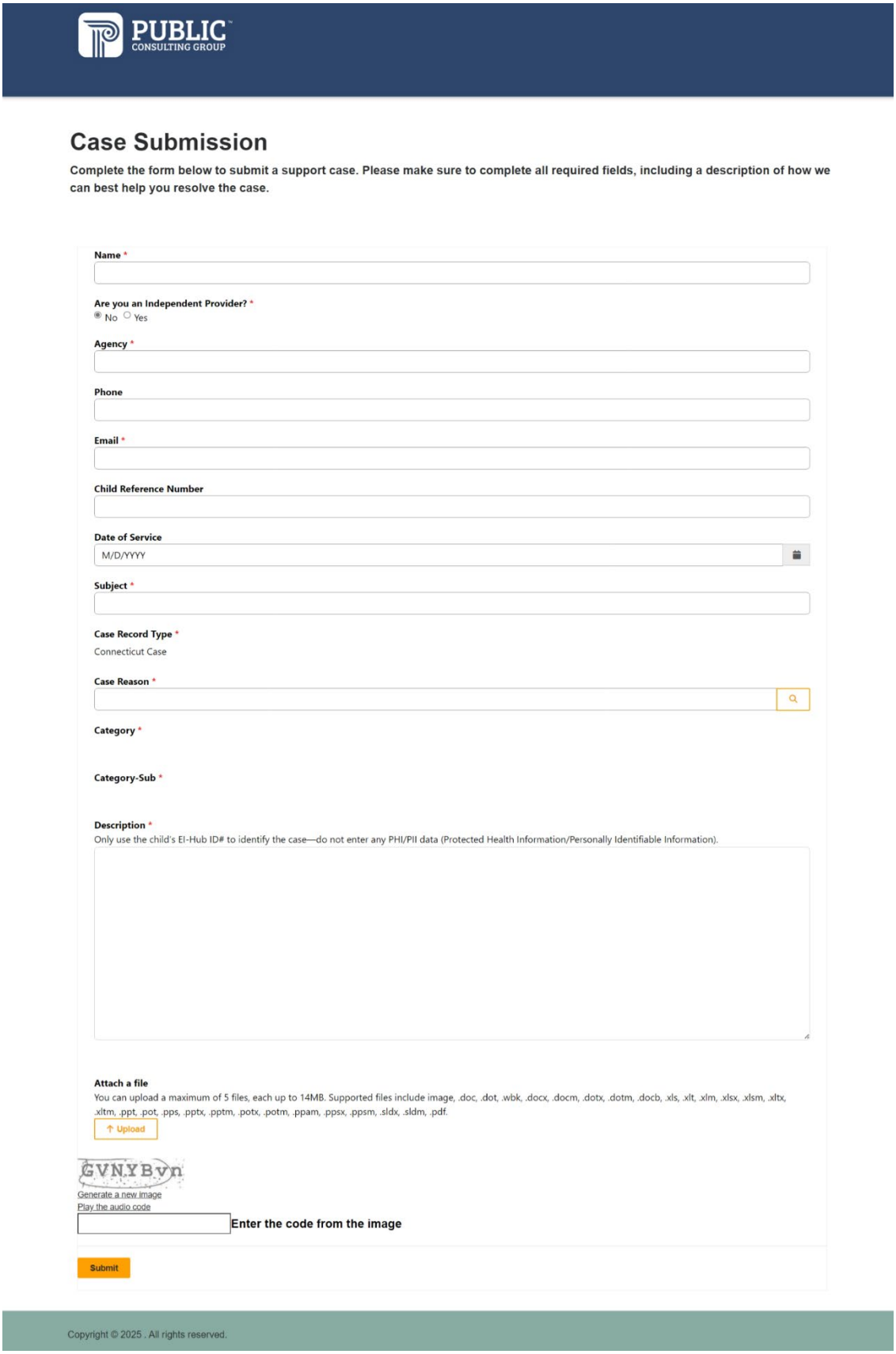

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Case Submission

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

Once submitted the user will see a screen notification that the submission has been successful.

ENROLLING NEW INSURANCE PROVIDERS

CT B23 leadership will notify PCG when a new provider has been added to the B23 system. PCG will contact the new provider and will enroll the new provider in the most commonly used CT and Global insurance companies. If there is a denial of a claim that has an insurance not provider agency is not enrolled with, then PCG would contact the provider and work to get them enrolled with the new insurance provider. B23 will be notified and all claims prior to enrollment will be adjudicated appropriately.

DEFINITIONS

Commercial Insurance 270 Eligibility Request: contains patient data for which detailed eligibility information is requested from insurance companies.

Commercial Insurance 271 Eligibility Response: is the response file from insurance to an inquiry about the health care eligibility and benefits associated with a subscriber or dependent.

Commercial Insurance 277: a report acknowledging a receipt of claims from a clearing house.

Commercial Insurance 835: a receipt sent by payors to healthcare providers to provide information about healthcare services being paid for, denied, reduced or adjusted.

Commercial Insurance 837: is an electronic document used by healthcare organizations and medical providers to communicate information about a patient's healthcare claim. Essentially, it serves as an electronic record of a claim.

Commercial Insurance 999 Report File: confirms the initial receipt of the claim file by the contractor, it indicates whether the claim file was accepted or rejected.

Medicaid Insurance 270 Eligibility Request: contains patient data for which detailed eligibility information is requested from insurance companies.

Medicaid Insurance 271 Eligibility Response: is the response file from insurance to an inquiry about the health care eligibility and benefits associated with a subscriber or dependent.

Medicaid Insurance 835: a receipt sent by payors to healthcare providers to provide information about healthcare services being paid for, denied, reduced or adjusted.

Medicaid Insurance 837: is an electronic document used by healthcare organizations and medical providers to communicate information about a patient's healthcare claim. Essentially, it serves as an electronic record of a claim.

Medicaid Insurance 999 Report File: confirms the initial receipt of the claim file by the contractor, it indicates whether the claim file was accepted or rejected.

Secure File Transfer Protocol (SFTP): a secure method for transferring files over a network. It is designed to protect data from unauthorized access or tampering.