

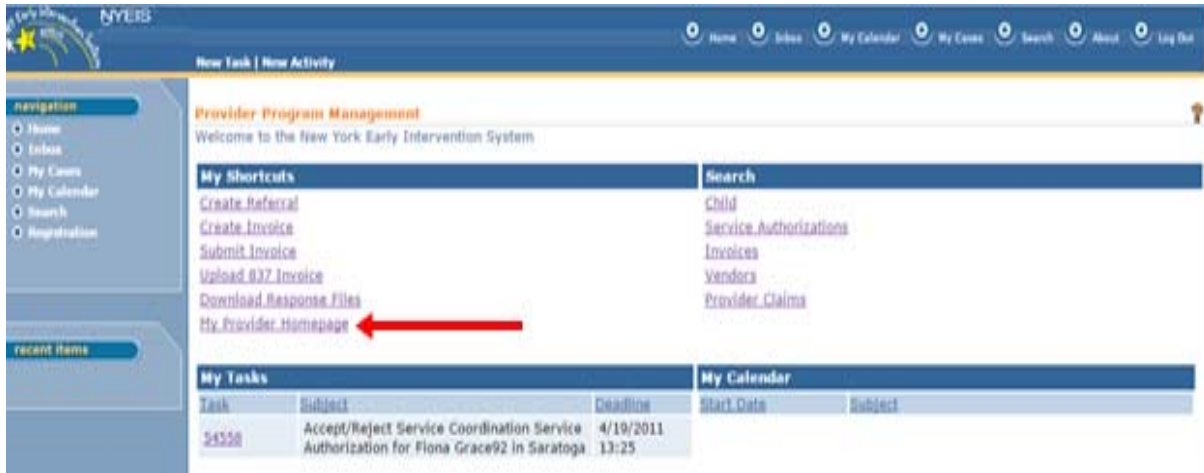
# Procedures to Request Electronic 837 Claiming to NYEIS

(For Providers new to Electronic Testing)

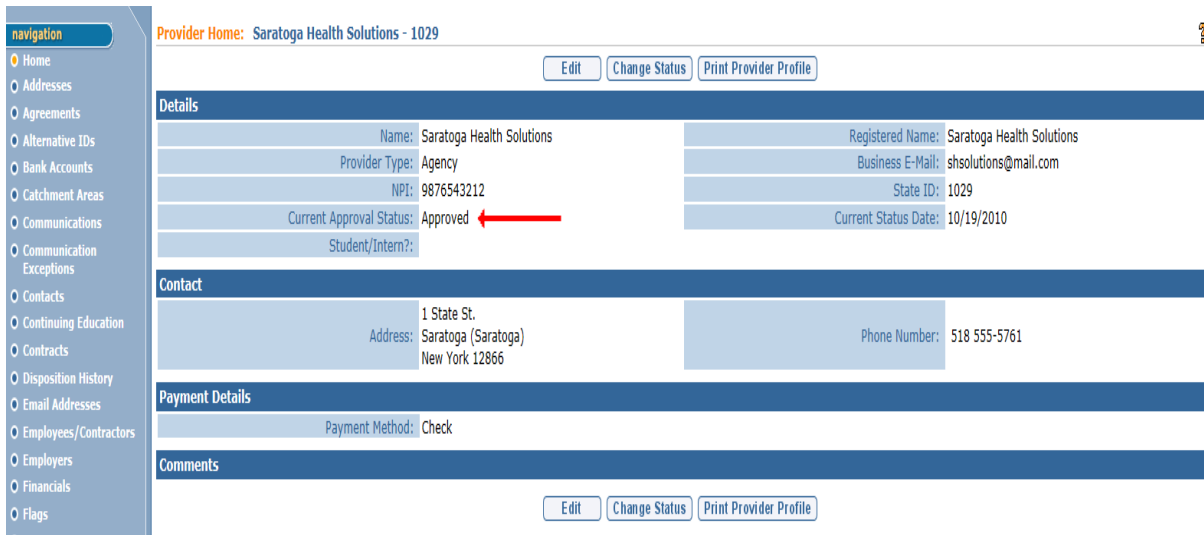
## Initiate Request to Test

Prior to completing the “Request to Submit Electronic Claims”:

1. Your agency must be an Early Intervention Program (EIP) State Approved provider. To review your Approval Status:
  - a. Log into the production NYEIS system
  - b. Click on the “My Provider Homepage” link



- c. Confirm “Current Approval Status”



- d. If your agency has not been approved, contact the Bureau of Early Intervention’s Provider Approval Unit (PAU) (via email to [provider@health.ny.gov](mailto:provider@health.ny.gov)) to request an application.

2. Check that an active Appendix (Billing) agreement is in place. To check on your Appendix agreement:

a. Click on the “Agreements” link in the left hand navigation menu:

Provider Home: Saratoga Health Solutions - 1029

Details

Name:	Saratoga Health Solutions	Registered Name:	Saratoga Health Solutions
Provider Type:	Agency	Business E-Mail:	shsolutions@mail.com
NPI:	9876543212	State ID:	1029
Current Approval Status:	Approved	Current Status Date:	10/19/2010
Student/Intern?:			

Contact

Address:	1 State St. Saratoga (Saratoga) New York 12866	Phone Number:	518 555-5761
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Payment Details

Payment Method:	Check
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Comments

b. Confirm there is an active Appendix agreement.  
There should be an Appendix agreement listed and the current date must be between the start and end dates listed:

Agreements Saratoga Health Solutions - 1029

Action	Type	Start Date	End Date
<a href="#">View</a>   <a href="#">Edit</a>	Basic	9/1/2013	4/1/2018
<a href="#">View</a>   <a href="#">Edit</a>	Appendix	9/1/2013	4/1/2018

c. If your agency does not have an active Appendix agreement, contact PAU (via email to [provider@health.ny.gov](mailto:provider@health.ny.gov)) to request an Appendix to your agreement.

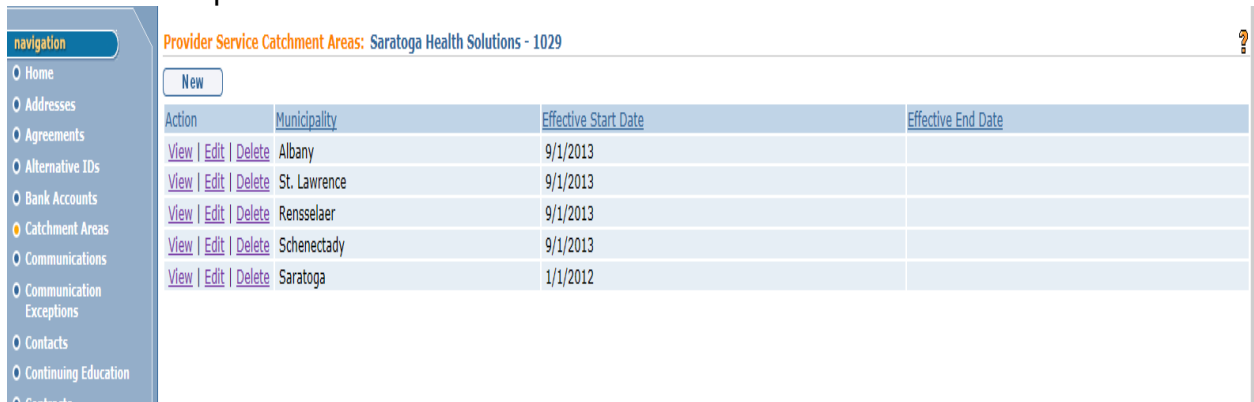
3. Review your agencies Catchment areas:

a. Click on the “Catchment Areas” link in the left hand navigation menu:

Agreements Saratoga Health Solutions - 1029

Action	Type	Start Date	End Date
<a href="#">View</a>   <a href="#">Edit</a>	Basic	9/1/2013	4/1/2018
<a href="#">View</a>   <a href="#">Edit</a>	Appendix	9/1/2013	4/1/2018

- b. If the municipality to be electronically claimed for is in the list of Provider Service Catchment Areas your agency can proceed to submit the “Request to Submit Electronic Claims.”



Provider Service Catchment Areas: Saratoga Health Solutions - 1029

Action	Municipality	Effective Start Date	Effective End Date
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	Albany	9/1/2013	
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	St. Lawrence	9/1/2013	
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	Rensselaer	9/1/2013	
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	Schenectady	9/1/2013	
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Delete</a>	Saratoga	1/1/2012	

- c. If the municipality to be electronically claimed for is not listed, contact PAU (via email to [provider@health.ny.gov](mailto:provider@health.ny.gov)) to obtain a copy of the document titled “Approved Provider Amendment Request”

### **Request Electronic Claim Testing Access**

1. Download the “Request to Submit Electronic Claims” available in the NYEIS Electronic Claiming folder on the Health Commerce System
2. Complete the form
3. Completed form is scanned and e-mailed to [NYEIS@health.ny.gov](mailto:NYEIS@health.ny.gov). Include in the subject line: ‘*Provider Name*’ Provider Request to Submit Electronic Claims to NYEIS.
4. Information will be verified and an Electronic Transmitter Identification Number (ETIN) will be assigned for each municipality you will be claiming to.
5. The Provider contact will receive an e-mail typically within 4-6 weeks that will include the ETINs assigned, test site URL, and current date of test site data.

Once the e-mail is received, providers have the availability to submit test claims into the NYEIS test site. Providers should also review the NYEIS “837 Professional Companion Guide” available in the NYEIS Electronic Claiming folder on the Health Commerce System.

**Questions/inquiries** should be emailed to [NYEIS@health.ny.gov](mailto:NYEIS@health.ny.gov).