



Mcare e-216 Tools Manual

Tools for the 2018 - 2022 e-216s

Quick Links:

[Transfer](#), [Cancel](#), [Review](#), [Submit](#)

Version 3.6 – Revised 12/9/21

Use this manual with the following e-216s or newer:

2018 e-216 Remittance Advice Form V4.0.0

2019 e-216 Remittance Advice Form V3.0.0

2020, 2021, and 2022 e-216 Remittance Advice Form V1.0.0

[Click here to download the latest e-216s](#)

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Introduction & Goal

Starting with the 2018 e-216, a new suite of tools is now available to help increase efficiency and accuracy when reporting to Mcare. These tools are built into each e-216 and will guide the user at various points when filling out and submitting the form. This manual provides instruction for the most up to date e-216s and will be updated as required based on feedback and future enhancements.

The Mcare e-216 Tools Manual has been arranged in the order that the tools will most likely be used. General Functions of the e-216 and Excel are discussed first, followed by the Transfer Tool and the Facility/Entity Credit Calculator. The purpose of these three sections is to assist with filling out the e-216 and its accompanying worksheets. Next, the Review Tool identifies common issues within the coverage data entered on the e-216. Finally, the Submit Tool assists with remitting to Mcare.

Our goal is to make the e-216 submission process as user friendly and efficient as possible while lessening the need for back and forth communications between our users and their Coverage Specialists. We appreciate any and all feedback that will lead to a better user experience, so please feel free to reach out with questions or comments.

Limitations

Please note that the Mcare e-216 tools are intended to assist with filling out the e-216 form and do not guarantee that a submission will be free of errors. A Coverage Specialist will review each submission as usual and will reach out regarding additional issues.

The Mcare e-216 Tools Manual is intended to be used alongside the [Mcare Assessment Manual](#). The Tools Manual and the Assessment Manual are intended to complement Act 13 and its attending rules and regulations; if a conflict exists, Act 13 and its regulations are controlling.

Contact Us

If you have questions or feedback regarding the tools documented in this manual, then please contact George Wohltman, IV at gwohltman@pa.gov. If you have questions relating to the coverage being reported, then please contact your assigned Coverage Specialist.

General Functions

The below are general functions of Form e-216 and Excel. The goal of these functions is to make the form easier to fill out and navigate. For demonstration purposes only, green highlighting has been used throughout this manual when describing the various functions of the e-216 and Excel.

Primary Carrier Selection

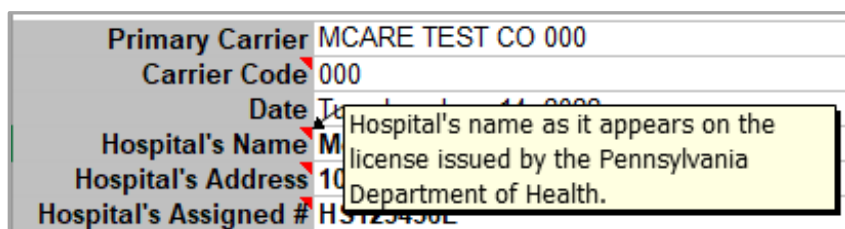
Selecting a primary carrier from the drop-down box found in cell **H9** of the e-216 will auto-populate the carrier code across all worksheets and in the Carrier Code field (cell **Q1**).

e-216 Date

Entering coverage data in row 11 and below of the e-216 will cause an **e-216 Date** to auto-populate in cell **B2** and across all worksheets. Manually typing a Completion Date into cell **B2** will update all worksheets with the manually entered date.

Comment Boxes

Across the e-216 and its worksheets, comment boxes are available to provide additional information about their various fields. Comment boxes are indicated by a red triangle in the upper right-hand corner of a cell. To activate a comment box, simply hover over any cell with a red triangle. Below, the comment box for the **Hospital's Name** field is being displayed:



The screenshot shows a portion of the e-216 form with the following fields and values:

Primary Carrier	MCARE TEST CO 000
Carrier Code	000
Date	11-08-00
Hospital's Name	M
Hospital's Address	10
Hospital's Assigned #	H5125450L

A comment box is displayed over the 'Hospital's Name' field, containing the text: "Hospital's name as it appears on the license issued by the Pennsylvania Department of Health."

Please note that there are comment boxes associated with the License or Assigned Number (cell **A10**) and F.T.E. Factor (cell **I10**) columns included on the e-216, but the [Worksheet Navigator](#) and [FTE Calculator](#) buttons obscure their red triangles. Hovering anywhere in these cells will open their comment boxes.

User Notes

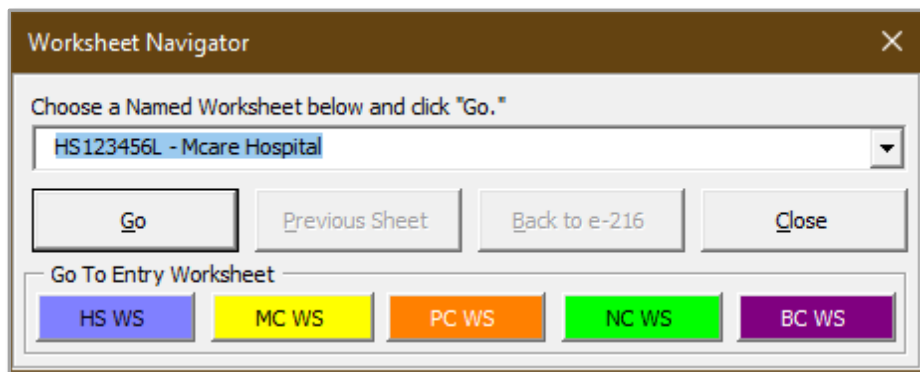
Column **DA** of the e-216 is unlocked so that the user can enter notes. Notes can be for personal use or intended to assist Mcare. The User Notes column, like the For Mcare's Official Use Only column, will not print.

Worksheet Tabbing

Using a keyboard's **Tab** key while in a worksheet will move from one fillable field to the next.

Worksheet Navigator

The e-216 contains a Worksheet Navigator in cell **A10** which is used to move from one worksheet to another. As seen below, the Worksheet Navigator allows the selection of a Named Worksheet from a drop-down menu and color-coded buttons jump directly to each Entry Worksheet; [Named Worksheets](#), [Entry Worksheets](#), and color-coding are explained on page 6:



The Worksheet Navigator can be closed or left open and moved around the screen as the e-216 is worked.

FTE Calculator

The **FTE Factor** column header (cell **I10**) contains an **FTE Calculator**. Click the **FTE Calculator** button to open a calculator that will determine a 1-Day Minimum FTE Factor and an Actual FTE Factor based on the policy dates and days worked. In the example below, 0.277, found in the green box, is the FTE that should be entered on the e-216:

The screenshot shows a dialog box titled "FTE Calculator" with a close button (X) in the top right corner. Inside, there is instructional text: "Supply a From Date, To Date, and number of Days Worked. Click 'Calculate' or press the ENTER key to get the minimum and actual FTE Factors." Below this is a section titled "Policy Dates" with three input fields: "From Date:" (containing "1/1/2022"), "To Date:" (containing "1/1/2023"), and "Days in Policy:" (containing "365"). Another section titled "FTE Factor" contains three input fields: "Days Worked:" (containing "101"), "1-Day Minimum FTE Factor:" (containing "0.003"), and "Actual FTE Factor:" (containing "0.277"). At the bottom are three buttons: "Calculate", "Close", and "Reset".

The FTE Calculator can be closed or left open and moved around the screen as the e-216 is worked.

Transfer Tool for Facilities/Entities

The Transfer Tool is used to move coverage data from the various facility/entity worksheets to the e-216 without the need to manually enter the same data twice. Simply fill out the required worksheet, click a button, and then the coverage data and assessment will automatically transfer to the next available line on the e-216.

Entry Worksheets & Named Worksheets

It is important to note the distinction between the two types of worksheets on the updated e-216. The first, an Entry Worksheet, is a blank worksheet ready for data to be entered; when an e-216 is downloaded and opened for the first time, each worksheet is blank and therefore an Entry Worksheet. The second type of worksheet is a Named Worksheet; this is a worksheet that has been created by the Transfer Tool and named for the facility/entity it represents. Named Worksheet tabs are color coded by facility type: hospitals (HS) are blue, corporations (MC) are yellow, primary health centers (PC) are orange, nursing homes (NC) are green, and birth centers (BC) are purple. Named Worksheets for facilities/entities will be grouped by type and will appear in the order that they were entered following the Entry Worksheet of the same type. In the below example, the blue **HS-123456-L** tab is a Named Worksheet. The worksheets highlighted in green are Entry Worksheets. To create an entry on the e-216 for a facility/entity, select one of the blank Entry Worksheets or click the appropriate color-coded button on the [Worksheet Navigator](#).



Worksheet Header

Below is the **Worksheet Header** for a Hospital; this portion of each worksheet collects basic information on the facility/entity. As stated in the General Functions section of this manual, the **Primary Carrier**, **Carrier Code**, and **Date** will automatically populate on each worksheet based on what is entered on the e-216 header. As such, each Entry Worksheet will open with the **Facility/Entity Name** field selected for input.

Primary Carrier	MCARE TEST CO 000	Transfer to e-216
Carrier Code	000	
Date	Tuesday, June 14, 2022	Clear Worksheet
Hospital's Name	Mcare Hospital	
Hospital's Address	901 N 7th St, Harrisburg, PA 17102	
Hospital's Assigned #	HS123456L	

Coverage Details

In order for the transfer of data from the facility/entity worksheet to the e-216 to be completed, the **Coverage Details** sections shown below must be filled out in their entirety. The required Coverage Details for facilities are as follows:

From Date	To Date	Retro Date	Policy #	Policy Type	County	Territory
01/01/22	01/01/23	01/01/19	123456	CM	22	2

The required Coverage Details for entities are below:

From Date	To Date	Retro Date	Policy #	Policy Type	County Code
01/01/22	01/01/23	1/1/10	123456	CM	22

Worksheet Details

Each facility/entity type has its own particular set of required Worksheet Details. For example, a hospital requires a List of Annual Occupied Bed Counts and a List of Annual Visit Counts. While a corporation requires a List of all Owners, Shareholders, Members, Partners, Independent Contractors, and Employed Health Care Providers.

Assessment Calculation

After the Coverage Details and Worksheet Details have been entered, the worksheet will calculate an **Mcare Assessment**. Facilities will have their Mcare Assessment displayed at the bottom of their worksheets in a specified area; here is an example for a hospital with its assessment highlighted in green:

Hospital's Assessment	
Prevailing Primary Premium	\$134,802.11
Experience Modification Factor (as provided by Mcare)	1.000
2022 Mcare Assessment %	12%
Mcare Assessment	\$16,176.00

Note that an Experience Modification Factor must be entered for hospitals in order for an accurate Mcare assessment to be calculated. The Experience Modification Factor field is 1.000 by default.

Entities will have their **Mcare Assessment** displayed to the right of their Coverage Details; below is an example for a corporation with its assessment highlighted in green:

From Date	To Date	Retro Date	Policy #	Policy Type	County Code	Mcare Assessment
01/01/22	01/01/23	1/1/10	123456	CM	22	\$536.00

Transfer to e-216

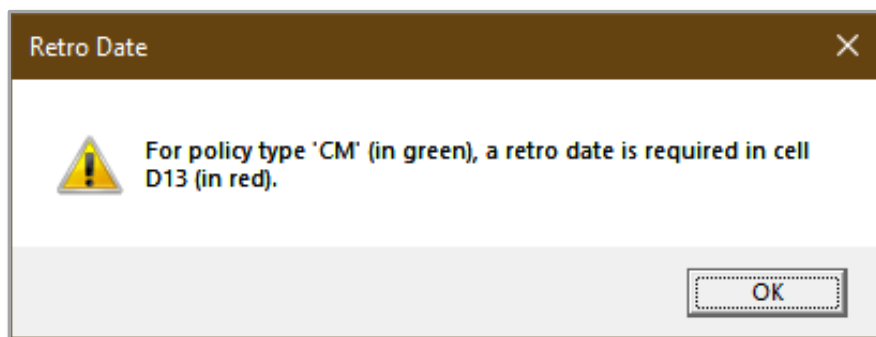
Once the Worksheet Header, Coverage Details, and Worksheet Details have been filled out and the worksheet has calculated an Mcare Assessment, it is time to use the Transfer Tool to create an e-216

entry and a Named Worksheet. Note that an entry is not made on the e-216 until the Transfer Tool has been used and the process has completed; this is the reason for the **red warning text** seen in the below screenshot. To begin the transfer from Entry Worksheet to e-216, **click Transfer to e-216**; the button is highlighted in green below. Alternatively, the **Clear Worksheet** button will clear the worksheet and return it to its blank status:

2022 EXHIBIT 6 - HOSPITAL WORKSHEET (SPECIALTY CODE 80612)	
Primary Carrier	MCARE TEST CO 000
Carrier Code	000
Date	Tuesday, June 14, 2022
Hospital's Name	Mcare Hospital
Hospital's Address	901 N 7th St, Harrisburg, PA 17102
Hospital's Assigned #	HS123456L
Basic Insurance Coverage Limits: \$ 500,000.00 Per Occ. \$2,500,000.00 Per Agg.	
Entry Worksheets must be transferred to the e-216 by clicking the "Transfer to e-216" button.	

Completeness & Accuracy Check

At the start of the transfer process, the Transfer Tool will verify that all required fields have been filled out and that there are no discrepancies with the data that has been entered. If data is missing, a prompt will define what is missing; **click OK** and the required field will be selected. If inconsistent data has been entered, such as a claims made policy without a retro date, a prompt will define the inconsistency as shown below:



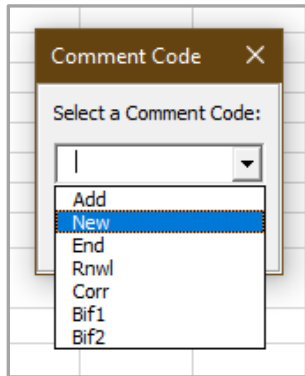
Click OK to close the prompt and update the inconsistent fields; the fields will be highlighted on the worksheet. In this example, the red highlight indicates a missing retro date while the green highlight indicates why the retro date is considered missing:

From Date	To Date	Retro Date	Policy #	Policy Type	County	Territory
01/01/22	01/01/23		123456	CM	22	2

Note that Transfer to e-216 must be clicked after each set of discrepancies have been resolved until all checks are passed.

Comment Code

Once the worksheet is considered complete and has passed all accuracy checks, a **Comment Code** pop-up will appear from which a Comment Code must be selected:

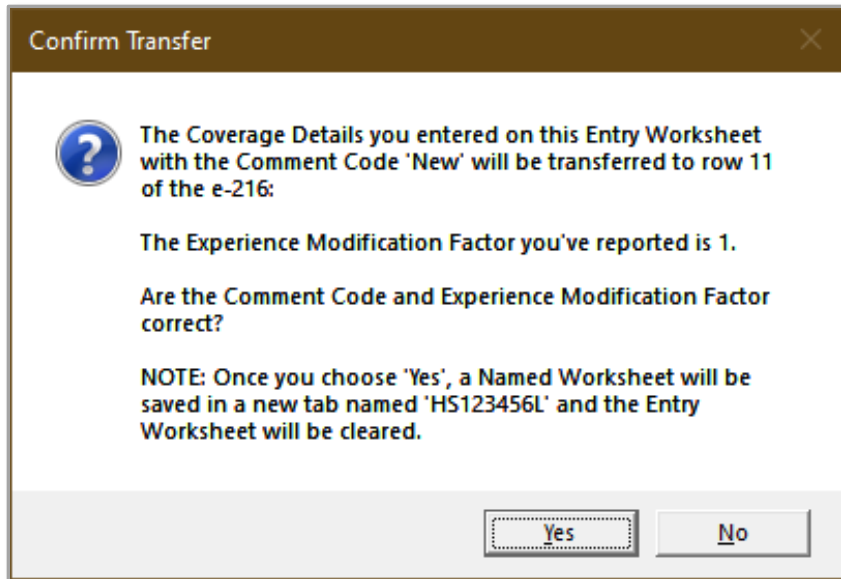


Confirmation

A **Confirm Transfer** pop-up will appear that indicates the following:

1. The Comment Code selected.
2. The row the facility/entity will appear on in the e-216.
3. If hospital data is being transferred, the Experience Modification Factor being reported.
4. A request for the user to confirm that the Comment Code and Experience Modification Factor (if applicable) are correct.
5. A note that states that a Named Worksheet will be created on a new worksheet tab and that the Mcare Assigned # for the facility/entity will be the name of the tab.
6. A note that states that the Entry Worksheet will be cleared so that another facility/entity can be entered.

An example of the Confirm Transfer pop-up appears on the next page:



End Results

Once the transfer is complete, a **Success!** pop-up will appear. This pop-up states that the facility/entity data successfully transferred to the e-216, that a Named Worksheet has been created, and that the Entry Worksheet will be cleared in order to be used for the next facility/entity. **Click OK** to close the pop-up and save the workbook.

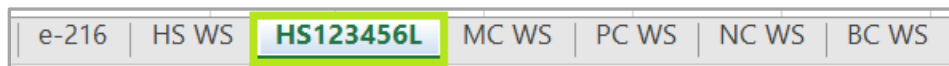
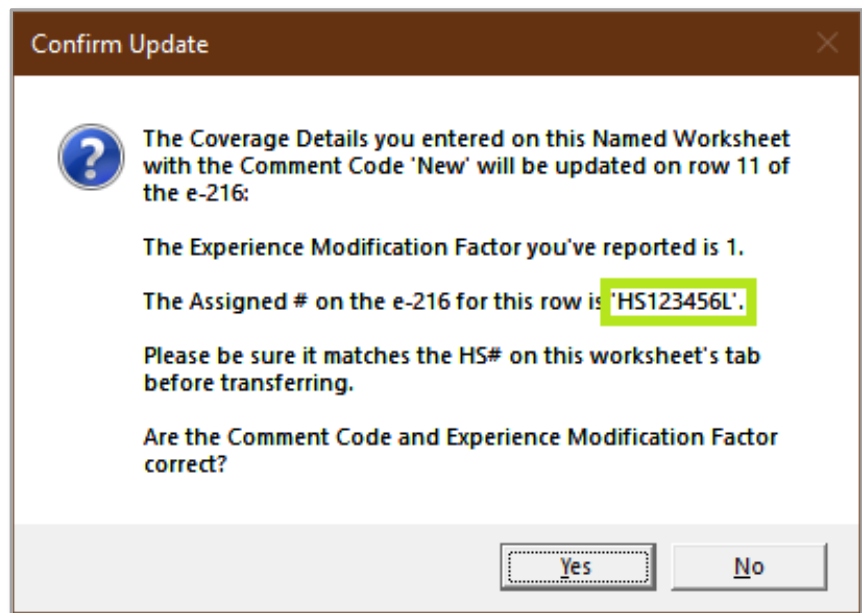
Facility/Entity Worksheet Update

Completed facility/entity worksheets, or Named Worksheets, and their associated e-216 entries can be modified using the **Update Worksheet** button as indicated by the **green text** below; the Update Worksheet button is highlighted in green:

2022 EXHIBIT 6 - HOSPITAL WORKSHEET (SPECIALTY CODE 80612)	
*** COMPLETED ***	
Primary Carrier	MCARE TEST CO 000
Carrier Code	000
Date	Tuesday, June 14, 2022
Hospital's Name	Mcare Hospital
Hospital's Address	901 N 7th St, Harrisburg, PA 17102
Hospital's Assigned #	HS123456L
Basic Insurance Coverage Limits: \$ 500,000.00 Per Occ. \$2,500,000.00 Per Agg.	
You can update this worksheet's e-216 entry anytime by clicking the "Update Worksheet" button	

The "Update Worksheet" button is highlighted in green in the original image.

Confirm Update pop-up will appear; it asks for confirmation that the Assigned # for the e-216 entry being updated matches the Assigned # of the worksheet being modified. To make this confirmation, ensure that the Assigned # shown on the pop-up matches the name of the worksheet tab that is currently selected. Examples of the Confirm Update pop-up and the currently selected worksheet tab with their associated Assigned #s highlighted in green are seen below:



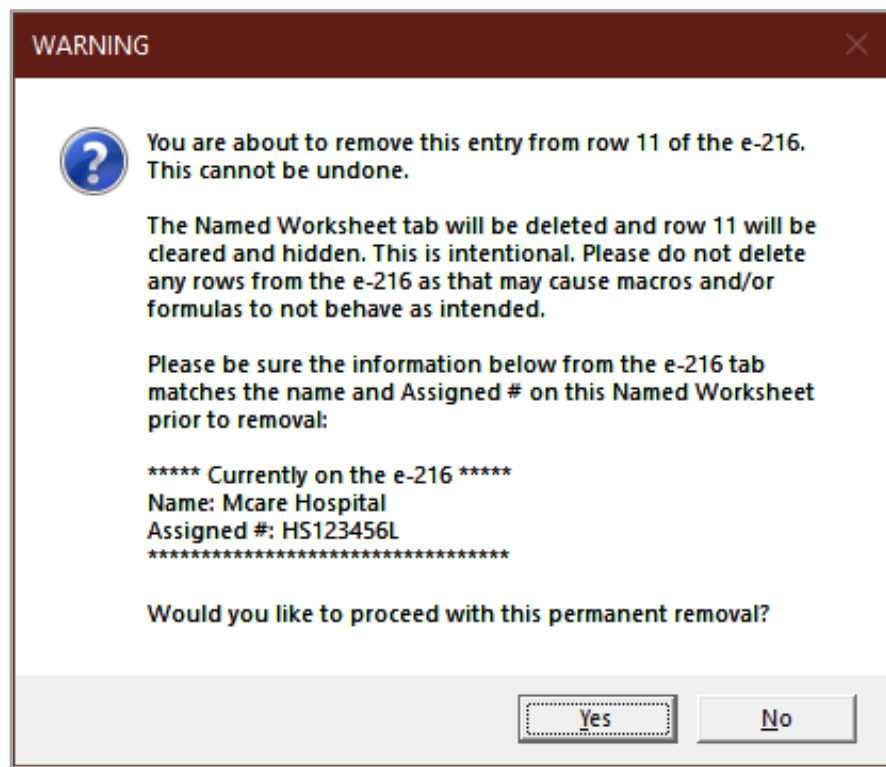
Upon **clicking Yes**, a **Success!** pop-up will appear saying that the update was successful and that the workbook will be saved. **Click OK** to save the workbook. At this point, the change(s) made on the Named Worksheet will be reflected on the e-216. This process can be repeated as needed.

Facility/Entity Worksheet Remove

Completed facility/entity worksheets, or Named Worksheets, and their associated e-216 entries can be removed using the **Remove Entry** button highlighted below:

2022 EXHIBIT 6 - HOSPITAL WORKSHEET (SPECIALTY CODE 80612)		
*** COMPLETED ***		
Primary Carrier	MCARE TEST CO 000	Update Worksheet
Carrier Code	000	
Date	Tuesday, June 14, 2022	Remove Entry
Hospital's Name	Mcare Hospital	
Hospital's Address	901 N 7th St, Harrisburg, PA 17102	
Hospital's Assigned #	HS123456L	
Basic Insurance Coverage Limits: \$ 500,000.00 Per Occ.		
\$2,500,000.00 Per Agg.		
You can update this worksheet's e-216 entry anytime by clicking the "Update Worksheet" button		

To remove a Named Worksheet and its associated e-216 entry, go to the Named Worksheet that needs removed and **click Remove Entry**. A **WARNING** pop-up will appear stating that removing a Named Worksheet and its associated e-216 entry is permanent. Note that upon completion of the removal, the associated e-216 row will be hidden; this is to ensure that the row cannot be manually deleted from the e-216 or reused for another health care provider. Finally, as seen below, the WARNING pop-up asks for confirmation that the Name and Assigned # displayed on the e-216 match the Name and Assigned # on the Named Worksheet being removed; this information can be confirmed on the active worksheet and its tab as indicated by green highlights:



2022 EXHIBIT 6 - HOSPITAL WORKSHEET (SPECIALTY CODE 80612)	
*** COMPLETED ***	
Primary Carrier	MCARE TEST CO 000
Carrier Code	000
Date	Tuesday, June 14, 2022
Hospital's Name	Mcare Hospital
Hospital's Address	901 N 7th St, Harrisburg, PA 17102
Hospital's Assigned #	HS123456L
Basic Insurance Coverage Limits: \$ 500,000.00 Per Occ. \$2,500,000.00 Per Agg.	
You can update this worksheet's e-216 entry anytime by clicking the "Update Worksheet" button	

e-216	HS WS	HS123456L	MC WS	PC WS	NC WS	BC WS
-------	-------	-----------	-------	-------	-------	-------

Once the Name and Assigned # have been confirmed, **click Yes** on the WARNING pop-up to permanently remove the facility/entity's Named Worksheet and associated e-216 entry. A **Removal Successful** pop-up will appear; **click OK** to save the workbook. Please note that once a facility/entity has been removed

using the Remove Entry button, it is possible to enter the same facility/entity again should it become necessary.

Facility/Entity Credit Calculator

Assessment credits for facilities/entities being cancelled can be calculated using the Facility/Entity Credit Calculator. This is an optional tool; other means of accurately calculating a facility/entity Assessment Credit may be available. To use this tool, the Policy Dates and Mcare Assessment that were originally reported for the facility/entity must be available. This information can be found on the e-216 where the facility/entity was originally reported.

Filling Out the e-216

For demonstration purposes, the below hospital is being reported and cancelled on the same e-216. The first line of coverage reports the hospital as “New” with an assessment of \$20,247; this line was generated by the [Transfer Tool for Facilities/Entities](#). The second line of coverage indicates that the hospital is being cancelled 7/1/22; this line, like all facility/entity cancellations, must be entered manually. Note that the Remitted Assessment field is blank for the second line even though Coverage Details have been provided; this is because the e-216 does not automatically calculate assessments for facilities/entities:

2022 REMITTANCE ADVICE (FORM e-216)										Carrier Code		Receipt Date							
For remitting coverage that inception or renewed in 2022 only										Check/EFT #		Transaction Count							
MCARE TEST CO 000										Check/EFT Amount		Coverage Specialist							
Contact Person's Name										Contact Code		Contact Code							
Contact Person's Address										Assessment Total		\$20,247.00							
Contact Person's Telephone #										Beginning Crdt Bal		\$0.00							
Contact Person's Email										Crdt Bal Used		\$0.00							
Email completed e-216 to: ra-in-remittance@pa.gov										Ending Crdt Bal		\$0.00							
Email subject line should be: 000 Official e-216 06/14/22										Amount Due		\$20,247.00							
Worksheet Navigator																			
<div> <div>Facility/Entity Credit Calculator</div> <div>FTE Calculator</div> </div>																			
License or Assigned Number	Name Last, First, M.I.	From Date	To Date	Cancel Date	Retro Date	Carrier's Policy #	Policy Type	F.T.E. Factor	Part Time	Resident/Fellow New Doctor	Policy Modifier	County Code	Specialty Code	Primary Carrier's Premium	Prevailing Primary Premium	Full Assessment	Remitted Assessment	Comment	Related License or Assigned Number
HS123456L	Micare Hospital	01/01/22	01/01/23	07/01/22	01/01/10	123456	CM					22	80612	\$ 168,729.00	\$ 20,247.00	\$ 20,247.00		New	
HS123456L	Micare Hospital	01/01/22	01/01/23			123456	CM					22	80612	\$ -	\$ -	\$ -		Cncl	

Using the Calculator

To calculate an Assessment Credit, **click the Facility/Entity Credit Calculator** button in cell E10 of the e-216; this button is highlighted in green above. Once the tool is opened, enter the **Policy Dates**, **Cancel Date**, and the **Original Assessment**. The Original Assessment is the Mcare Assessment that was originally reported for the facility/entity; in this example, the Policy Dates are 1/1/22-1/1/23, the Cancel Date is 7/1/22, and the Original Assessment is \$20,247. Next, **click Calculate** on the Facility/Entity Calculator to generate an **Assessment Credit**. The calculator with all of its required fields and a generated Assessment Credit are shown on the next page:

Facility/Entity Credit Calculator

Please supply the information below and click "Calculate" or press the ENTER key.

Type dates as you normally would in Excel and only put numbers for currency.

Policy Dates
 From Date: 1/1/2022 To Date: 1/1/2023 Cancel Date: 7/1/2022

Original Assessment:
 \$ 20247 .00

Results
 Policy Days: 365 Cancel Days: 184 Assessment Credit: (\$10,207.00)

Calculate Close Reset

Entering the Assessment Credit

The Assessment Credit generated by the Facility/Entity Credit Calculator must be entered on the e-216 manually. The green highlights below show the Assessment Credit generated by the calculator and where that credit must be entered on the e-216. The second line of coverage below shows a completed cancellation for HS-123456-L. The Assessment Credit of **(\$10,207)** was generated by the calculator and then manually entered on the e-216:

216 Date: June 14, 2022

Related Entity Name: Basic Insurance Coverage Limit: \$500,000/\$2,500,000 Hospital \$500,000/\$1,500,000 All Others

2022 REMITTANCE ADVICE (FORM e-216)
 For remittance coverage that accepted or renewed in 2022 only
 MCARE TEST CO 000
 Contact Person's Name
 Contact Person's Address
 Contact Person's Telephone #
 Contact Person's Email
 Email completed e-216 to: ra-in-remittance@pa.gov
 Email subject line should be "000 Official e-216 06/14/22"

Facility/Entity Credit Calculator

Worksheet Navigator

License or Assigned Number	Name Last, First, M.I.	From Date	To Date	Cancel Date	Retro Date	Carrier's Policy #	Policy Type	F.T.E. Factor	Resident/Fellow New Doctor	Policy Modifier	County Code	Specialty Code	Primary C	Premi	Remitted Assessment	Comment	Related License or Assigned Number	
HS123456L	McCare Hospital	01/01/22	01/01/23	07/01/22	01/01/10	123456	CM				22	80612		\$ 168,729.00	\$ 20,247.00	\$ 20,247.00	New	
HS123456L	McCare Hospital	01/01/22	01/01/23	07/01/22	01/01/10	123456	CM				22	80612		\$ -	\$ -	\$ (10,207.00)	Cncl	

End Results

After manually entering Coverage Details, using the Facility/Entity Credit Calculator, and manually entering the calculated Assessment Credit, the calculator can be closed or left open and moved around the screen as the e-216 is worked.

Review Tool

The Review Tool is used to check the e-216 for common errors in the coverage data entered in rows **11** and below. There are more than thirty checks in place that range from pointing out required fields, to more complex issues such as determining minimum FTE Factors. As it would not be practical to show all thirty checks in this manual, the following is meant to show the basic functionality of this tool. To use the Review Tool, enter coverage data and then **click** the **Review e-216** button seen highlighted in green below:

2022 REMITTANCE ADVICE (FORM e-216)
For remitting coverage that inception or renewed in 2022 only

216 Date: June 14, 2022

Related #: HS123456L
Entity Name: Mcare Hospital

Basic Insurance Coverage Limit: \$500,000/\$2,500,000 Hospital
\$500,000/\$1,500,000 All Others

Contact Person's Name
Contact Person's Address
Contact Person's Telephone #
Contact Person's Email

Email completed e-216 to: ra-in-remittance@pa.gov
Email subject line should be: 000 Official e-216 06/14/22

Review e-216
Submit e-216

Completeness & Accuracy Check

The Review Tool performs a completeness & accuracy check on a line by line basis and does so by dynamically adapting to the data it's analyzing. For instance, The Review Tool will not ask for a retro date unless claims made coverage is reported. In the below example, Dr. Smith has claims made coverage, but no retro date. The Review Tool reveals this in two ways. First, there is a **Review e-216** pop-up that states that a retro date is required when claims made coverage is reported. Second, it highlights the required field in red while highlighting the field that brings about the requirement in green. Both of these can be seen below:

Review e-216

A retro date is required in cell F14 (in red) because you are reporting "CM" coverage (in green). Please supply a retro date in the "Retro Date" box below. You may also edit the From Date and Policy Type. However, only "OC" coverage can be reported WITHOUT a retro date.

From Date: 1/1/2022
Retro Date:
Policy Type: CM

Change & Continue Skip Cancel

License or Assigned Number	Name Last, First, M.I.	From Date	To Date	Cancel Date	Retro Date	Carrier's Policy #	FTE	P	R	S	C	Premium	Prevailing Primary Premium
MD123456	Smith, John	01/01/22	01/01/23			123456	CM				22	03531	\$ 28,871.00

Depending on the issue found by the Review Tool, there may be multiple solutions. For Dr. Smith, this is indeed the case. In the event that the Retro Date is missing, then it simply needs supplied. If the Policy Type shouldn't be claims made, then it needs changed. The Review Tool allows for either of these options. The **Retro Date** field allows for a retro date to be supplied; while the **Policy Type** field has a drop-down menu that shows all available policy types. Each of these fields are highlighted in green on the next page. Note that the user always has the option to **click Skip** if they do not want to make a change to the coverage being reported.

Review e-216

A retro date is required in cell F14 (in red) because you are reporting "CM" coverage (in green). Please supply a retro date in the "Retro Date" box below. You may also edit the From Date and Policy Type. However, only "OC" coverage can be reported WITHOUT a retro date.

From Date: 1/1/2022 Retro Date: Policy Type: CM

Change & Continue Skip Cancel

In this example, Dr. Smith's retro date is missing, so it is typed in manually:

Review e-216

A retro date is required in cell F14 (in red) because you are reporting "CM" coverage (in green). Please supply a retro date in the "Retro Date" box below. You may also edit the From Date and Policy Type. However, only "OC" coverage can be reported WITHOUT a retro date.

From Date: 1/1/2022 Retro Date: 1/1/10 Policy Type: CM

Change & Continue Skip Cancel

Now that the issue has been resolved, **click Change & Continue** to go to the next issue found by the Review Tool.

End Results

Once the Review Tool finds no further issues within its scope of review, a **Review e-216** pop-up will say "No errors found". **Click OK** to exit the Review Tool and automatically save the e-216. Remember that the use of the Review Tool does not guarantee that an e-216 is free of errors. There are some types of issues that exist beyond the capability of the tool which may need resolved through communication with a Coverage Specialist.

Submit Tool

The Submit Tool is to be used upon completion of the e-216 in order to transmit data to Mcare. The Submit Tool checks the e-216 header for completeness and accuracy and then attaches it to an email for submission. To utilize the Submit Tool, **click the Submit e-216 button** as indicated below:

216 Date: June 14, 2022

Related #: HS123456L

Entity Name: Mcare Hospital

Basic Insurance Coverage Limit: \$500,000/\$2,500,000 Hospital
\$500,000/\$1,500,000 All Others

2022 REMITTANCE ADVICE (FORM e-216)
For remitting coverage that inception or renewed in 2022 only

MCARE TEST CO 000

Contact Person's Name

Contact Person's Address

Contact Person's Telephone #

Contact Person's Email

Email completed e-216 to: ra-in-remittance@pa.gov

Email subject line should be: 000 Official e-216 06/14/22

Review e-216

Submit e-216

Completeness & Accuracy Check

The Submit Tool checks the e-216 header (rows 1-9) for completeness and accuracy. If a required field is left blank, a prompt will appear, and the blank field will be highlighted for input. The Check/EFT Amount (cell Q3) is compared against the Amount Due (cell Q9) and any discrepancies will be defined by a prompt; credit balances must be tracked appropriately as per the “Credit Balances” section of the [Mcare Assessment Manual](#) in order to avoid discrepancies caused by credit balances.

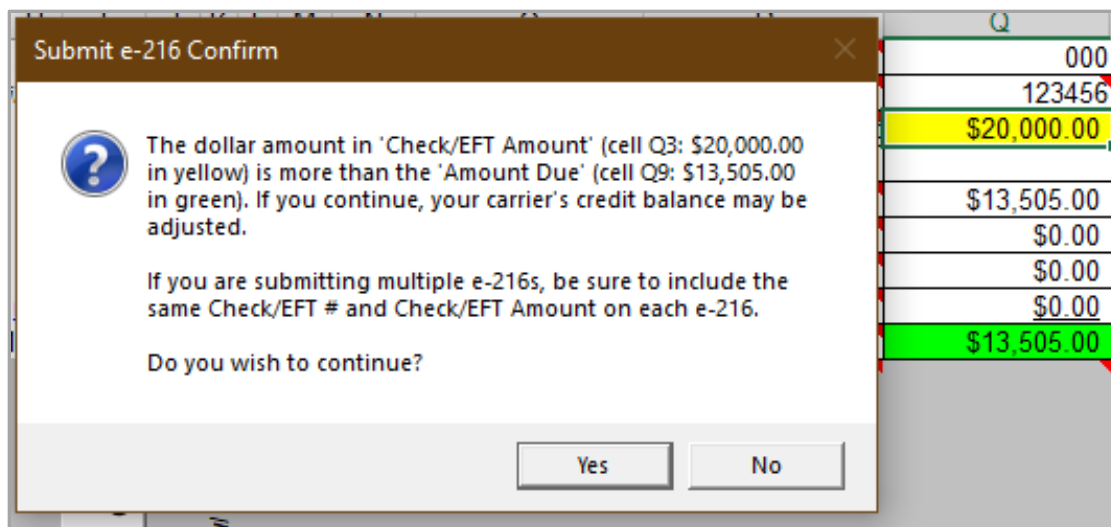
e-mail Generation

Once the header passes all completeness and accuracy checks, a **Submit e-216 Confirm** pop-up will appear; **Click Yes** to continue. The Submit Tool will save the file and generate an e-mail with the e-216 attached. The appropriate e-mail subject line will be prepopulated so that it is in the correct format; it is very important that the e-mail subject line not be altered from what is prepopulated by the Submit Tool. The body of the email will include a brief description of the e-216 that is being submitted; additional detail may be added if desired or pertinent. If additional documentation is required for the submission, it can be attached to the email as is normal. Once any additional description and/or documentation are in place, simply **click the Send** button and the e-216 will be sent to Mcare.

Multiple e-216s

If multiple e-216s share a single Check/EFT # (cell Q2), then there are additional considerations that must be made:

1. When Submit e-216 is clicked, the only e-216 that is attached to the email is the one from which the button is clicked; additional e-216s will need to be attached manually.
2. The Check/EFT Amount could be higher than the Amount Due on the e-216 where the Submit e-216 button is clicked. If this is the case, the prompt appearing on the next page will display; in this situation, **click Yes** to continue with the submission.



3. The Check/EFT Amount could be lower than the Amount Due on the e-216 where the Submit e-216 button is clicked. To avoid this situation, the credit balances must be tracked appropriately as per page 7 of the [2022 Mcare Assessment Manual](#); this should be done even when the credit balance moves from one e-216 to another within the same submission.
4. The Check/EFT # and Check/EFT Amount must be included on each e-216 within the submission.

An alternate way to submit multiple e-216s with the same Check/EFT # would be to **click the Submit e-216** button on each of the separate e-216s and have the Submit Tool check each of them individually. If this method of submitting multiple e-216s is utilized, then the second, third, and fourth considerations above still apply. Additionally, please include language within the body of the email for each submission that indicates the number of e-216s being submitted for the Check/EFT # and which number each individual e-216 is within that succession; e.g. 1 of 4, 2 of 4 and so on.

End Results

e-216s received by Mcare are inspected and logged into our system. Upon receipt of payment, a Coverage Specialist will review and process each e-216. If issues are found during review, the Coverage Specialist will communicate these issues in an attempt to resolve them. Outstanding issues may delay or prohibit Mcare's ability to respond to a claim, so please work with your Coverage Specialist to resolve them in a timely manner.

Thank you for reading!

Mcare