



Mcare e-216 Tools Manual

Tools for the 2018 - 2025 e-216s

Quick Links:

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

Version 3.9 – Revised 11/21/24

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 – 2025 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 Insurer Selection

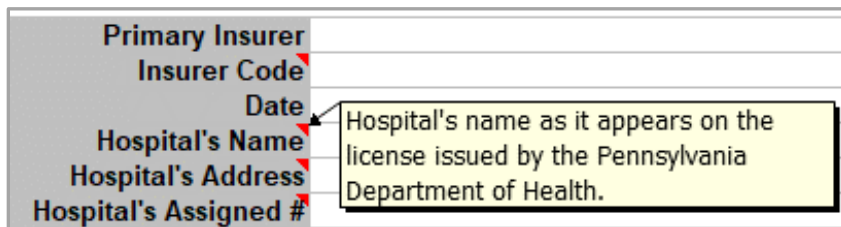
Selecting a primary insurer from the drop-down box found in cell **G3** of the e-216 will auto-populate the insurer code across all worksheets and in the Insurer Code field (cell **Q1**).

e-216 Date

Entering coverage data in row 11 and below of the e-216 will cause an **e-216 Date** to auto-populate with the current date in cell **B2** and across all worksheets. Cell **B2** will auto-populate with the current date if the date present is any other date when a change in the data is made in row 11 and below of the e-216.

Note Boxes

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



Please note that there are note 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 note boxes.

User Notes

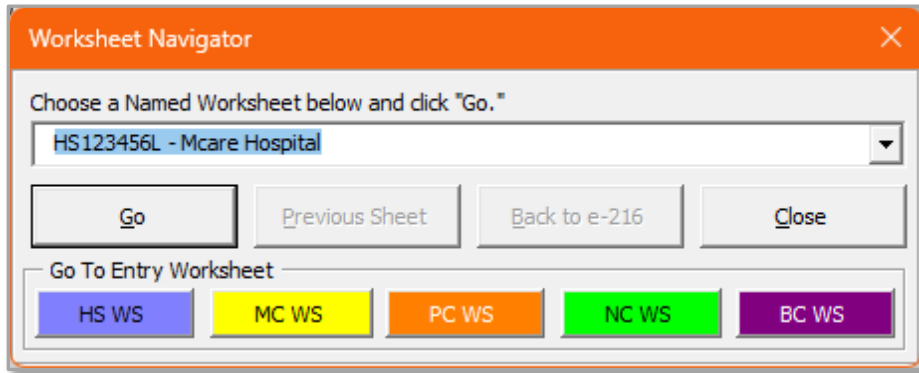
Column **DA** of the e-216 is unlocked so that the user can enter notes. Notes can be for personal use or intended to assist Mcare. The User Notes column, like the For Mcare's Official Use Only column, will not print.

Worksheet Tabbing

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

Worksheet Navigator

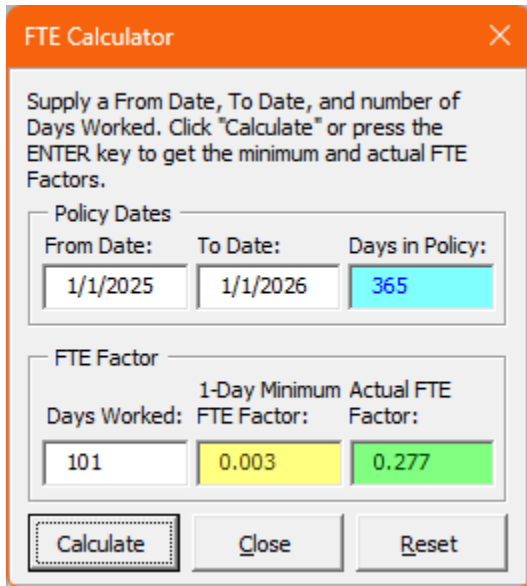
The e-216 contains a Worksheet Navigator in cell **A10** which is used to move from one worksheet to another. As seen below, the Worksheet Navigator allows the selection of a Named Worksheet from a drop-down menu and color-coded buttons jump directly to each Entry Worksheet. [Named Worksheets, Entry 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 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 **HS123456L** 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 Insurer**, **Insurer 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 Insurer MCARE TEST CO 000 | Transfer to e-216 |
| Insurer Code 000 | |
| Date Monday, February 3, 2025 | 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 |
|-----------|----------|------------|----------|-------------|--------|-----------|
| 01/01/25 | 01/01/26 | 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 |
|-----------|----------|------------|----------|-------------|-------------|
| 01/01/25 | 01/01/26 | 01/01/10 | 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 | \$212,598.60 |
| Experience Modification Factor (as provided by Mcare) | 1.000 |
| 2025 Mcare Assessment % | 29% |
| Mcare Assessment | \$61,654.00 |

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 blank by default, as of 2024.

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:

| Entry Worksheets must be transferred to the e-216 by clicking the "Transfer to e-216" button. | | | | | | |
|---|----------|------------|----------|-------------|-------------|-------------------|
| From Date | To Date | Retro Date | Policy # | Policy Type | County Code | Mcare Assessment |
| 01/01/25 | 01/01/26 | 01/01/10 | 123456 | CM | 22 | \$1,319.00 |

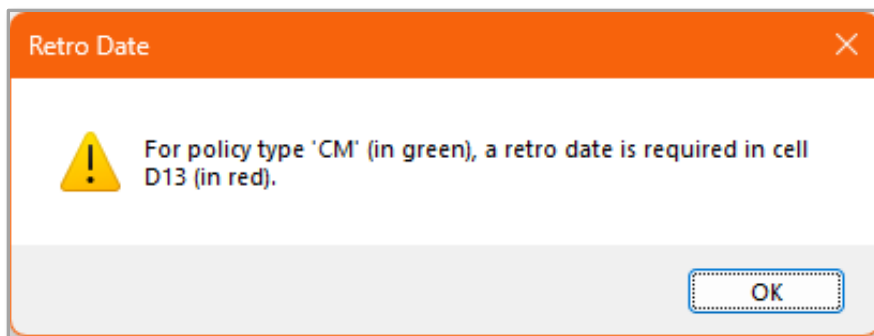
Transfer to e-216

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. A **WIP** indicator will be present in cell **BA** prior to data transfer. 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.

| 2025 EXHIBIT 6 - HOSPITAL WORKSHEET (SPECIALTY CODE 80612) | | | | | | |
|--|------------------------------------|------------|----------|-------------|--------|-------------------|
| Primary Insurer | MCARE TEST CO 000 | | | | | Transfer to e-216 |
| Insurer Code | 000 | | | | | |
| Date | Monday, February 3, 2025 | | | | | Clear Worksheet |
| 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. | | | | | | |
| From Date | To Date | Retro Date | Policy # | Policy Type | County | Territory |
| | | | | | | 0 |

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:



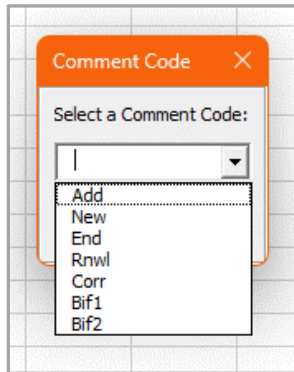
Click **OK** to close the prompt and update the inconsistent fields. The fields will be highlighted on the worksheet. In this example, the red highlight indicates a missing retro date while the green highlight indicates why the retro date is considered missing:

| From Date | To Date | Retro Date | Policy # | Policy Type | County | Territory |
|-----------|----------|------------|----------|-------------|--------|-----------|
| 01/01/25 | 01/01/26 | | 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:



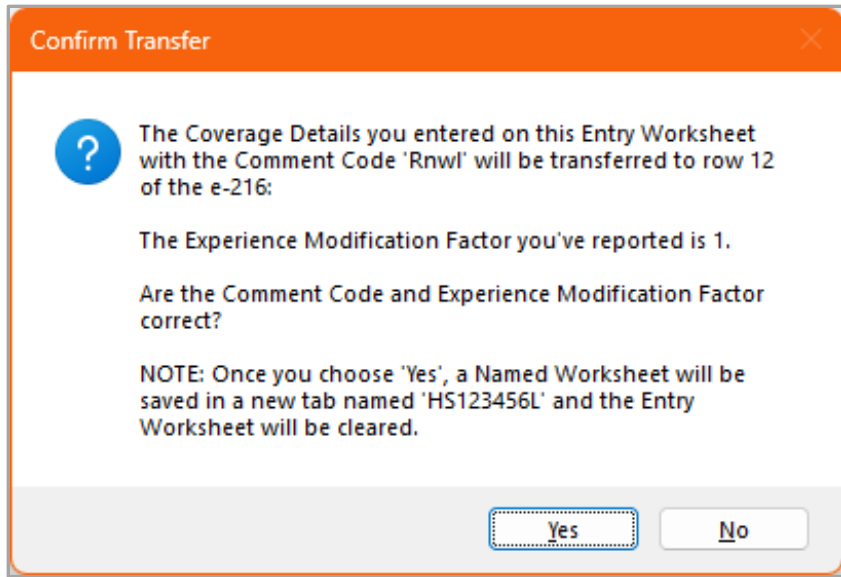
This is the Comment Code that is normally entered in column **U** of the e-216 when manually adding a line of coverage. Select a Comment Code from the drop-down list and click **OK** to confirm the selection.

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 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:



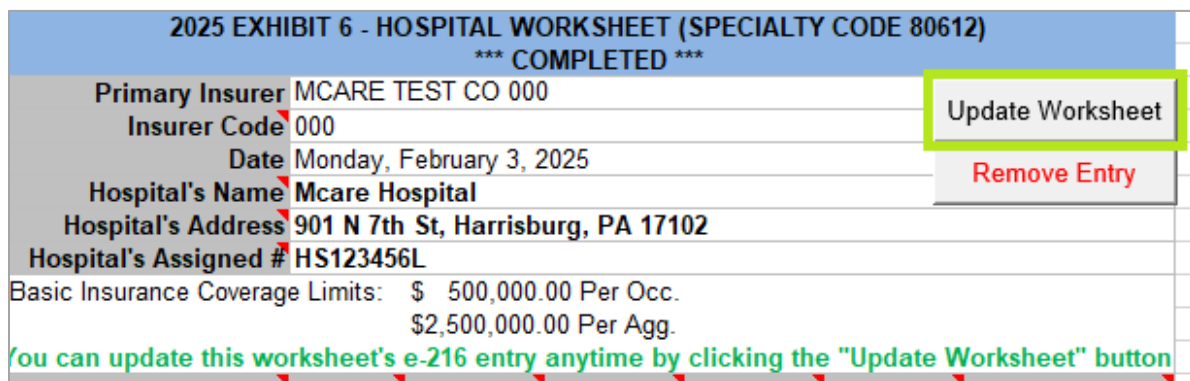
Upon verifying that the entered information for the facility/entity is correct, click **Yes** to complete the transfer of data from the facility/entity worksheet to the e-216.

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.

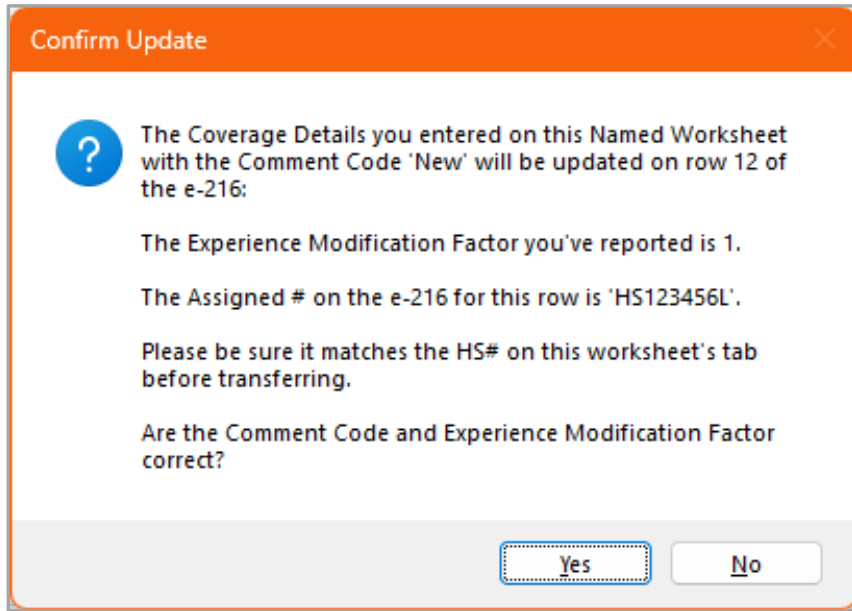
Facility/Entity Worksheet Update

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:



To update a Named Worksheet and its associated e-216 entry, select the Named Worksheet that needs modification, make the necessary change(s), and then click **Update Worksheet**. Upon clicking, a Comment Code pop-up will appear displaying the previously selected Comment Code. At this point, the code can be changed if necessary. Once the appropriate Comment Code has been selected, click **OK**. A

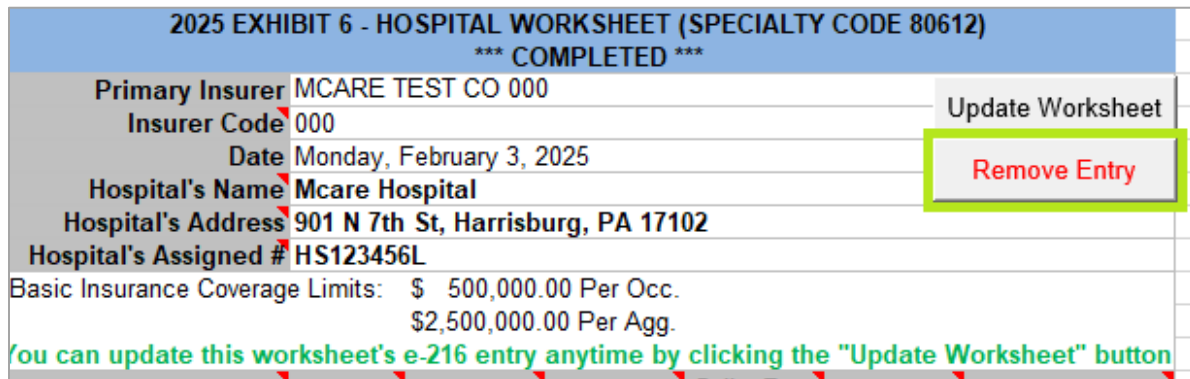
Confirm Update pop-up will appear. It asks for confirmation that the Assigned # for the e-216 entry being updated matches the Assigned # of the worksheet being modified. To make this confirmation, ensure that the Assigned # shown on the pop-up matches the name of the worksheet tab that is currently selected.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



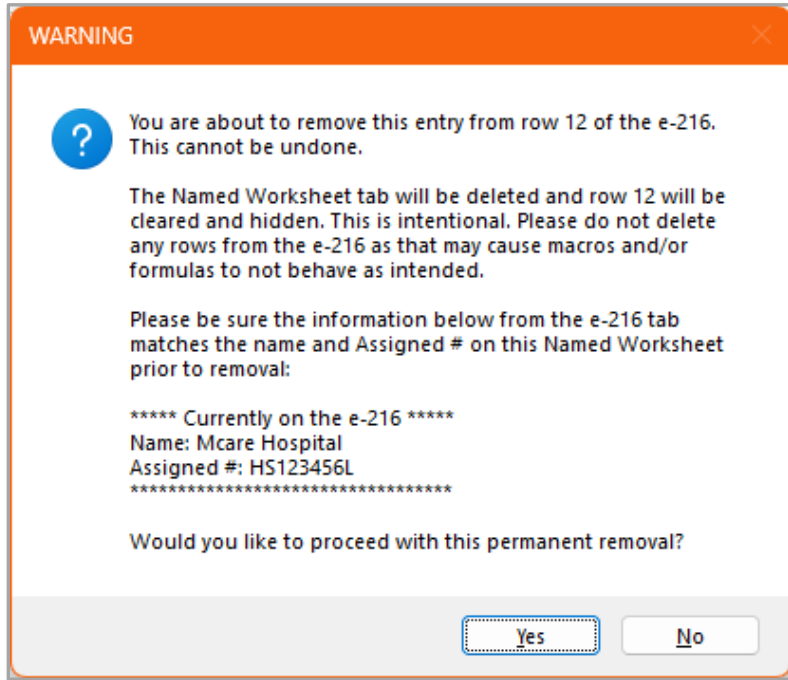
Upon clicking **Yes**, a **Success!** pop-up will appear saying that the update was successful and that the workbook will be saved. Click **OK** to save the workbook. At this point, the change(s) made on the Named Worksheet will be reflected on the e-216. This process can be repeated as needed.

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:



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:



| 2025 EXHIBIT 6 - HOSPITAL WORKSHEET (SPECIALTY CODE 80612) | | |
|---|------------------------------------|------------------|
| *** COMPLETED *** | | |
| Primary Insurer | MCARE TEST CO 000 | Update Worksheet |
| Insurer Code | 000 | |
| Date | Monday, February 3, 2025 | 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 | | |



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 “RnwI” with an assessment of \$61,654. This line was generated by the [Transfer Tool for Facilities/Entities](#). The second line of coverage indicates that the hospital is being cancelled 7/1/25. 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:

| 2025 REMITTANCE ADVICE (FORM e-216) | | | | | | | | | | | | Insurer Code | 000 | Receipt Date | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--------------------|--------------------|---------------------|-------------------|-------------|--|
| 216 Date: February 3, 2025 | | | | | | | | | | | | Check/EFT # | | Transaction Count | 2 | | |
| Related #: | | | | | | | | | | | | Check / EFT Amount | | Coverage Specialist | | | |
| Entity Name: | | | | | | | | | | | | Assessment Total | \$61,654.00 | Contact Code | | | |
| Basic Insurance Coverage Limit: \$500,000/\$2,500,000 Hospital | | | | | | | | | | | | Review e-216 | Beginning Crdt Bal | \$0.00 | From e-216 dated: | | |
| \$500,000/\$1,500,000 All Others | | | | | | | | | | | | Submit e-216 | Crdt Bal Used | \$0.00 | To e-216 dated: | | |
| Contact Person's Name | | | | | | | | | | | | Ending Crdt Bal | \$0.00 | Amount Due | \$61,654.00 | Email date: | |
| 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 02/03/25 | | | | | | | | | | | | | | | | | |

| License or Assigned Number | Name Last, First, M.I. | From Date | To Date | Cancel Date | Retro Date | Insurer's Policy # | Policy Type | F.T.E. Factor | Part Time | Resident/Fellow/New Doctor | Policy Modifier | County Code | Specialty Code | Primary Insurer's Premium | Prevailing Primary Premium | Full Assessment | Remitted Assessment | Comment | Related License or Assigned Number | |
|----------------------------|------------------------|-----------|----------|-------------|------------|--------------------|-------------|---------------|-----------|----------------------------|-----------------|-------------|----------------|---------------------------|----------------------------|-----------------|---------------------|---------|------------------------------------|------|
| HS123456L | Mcare Hospital | 01/01/25 | 01/01/26 | 07/01/25 | 01/01/10 | 123456 | CM | | | | | 22 | 80612 | \$ | 212,598.60 | \$ | 61,654.00 | \$ | 61,654.00 | RnwI |
| HS123456L | Mcare Hospital | 01/01/25 | 01/01/26 | | 01/01/10 | 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 1/1/25-1/1/26, the Cancel Date is 7/1/25, and the Original Assessment is \$61,654. Next, click **Calculate** on the Facility/Entity Calculator to generate an **Assessment Credit**. The calculator with all its required fields and a generated Assessment Credit are shown on the next page:

Facility/Entity Credit Calculator [X]

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: 1/1/2025 To Date: 1/1/2026 Cancel Date: 7/1/2025

Original Assessment: \$ 61654.00

Results

Policy Days: 365 Cancel Days: 184 Assessment Credit: (\$31,080.00)

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 HS123456L. The Assessment Credit of **(\$31,080.00)** was generated by the calculator and then manually entered on the e-216:

2025 REMITTANCE ADVICE (FORM e-216)
For remitting coverage that accepted or renewed in 2025 only
MCARE TEST CO 000

216 Date: February 3, 2025

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

Worksheet Navigator

| License or Assigned Number | Name Last, First, MI. | From Date | To Date | Cancel Date | Retro Date | Insurer's Policy # | Policy Type | F.T.E. Factor | Part-Time | Resident/Fellow/New Doctor | Policy Modifier | County Code | Specialty Code | Primary Pre | Remitted Assessment | Comment | Related License or Assigned Number |
|----------------------------|-----------------------|-----------|----------|-------------|------------|--------------------|-------------|---------------|-----------|----------------------------|-----------------|-------------|----------------|-------------|---------------------|---------|------------------------------------|
| HS123456L | Mcare Hospital | 01/01/25 | 01/01/26 | 07/01/25 | 01/01/10 | 123456 | CM | | | | | | | | \$ 61,654.00 | Rwvl | |
| HS123456L | Mcare Hospital | 01/01/25 | 01/01/26 | 07/01/25 | 01/01/10 | 123456 | CM | | | | | | | | \$ (31,080.00) | 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:

2025 REMITTANCE ADVICE (FORM e-216)
 For remittance coverage that inception or renewed in 2025 only

216 Date: **February 3, 2025**

Related #: _____
 Entity Name: _____

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

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 02/03/25

Review e-216 (highlighted in green)
 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:

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

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

Email completed e-216 to: _____
 Email subject line should be: 000 Official e-216 02/03/25

Review e-216 (highlighted in green)

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: 1/1/2025 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 | Insurer's Policy # | FTE | PA | RE | PO | OS | Premium | Prevailing Primary Premium |
|----------------------------|------------------------|-----------|----------|-------------|------------|--------------------|-----|----|----|----|----|---------|----------------------------|
| MD123456 | Smith, John | 01/01/25 | 01/01/26 | | | 123456 | CM | | | | 22 | 03531 | \$ 30,313.00 |

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: 1/1/2025 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: 1/1/2025 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: February 3, 2025 | 2025 REMITTANCE ADVICE (FORM e-216) <i>For remitting coverage that inception or renewed in 2025 only</i> | In |
| Related #: | MCARE TEST CO 000 | C |
| Entity Name: | Contact Person's Name | A |
| | Contact Person's Address | B |
| Basic Insurance Coverage Limit: \$500,000/\$2,500,000 Hospital | Contact Person's Telephone # | A |
| \$500,000/\$1,500,000 All Others | Contact Person's Email | B |
| | Email completed e-216 to: ra-in-remittance@pa.gov | A |
| | Email subject line should be 000 Official e-216 02/03/25 | A |
| | <input type="button" value="Review e-216"/> | |
| | <input type="button" value="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.

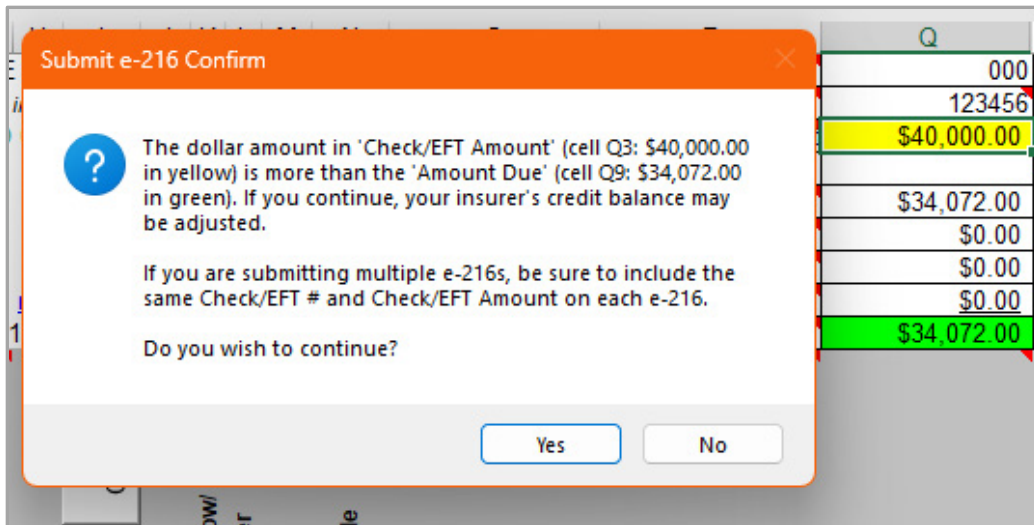
E-mail Generation

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 [2025 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