AMMIS Interactive Services Website User Manual

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1. Introduction

1.1 Interactive Services Website User Manual Overview

The AMMIS has several functional areas that perform specific operations for the Alabama Medicaid users. This user manual is designed to cover the information necessary to perform the tasks associated with the Interactive Services website.

This manual covers the following:

- Interactive Services Website Overview
- Interactive Services Website System Navigation
- System Wide Common Terminology and Layouts
- Interactive Services Website Pages/Panels
- Help

1.2 Interactive Services Website User Manual Objective

The purpose of the AMMIS Interactive Services Website User Manual is to provide Alabama Medicaid users with detailed descriptions of the online system, including pages/panels field descriptions, pages/panels functionality descriptions and graphical representations of pages/panels.

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2. Document Control

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2.1 Document Information Page

Required Information	Definition
Document Title	AMMIS Interactive Services Website User Manual
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Approved by:	Clay Gaddis
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2.2 Amendment History

The following Amendment History log contains a record of changes made to this document:

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10/03/2013	6.0	M. Spear	Application of ICD-10 change orders	CO 10185: Update 15.1.1 Prior Authorization Searc h Panel layout and field descriptions. Update 15.1.2 Prior Authorization Search Results panel layout and field descriptions Update 15.2 Prior Authorization Search Results panel layout and field descriptions CO 10106: Update Section 12.10 Pharmacy Claim panel layout and field descriptions and field edit error messages. Update 17.4 Diagnosis Search panel layout and field descriptions

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10/25/2013	8.0	M. Spear	Application of ACA Change orders	CO 10121 Update section 13.1 Eligibiity Verification panel – add new layout and field descriptions Add new section 13.13 Service Type/Co-Pay Search Results panel
11/25/2013	9.0	M.Spear	Application of CO 9822	12.4 Dental Claim Panel – Layout and field descriptions updated. 12.5 Institutional Claim Panel – Layout and field descriptions updated.

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01/02/214	10.0	M. Spear	Application of CO 8194	Add new section: 17: PMP Assignment Panel
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07/23/2014	12.0	M. Spear	Application of CO 10338	Add section 14.5.Claim Level Detail panel
08/28/2014	13.0	M. Spear	Application of CO 11876	Add section 14.6 Forms panel
09/22/2014	14.0	M. Spear	Application of CO 11768	Update field edit error messages for Dental Claim, Institutional and Professional Claim Panels.
10/28/2014	15.0	M. Spear	Application of CO 12074	Update Dental Claim and Institutional Claim Panel layouts
1/07/2015	16.0	M. Spear	Application of CO 12321	Update Institutional Claim Panel and Professional Claim Panel layouts and field descriptions.
01/22/2015	16.0	M. Spear	Application of CO 12402	Update Institutional Claim Panel and Professional Claim Panel field edit error messages.
07/15/2015	17.0	M. Spear	Application of ACA III production change orders	CO 12130 12.4 Dental Claim panel 12.5 Institutional Claim panel 12.10 Pharmacy Claim panel 12.11 Profressional Claim panel All 4 Claim Status Information panel replaced with new layouts to reflect hte additon of the 'Checkwrite Date' field. CO 12163 – Home page – update layout
07/21/2015	18.0	M. Spear	Application of CO 12475	Additon of the 13.6 PRCO Information panel.
01/14/2016	19.0	M. Spear	Application of CO 12410	Additon of section 19 PMP Dismiss

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04/01/2016	20.0	M. Spear	Application of Cos 12902, 12579, 12314, 11399, 12588, 13290	**CO 12902** Section 13 - Eligibility Verification Request Panel Field Descriptions- Add Recipient Application Status Section 13.6.2 Household Inquiry Search Results panel layout replaced Section 13.3.2 – Recipient Application Satus Panel layout replaced **CO 12579** **Section 15.5.4 –** Prior Authorization Submit – Line Item Panel Field Edit Error Codes – Add Line Item **CO 12314** Section 15.5 Prior Authorization Submit – Line Item Panel – replaced layout, added Reason field description, and extra feature. Section 15.3.Prior Authorizatin Submit Panel- updated layout, field descriptions Section 15.6 – added new section: Prior Authorization Submit New – Analyst Remarks Panel **CO 12588** Section 18.1.3 PMP Assignment Panel – update field edit error codes **CO 13290** Section 20 PMP Dismiss Panel – Update panel layout and field descriptions

2.3 Related documentation

Document	Description	url

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3. Introduction to the Interactive Services Website

The Interactive Services website allows providers to verify Alabama Medicaid recipient eligibility, claim status, and to upload and download claim files.

The website has been developed by Hewlett Packard Enterprise (HPE) and is offered at no cost to Alabama Medicaid providers. This site is available 24-hours a day, seven days a week, excluding time for scheduled maintenance. Through the use of online user friendly forms, a provider is able to inquire on recipient eligibility, claim status, prior authorization requests and household inquiries. A provider is also able to enter and submit claims, including online voids and adjustments and prior authorization requests.

3.1 Audience

The information described in this document is designed for use by recipients, providers, clerks, and billing agents participating in the Alabama Medicaid program.

3.2 Purpose

This document provides the user with the necessary steps to log on to the website, navigate the website, verify eligibility and claims status, upload and download files, seek assistance for technical issues, and logoff the website.

3.3 Applications

The Interactive Services website provides the user with a choice of applications. The primary application is the Eligibility Verification application where Alabama Medicaid recipient eligibility can be verified. A second application is the Claim Status Inquiry. Using this application allows providers to check on the status of adjudicated claims. The third application available is the uploading and downloading of batch files.

3.4 Supporting Documentation

Readers of this document may find it useful to consult the *Alabama Medicaid Provider Manual* to completely understand the policy behind the billing procedures of the Alabama Medicaid program. To receive a CD-ROM containing the *Alabama Medicaid Provider Manual,* contact HPE Provider Assistance Center at 1 (800) 688-7989 or download a copy of the manual from the Alabama Medicaid homepage at http://www.medicaid.alabama.gov/ .

3.5 Content Changes

Readers of this document should note that this is a living document and is subject to change at any time based on functionality changes within the website.

4. Interactive Services Website Navigation

4.1 Web Browser Setup

Workstations must be minimally equipped with Internet Explorer (IE) version 6.0, and is also compatible with IE7, and IE8.

Please refer to the websites for Internet Explorer (www.microsoft.com) for additional information on downloading the versions available.

NOTE:

Please refer to the browser installation information to find out the appropriate personal computer recommendations and configurations. The AOL browser does not work well with this Web application.

4.1.1 Navigation Buttons

Do not select the previous/back or following/forward website navigation buttons in the toolbar if the website navigation button offers a selection for “next” or “previous” screen. If you use the navigation or windows buttons instead of those provided by the application, you may risk losing work in progress.

4.1.2 Screen Display Features

The AMMIS is designed to display within Web browser pages that fit on a computer (PC) desktop with a minimum screen resolution of 1024 x 768 pixels and preferred screen resolution of 1400 X 1050 pixels. However, in order to fit large system objects such as panels and pages into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.

4.1.3 To Set System Text Size

To set system text size, perform the following steps:

Step	Action	Response
1	Log into the Interactive Service website.	Home page displays.
2	Select **View** from browser toolbar.	View menu displays.
3	Point to **Text Size** and click **Smaller**.	Default text size is set to medium. After the user selects smaller, the system objects will appear smaller.

4.2 Web Address

The address to access the Interactive Services website is:

https://www.medicaid.alabamaservices.org/ALPortal

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4.3 Users

4.3.1 User Roles

Interactive Services website users fall into one of four distinct and secure user roles:

- Guests
- Providers
- Clerks
- Trading Partners

The following table describes what features each user can access in the Interactive Services website based on user role:

Feature	Guests	Providers	Clerks*	Trading Partners
Home	✓	✓	✓	✓
Site Settings	✓	✓	✓	✓
Information	✓	✓	✓	✓
AL Links	✓	✓	✓	✓
Contact Us	✓	✓	✓	✓
Provider Search	✓	✓	✓	✓
Patient 1st	✓	✓	✓	✓
Account	✓	✓	✓	✓
Account Setup	✓			
Account Maintenance		✓	✓	✓
Clerk Maintenance		✓		
Change Password		✓	✓	✓
Messages		✓	✓	✓
Switch Provider			✓	
Logoff		✓	✓	✓
Reset Password	✓			
Secure Site	✓	✓	✓	✓
Claims		✓	✓	
Search		✓	✓	
Dental		✓	✓	
Institutional		✓	✓	
Pharmacy		✓	✓	
Professional		✓	✓	

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Feature	Guests	Providers	Clerks*	Trading Partners
Eligibility		✓	✓	
Eligibility Verification		✓	✓	
HouseHold Inquiry		✓	✓	
Trade Files		✓	✓	✓
Download		✓	✓	✓
Upload				✓
Prior Authorization		✓	✓	
Search		✓	✓	
New		✓	✓	
Providers		✓		

* Access privileges determined by permissions granted by Provider.

4.3.2 User IDs and Passwords

Providers who use the Interactive Services website must have a valid user ID and password to access the system. Billing provider IDs, with an active contract, will be issued a Personal Identification Number (PIN) in the form of a letter. Refer to section *9.1 Account Setup* for instructions related to setting up a provider account based on the information received in the Provider PIN letter. An active provider account will be able to access the interactive features noted in the above section, *3.4.1 User Roles*.

Along with the Provider Electronic Solutions software, providers should receive a letter from HPE issuing a web Personal Identification Number (PIN) which permits a user to create a Trading Partner user ID and password on the Interactive Services website. A Trading Partner web user ID will be restricted to the upload and download features as noted in the above section, *3.4.1 User Roles*. If a Trading Partner PIN letter has not been received, contact the Electronic Media Claims (EMC) Helpdesk at 1 (800) 456-1242, to request a copy. This form is also readily available on the Interactive Services web site mentioned in section 3.3, by navigating to Information then AL Links.

- Providers that use the Provider Electronic Solutions Software or vendor-based software to submit claims to Alabama Medicaid will be required to request a new Trading Partner ID. Once the ID has been issued, refer to section *9.1 Account Setup* for instructions related to setting up a Trading Partner account based on the information received in the Trading Partner PIN letter. To request a new Trading Partner ID, navigate to the Information then AL Links page on the new Interactive Services web site, mentioned in section 3.3, where this form resides. Otherwise contact the Electronic Media Claims (EMC) Helpdesk at 1 (800) 456-1242, to request a copy.

NOTE:

To update the Provider Electronic Solutions software with the new user ID and password, click on Tools > Options within the Provider Electronic Solutions software. Select the Batch

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Tab. Enter the Login ID, from the letter, into the Trading Partner ID field, then enter the new Trading Partner web user ID and password in the corresponding fields displayed based on the User Name and Password created on the Account Setup page.

4.3.2.1 Resetting Passwords

When users initially log in to the website, an option displays allowing a user to set up two security questions and answers that can be used to create a new password in the event the password is forgotten.

4.4 Application Lists

The following features are available through the website:

This option…	Does this…
Home	Displays the Home page and allows users to access the Site Settings panel.
Information	Displays the Information page and allows users to access the Software and Documentation via Hyperlinks as well as Contact information.
Account	Displays the Account page and allows users to set up or maintain account information, such as passwords and messages. Users can access the secure site from this location, as well as logoff the Interactive Services website.
Claims	Displays the Claims page and allows users to search for or submit dental, institutional, professional, crossover, pharmacy or compound drug claims.
Eligibility	Displays the Eligibility page and allows users to verify eligibility or conduct a HouseHold inquiry.
Trade Files	Displays the Trade Files page and allows users to download or upload Health Insurance Portability and Accountability Act (HIPAA) compliant files.
Prior Authorization	Displays the Prior Authorization page and allows users to search for or submit prior authorization requests.
Providers	Displays the Providers page.

4.5 Login Page Rules

The rules for the Login page are listed below:

- After six invalid password attempts in succession the user's status is changed to a "locked" status. After 10 minutes, the user's account is automatically unlocked, after which the user may again attempt six invalid password attempts in succession before the account is once again "locked". If the user is unable to recall their web password and security answers, they

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must call the EMC Helpdesk at 1(800) 456-1242 and identify themselves through a security process. The EMC Helpdesk associate resets the user's account by issuing a new PIN, which is sent to the caller's address by mail. Once the new PIN is received, the caller is required to once again setup their account.

- All users will be required to change their password every 30 days. The system prompts the user to change their password.
- After a user changes the password, there is no restriction to the number of times the password can be changed during the 30-day forced change.
- When the web session becomes inactive for an amount of time, the web session "times out" and all unsaved information is destroyed. A message appears requiring the user to "log on" again, creating a new session.

4.6 Connecting Through an Internet Service Provider (ISP)

Users must successfully log in to the Interactive Services website in order to utilize the services available within the secure portal.

Follow the steps below to log in to the website using an Internet Service Provider:

Step	Action	Response
1	Click Internet Explorer located on your workstation.	Internet Explorer launches.
2	Enter https://www.medicaid.alabamaservices.org/ALPortal; press **Enter** key on your keyboard.	Home page of the Interactive Services website displays.

Connecting through Remote Access Server (RAS) is an option created by the Provider Electronic Solutions Software. Remote access is the ability to obtain access to a computer or a network from a remote distance. This section provides steps to log in to the Web Server through RAS when an Internet Service Provider (ISP) is not available.

This method requires users to be minimally equipped with Internet Explorer version 6.0 and a dial-up modem. If your system does not currently support these options please contact your computer administrator to have it set up on your computer.

NOTE:

Before beginning this process, you should have followed the instructions outlined in section 2.5.2 Web Tab of the *Provider Electronic Solutions Manual*. If you have not, please refer to the instructions to setup your connection method through a modem. Follow the instructions described in the "Install RAS" and the "Dialup Network" fields.

Follow the steps below to log in to the website using a RAS:

Step	Action	Response
1	Select the <Start> menu option located at the bottom left corner of your computer screen.	The Start Menu displays.

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Step	Action	Response
2	Windows 2000 Users: Select Settings > Control Panel > Network and Dial-Up Connections. Open the “AL RAS” option. Windows XP Users: Select Control Panel > Network Connections. Open the “AL RAS” option.	Connect AL RAS screen displays. Note: Do not modify the User name or Password. The default information must be present. If information has been changed or deleted, contact the EMC Helpdesk to obtain the User name or Password.
3	Click **Properties**, and then select the **Networking** tab.	
4	Highlight **Internet Protocol (TCP/IP)** and click **Properties**.	
5	Click **Obtain DNS server address automatically**.	
6	Click **OK** to save your changes, and then click **OK** to exit the Networking tab.	
7	Click **Dial** to continue to connect through RAS.	A connection is established with Alabama Medicaid.
8	Click Internet Explorer located on your workstation.	Internet Explorer launches. Note: If you have a default home page within your browser a message may appear that it was unable to connect. Ignore this message.
9	In the browser address bar, enter https://www.medicaid.alabamaservices.org/ALPortal; and then press **Enter** key on your keyboard.	The Home page of the Interactive Services website displays.

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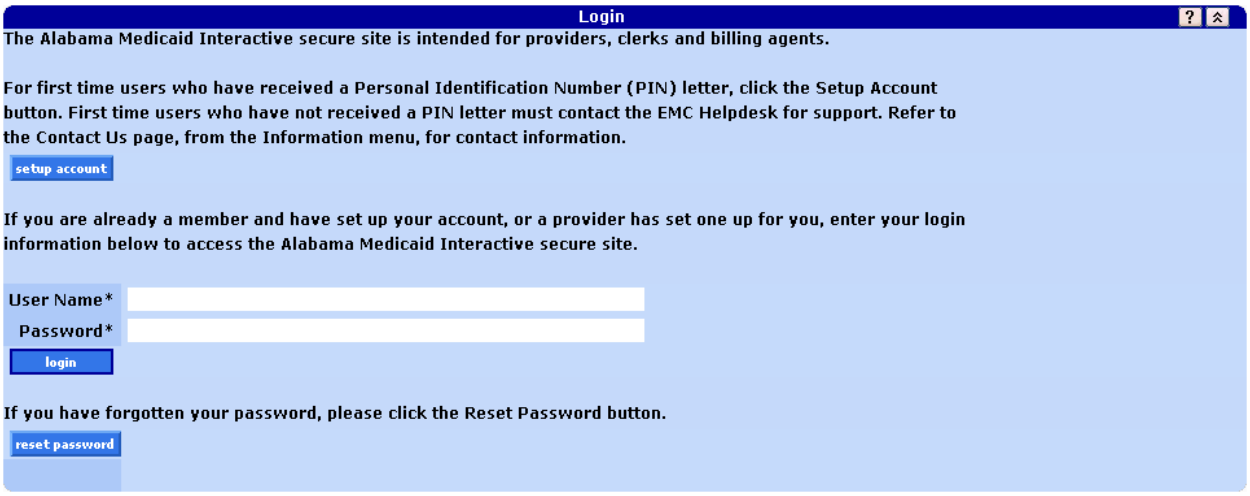
4.7 Login

4.7.1 Login Panel Narrative

The Login panel, accessible via the Secure Site link, allows users to login to the secure Interactive Services website.

Navigation Path: [Account] – [Secure Site]

4.7.2 Login Panel Layout



4.7.3 Login Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
login	This button logs the user into the secure site.	Button	N/A	0
reset password	This button redirects the user to the Reset Password page.	Button	N/A	0
setup account	This button redirects the user to the Account Setup page.	Button	N/A	0
Password	Displays the password of the account user in the form of dots for security purposes.	Field	Character	30
User Name	Displays the Login ID of the user.	Field	Alphanumeric	20

NOTE:

A new PIN letter issuing a new password was mailed to all providers. Users must have a new password to use this application.

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4.7.4 Login Panel Field Edit Error Codes

Field	Error Message	To Correct
Password	Invalid User Name and/or Password.	Enter a valid User Name and/or Password.
	We are sorry but your password has expired. Please change your password.	Enter a new password.
	We are sorry but the user name or password is incorrect. Please try again.	Enter a password that is between 6 to 30 characters in length.
User Name	We are sorry but you are not authorized to access this web site. If you believe this is incorrect please contact the help desk.	The account has been reset. Setup the account once the new Personal Identification Number (PIN) has been received or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.
	Invalid User Name and/or Password.	Enter a valid User Name and/or Password.
	We are sorry but your account has been locked out due to invalid password attempts. Please contact the system administrator to have it unlocked.	Account Locked. Wait 10 minutes and the account will be automatically unlocked or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.

4.7.5 Login Panel Extra Features

Field	Field Type
No extra features found for this panel.	

4.7.6 Login Panel Accessibility

4.7.6.1 To Access the Login Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Secure Site**.	Login panel opens.

4.7.6.2 To Add on the Login Panel

Step	Action	Response
1	Enter **User Name**.	
2	Enter **Password**.	
3	Click **login**.	Providers page displays for Provider users. Messages page displays for Clerks and Billing Agents.

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4.7.6.3 To Update on the Login Panel

Step		Action	Response
1		Click **setup account**.	Account Setup panel displays.
2		Click **reset password**.	Reset Password panel displays.

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5. System Wide Common Terminology and Layouts

The following section identifies common system terminology and features, and an associated screen capture or design layout where applicable. This is not an all-inclusive list of common system terms and layouts; however, it is a basic foundation for the novice user to view and understand prior to navigating the system. These terms are used by technical team members, training specialists, and help desk staff when discussing or, more importantly, documenting aspects of the system.

Below is a partial list of common terms described within this document:

- Page
- Page Header
- Main Menu
- Sub Menu
- Search Panel
- Data List Panel
- Mini Search Panel
- Pop Up Search Panel
- Panel

5.1 Page Layout

A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed a Main Menu bar, a Sub Menu bar, and any associated panels.

The Main Menu bar contains a horizontal set of links which display pull-down menus. Each pull down menu opens an associated page within the system.

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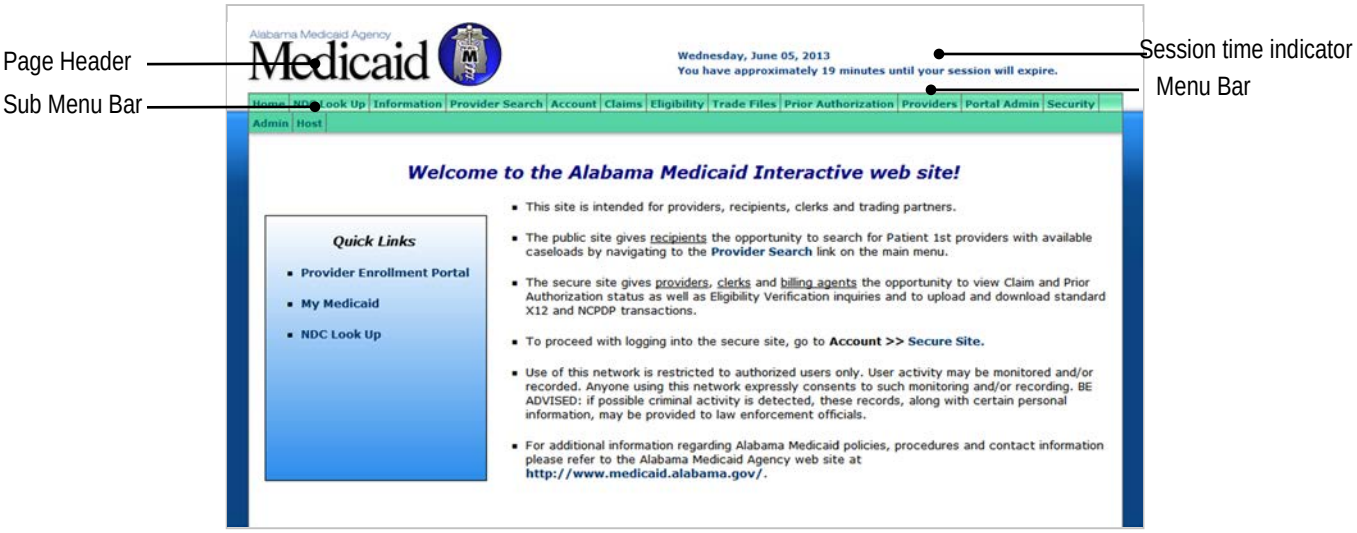
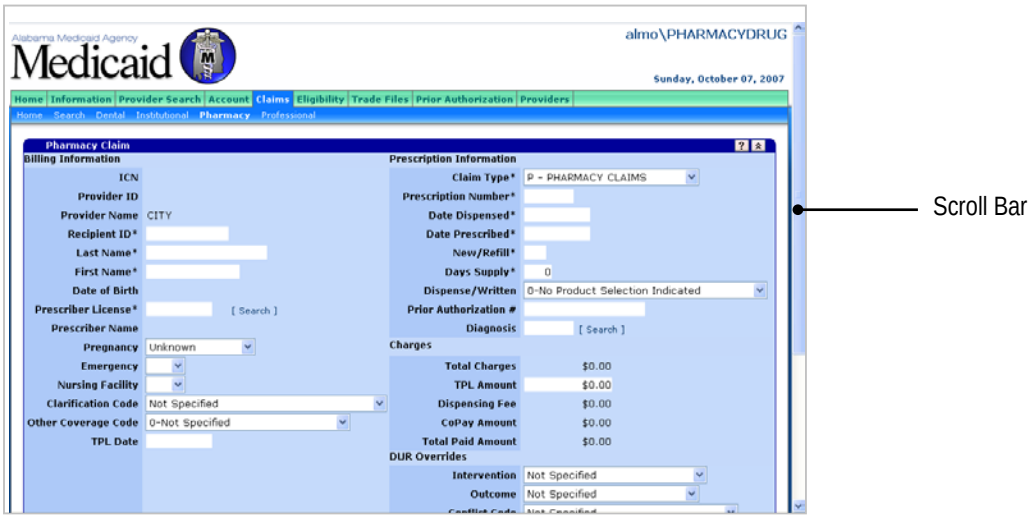
Beneath the Main Menu bar is the Sub Menu bar of horizontal links that open an associated page within the system. The Sub Menu bar appears in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.



In general, when navigating a page, the vertical scroll bar is the only scroll bar needed to view panels stacked in a vertical manner.



If a user attempts to add, update, or delete information within the page, then tries to navigate away from the page without saving or cancelling the changes, the system prompts the user with a pop-up window message. When the system generates the message, the detail panels are locked open and navigation away from the page is not permitted until changes are either correctly saved or cancelled.

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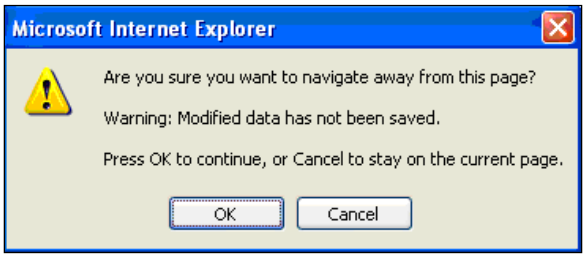
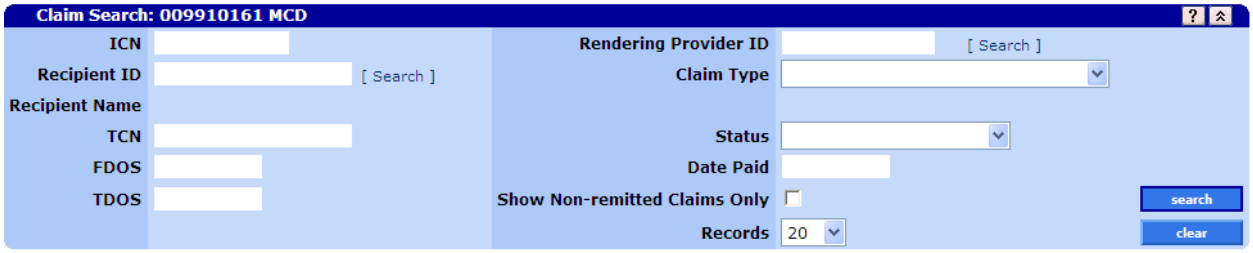


5.2 Search Options

There are several search options available within the AMMIS Interactive Services website, including search panels, data list panels, mini search panels and pop up search panels.

5.2.1 Search Panels

Search panels let users enter any combination of search criteria. Clicking **search** displays subsequent search results (if any) in the corresponding search results panel.



Search Results

ICN	Recipient ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2211066200021	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	DENIED	03/10/2011	$100.00	$0.00
2211066200023	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	DENIED	03/10/2011	$100.00	$0.00
2211066200022	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	PAID	03/10/2011	$100.00	$0.70
2211066200024	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	PAID	03/10/2011	$100.00	$0.70
2211098200001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	$165.00	$0.00
2211098200005	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	$165.00	$0.00
2211098200004	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	$250.00	$0.00
2211098200015	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	$320.00	$0.00
2211110200004	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/21/2011	$365.00	$0.00
2211094200001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/07/2011	$250.00	$0.00
5111098201001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	$250.00	$141.00
2211098200002	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/13/2011	$165.00	$0.00
5111098562001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	$165.00	$41.00
2211098200014	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/13/2011	$165.00	$0.00
5111098222001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	$165.00	$36.00
2211110200003	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/21/2011	$165.00	$0.00
5111110131001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/21/2011	$165.00	$43.00
2211207000002	000000000000	03/07/2011	03/27/2011	PROFESSIONAL XOVER CLAIMS	ADJUSTED	07/28/2011	$293.00	$0.00

Claim Count: 18 Total Paid: $262.40

5.2.2 Data List Panels

Data List can be sorted in ascending or descending order by clicking the column name in the panel which contains multiple rows. All rows are resorted, not just the rows displayed on the current page.

In some cases, if the user clicks once on a row, the associated information displays in the corresponding panel on the same page. In other cases for search related panels, the associated information displays in a corresponding panel on another page. In the following figure, the user clicks the first row of the Detail panel and detailed information displays at the bottom of the panel.

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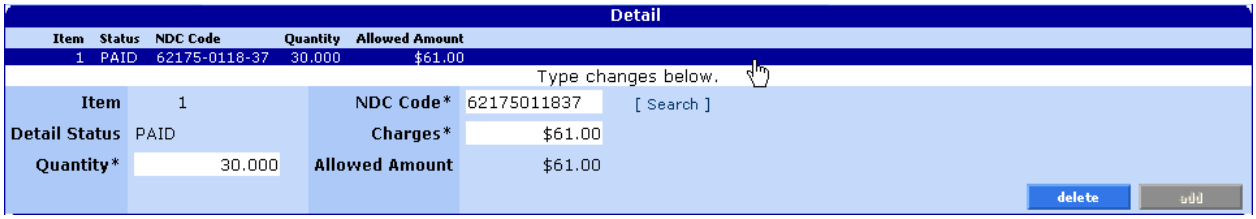


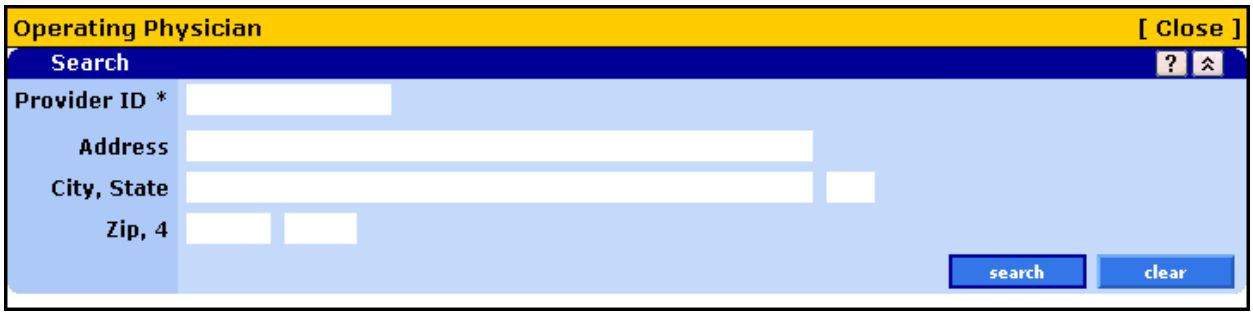
5.2.3 Mini Search

After the user has viewed at least one search result in an information panel, another search can be completed by using the primary search fields within the Mini Search panel located above the information panel containing the search results.

Mini Search panels contain one or two primary search fields related to the business process.

5.2.4 Pop Up Search

A Pop Up Search allows the user to search for field data without leaving the page. By clicking on the [Search] link, the user accesses the search panel that is associated with that particular field.



After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

All of the Pop Up Search panels are described in detail in Chapter 14.

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5.3 Panel Layout

A panel is defined as a portion of a page that performs a well-defined unit of functionality. Some panels always appear on a page, while others only appear when invoked by the user.

5.3.1 Panel Type and Functions

The system contains various panel types with specific functions for each panel type. Some panels have common icons while other panels have icons specific to their functions. Listed below are icons that can be found on one or more types of panels:

Name	Icon	Description
Add Button	add	Inserts a new data record.
Cancel Button	cancel	Cancels all changes applied to all panels on the page.
Clear Button	clear	Clears all data applied to a panel.
Close	[Close]	Closes a pop up search panel.
Delete Button	delete	Deletes a selected data record.
Help Button	?	Opens a window that displays the panel help page.
Maximize Button		Expands a panel to display all of its content.
Minimize Button		Collapses a panel.
Next Button	Next	Progresses from one panel to the next.
Previous Button	Previous	Progresses from one panel to the previous.
Save Button	save	Saves all changes to all panels on the page.
Search	[Search]	Performs search based on criteria entered and displays search results within the pop up search panel. Selecting the desired result returned populates the main panel with the corresponding data.
Search Button	search	Performs search based on criteria entered and displays subsequent search results (if any) in the corresponding search results panel.
Submit	submit	Submits a new or updated data record.

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6. Providers

The Providers page is the first to display after a provider logs into the secure site.

The Providers page permits users to view provider-related information.

6.6.1 Info Panel Narrative

This is the main page for all secure site users. It shows some user specific information for the current user logged in.

Navigation Path: [Providers]

6.1 Info Panel Layout

```
Provider ID:005555555 WEB
Taxonomy:200000000X
Zip Code: 36111 - 2711

Your 835 transactions and/or Paper Remittance Advice is being sent to:
835 Receiver(s) : N/A
Paper RA : PAY TO NAME
           PAY TO ADDRESS 1, PAY TO ADDRESS 2
           PAY TO CITY, ST ZIP
```

6.2 Info

6.2.6 Info Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
835 Receiver(s)	Displays the Trading Partner ID and contact name to which the provider's 835 files are being sent.	Label	N/A	0
Paper RA	Displays the Payee provider address.	Label	N/A	0
Provider ID	Displays the Web number, used to activate the account, of the user currently logged in the application.	Label	N/A	0
Taxonomy	Displays the taxonomy number for the provider currently logged in the application.	Label	N/A	0
Zip Code	Displays the zip code for the provider currently logged in the application.	Label	N/A	0

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6.2.7 Info Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

6.2.8 Info Panel Extra Features

A dynamic feature will display a Trading Partner that has accepted to receive 835 transactions on the part of the Provider. If no action has been taken regarding the provider 835 transaction files, the message is marked as N/A.

6.2.9 Info Panel Accessibility

6.2.9.1 To Access the Info Panel

Step	Action	Response
1	Click **Providers**.	Providers page and Info panel display.

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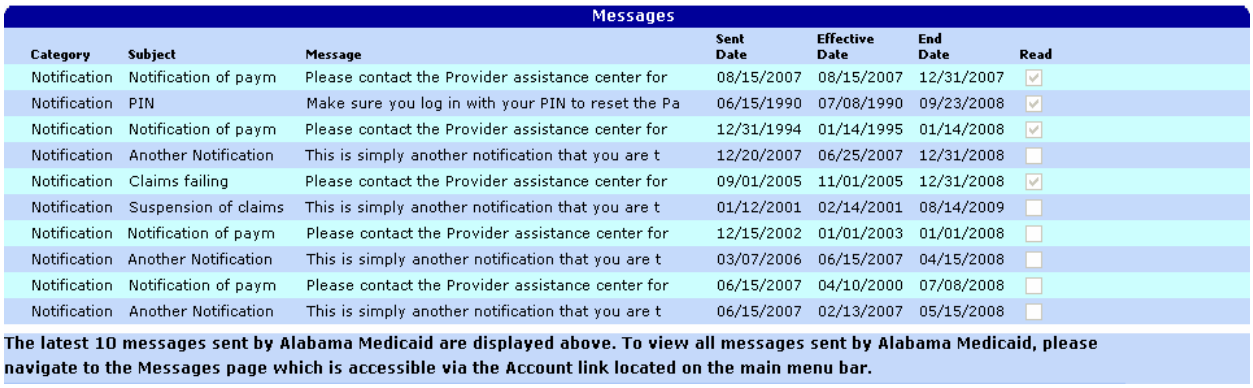
6.3 Messages

6.3.1 Messages Panel Narrative

The Messages panel displays the latest ten messages from the user's secure mailbox.

Navigation Path: [Providers]

6.3.2 Messages Panel Layout



Messages

Category	Subject	Message	Sent Date	Effective Date	End Date	Read
Notification	Notification of paym	Please contact the Provider assistance center for	08/15/2007	08/15/2007	12/31/2007	☑
Notification	PIN	Make sure you log in with your PIN to reset the Pa	06/15/1990	07/08/1990	09/23/2008	☑
Notification	Notification of paym	Please contact the Provider assistance center for	12/31/1994	01/14/1995	01/14/2008	☑
Notification	Another Notification	This is simply another notification that you are t	12/20/2007	06/25/2007	12/31/2008	☐
Notification	Claims failing	Please contact the Provider assistance center for	09/01/2005	11/01/2005	12/31/2008	☑
Notification	Suspension of claims	This is simply another notification that you are t	01/12/2001	02/14/2001	08/14/2009	☐
Notification	Notification of paym	Please contact the Provider assistance center for	12/15/2002	01/01/2003	01/01/2008	☐
Notification	Another Notification	This is simply another notification that you are t	03/07/2006	06/15/2007	04/15/2008	☐
Notification	Notification of paym	Please contact the Provider assistance center for	06/15/2007	04/10/2000	07/08/2008	☐
Notification	Another Notification	This is simply another notification that you are t	06/15/2007	02/13/2007	05/15/2008	☐

The latest 10 messages sent by Alabama Medicaid are displayed above. To view all messages sent by Alabama Medicaid, please navigate to the Messages page which is accessible via the Account link located on the main menu bar.

6.3.3 Messages Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Category	Displays the category of the message.	Field	Alphanumeric	30
Effective Date	Displays the effective date of the message.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the message.	Field	Date (MM/DD/CCYY)	10
Message	Displays the messages.	Field	Alphanumeric	30
Read	Indicates if the message has been read. (Read-Only)	Combo Box	Check Box	0
Sent Date	Displays the sent date of the message.	Field	Date (MM/DD/CCYY)	10
Subject	Displays the subject line of the message.	Field	Alphanumeric	100

6.3.4 Messages Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

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6.3.5 Messages Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.3.6 Messages Panel Accessibility

6.3.6.1 To Access the Messages Panel

Step	Action	Response
1	Click **Providers**.	Providers page and Messages panel display.

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7. Home

The Home page opens when you access the AMMIS Interactive Services website and click on Home.

From the Home link in the Main Menu toolbar, users can access the following Sub Menu options:

- Site Settings

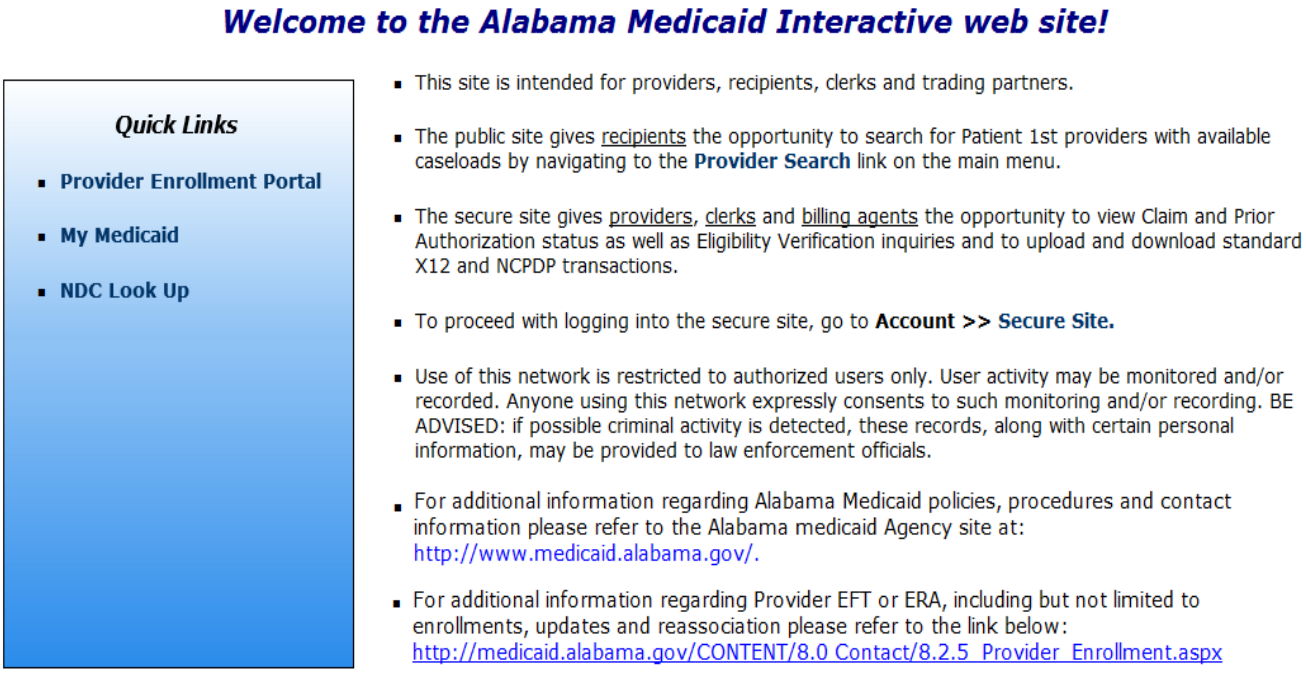
7.1 Home

7.1.1 Home Panel Narrative

The Home panel is the welcome page for the Interactive Services website. The user has the capability to access any Interactive Services website features from here.

Navigation Path: [Home]

7.1.2 Home Panel Layout



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Home Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
No field documentation found for this panel.				

7.1.3 Home Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

7.1.4 Home Panel Extra Features

Field	Field Type
A Quick Links section on the left side contains hyperlinks to navigate users quickly to the Provider Enrollment Portal, the Member Portal, and the NDC Lookup screen. Additional hyperlinks are provided on the right side to navigate users to the Provider Search screen, the Login screen, and the Alabama Medicaid Agency web site.	

7.1.5 Home Panel Accessibility

7.1.5.1 To Access the Home Panel

Step	Action	Response
1	Click **Home**.	Home page displays.

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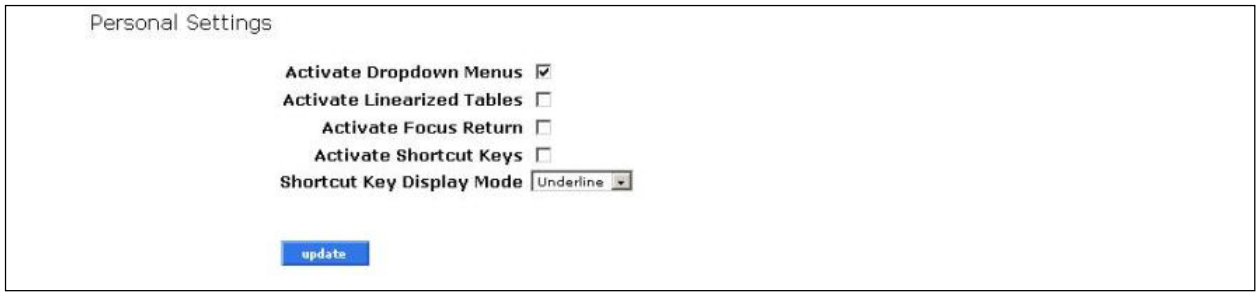
7.2 Site Settings

7.2.1 Site Settings Panel Narrative

The Site Settings panel allows the user to customize the website according to need. The user has the capability to activate dropdown menus, shortcut keys and focus return.

Navigation Path: [Home] – [Site Settings]

7.2.2 Site Settings Panel Layout



7.2.3 Site Settings Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
update	This button saves the settings.	Button	N/A	0
Activate Dropdown Menus	This checkbox activates drop down menus in the Interactive Services website.	Combo Box	Checkbox	0
Activate Focus Return	This checkbox activates focus return on the Interactive Services website.	Combo Box	Checkbox	0
Activate Linearized Tables	This checkbox activates linearized tables in the Interactive Services website.	Combo Box	Checkbox	0
Activate Shortcut Keys	This checkbox activates shortcut keys on buttons in the Interactive Services website.	Combo Box	Checkbox	0
Shortcut Key Display Mode	This drop down list box determines how buttons are displayed in the Interactive Services website. Valid values: None, Underline, ADA Mode.	Combo Box	Drop Down List Box	0

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7.2.4 Site Settings Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

7.2.5 Site Settings Panel Extra Features

Field	Field Type
No extra features found for this panel.	

7.2.6 Site Settings Panel Accessibility

7.2.6.1 To Access the Site Settings Panel

Step	Action	Response
1	Click **Home**.	Home page displays.
2	Click **Site Settings**.	Site Settings panel displays.

7.2.6.2 To Update on the Site Settings Panel

Step	Action	Response
1	Click **Activate Dropdown Menus** checkbox.	Activates drop down menus in the Interactive Services website.
2	Click **Activate Focus Return** checkbox.	Activates focus return on the Interactive Services website.
3	Click **Activate Linearized Tables** checkbox.	Activates linearized tables in the Interactive Services website.
4	Click **Activate Shortcut Keys** checkbox.	Activates shortcut keys on buttons in the Interactive Services website.
5	Select option from **Shortcut Key Display Mode** dropdown menu.	Displays buttons in the Interactive Services website according to valid values: None, Underline, ADA Mode.
6	Click **update**.	Site settings save.

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8. NDC Look Up Search

8.1 NDC Look Up Search Panel Narrative

The NDC Look Up Search panel allows users to search for Medicaid covered drugs using NDC, NDC and Date, Drug Name, or Drug Name and Date. Since both covered and non-covered drugs will be included in the search results, repack and obsolete drugs will be omitted to help reduce the number of rows returned.

Navigation Path: [NDC LookUp]

8.1.1 NDC Look Up Panel Layout

8.1.2 NDC Look Up Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all the search criteria fields.	Button	N/A	0
Dispense As Written	If DAW is selected, the AAC/brand rate will be displayed. If no AAC/brand rate is on file, the WAC rate will be displayed.	Field	Check Box	0
Drug Information Status Date	Allows the user to select search results that will display drugs currently covered (Today), or drugs covered on a previous date (Other Date).	Field	Radio Button	0
Drug Information Status Date Entry (field)	If “Other Date” is selected, a valid, previous date must be entered in the date field.	Field	Date (MM/DD/CCYY)	10
Drug Name	Enter a partial or complete label name of a drug used to perform a search.	Field	Alphanumeric	40
Drug Name [search]	Allows the user to search for corresponding field data without leaving the page.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
NDC	Enter National Drug Code number to perform a search.	Field	Character	11

8.1.3 NDC Look Up Search Panel Field Edit Error Codes

Field	Error Message	To Correct
SEARCH	Please enter NDC or drug name and date to perform a search.	Enter a valid NDC or drug name in search criteria fields.
NDC	Numeric field only, user will not be able to enter alpha or special characters.	Enter a numeric NDC.
NDC	No drug information found that matches the search criteria.	Enter a valid, 11-digit NDC.
NDC and Drug Name	Return drug information on the NDC that was entered, ignoring the data entered in the “Drug Name” field. No drug information found that matches the search criteria.	Perform the drug search using either the NDC or the drug name.
Drug Name	No drug information found that matches the search criteria	Enter a valid NDC or drug name.
Drug Information Status Date	Date entered cannot be a future date.	Perform the drug search using either the current date or a valid previous date.
Drug Information Status Date	Date format should be mmddccyy or mm/dd/ccyy.	The user selects OTHER DATE and enters the date in MMDDCCYY format.

8.1.4 NDC Look Up Search Panel Extra Features

Field	Field Type
Drug Name	Search Hyperlink appears after the Drug Name.
Search	Main Search Button of the Panel.
A ‘pop-up’ search panel allows the user to search for field data without leaving the page. By clicking the [Search] hyperlink, the user accesses the search panel that is associated with that particular field.	

8.1.5 NDC Look Up Search Panel Accessibility

8.1.5.1 To Access the NDC Look Up Panel

Step	Action	Response
1	Click the **NDC Look Up** tab.	NDC Look Up Panel will display.

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8.1.5.2 To Search on the NDC Look Up Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields: **NDC**, **Drug Name And Drug Status Information Date**.	
2	Click **search**.	Drug Information Status Date panel will display.

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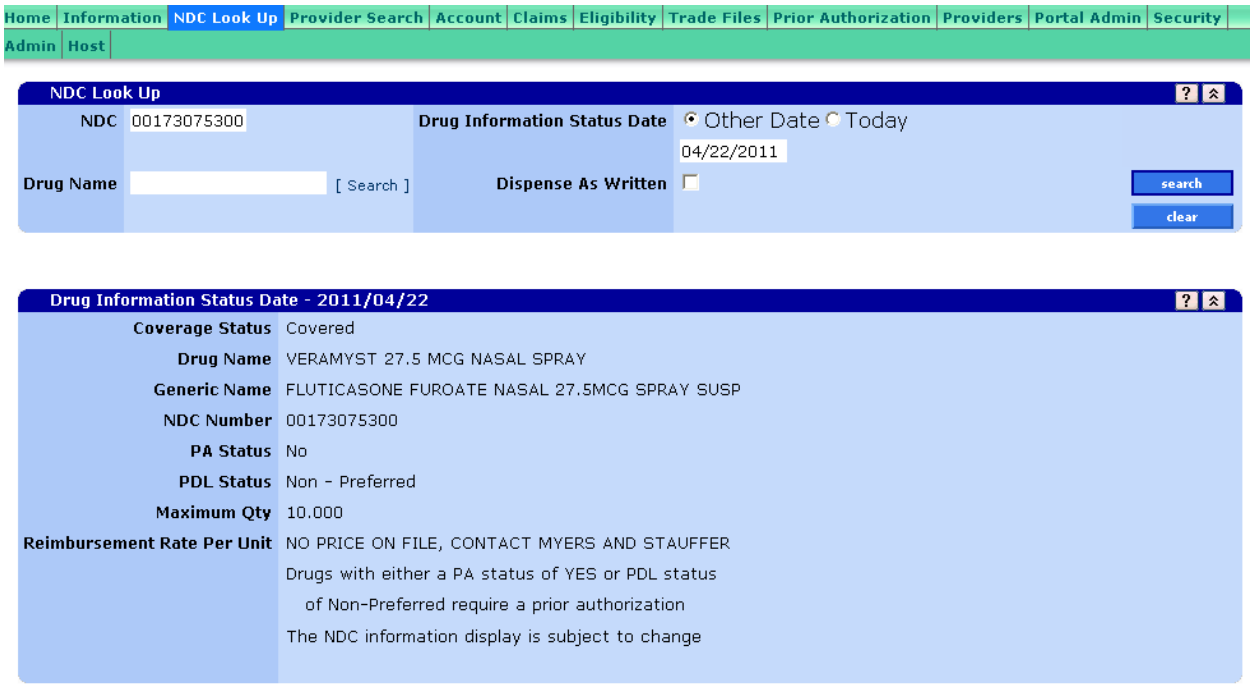
8.2 Drug Information Status Date Panel

8.2.1 Drug Information Status Date Panel Narrative

The Drug Information Status Date panel displays NDC information matching the search criteria from the NDC Look Up Search panel. The date entered by the user is shown in the title of the panel. If the user does not enter a Drug Information Status Date, the current date is used as the default date in the search criteria.

Navigation Path: [NDC Lookup] – [Search]

8.2.2 Drug Information Status Date Search Results Panel Layout



8.2.3 Drug Information Status Date Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Coverage Status	Indicates whether or not the drug is covered on the date selected.	Field	Character	11
Drug Information Status Date	Displays the date used in the search criteria entered on the NDC Look Up panel. If no date is entered, the current date displays.	Field	Date (MM/DD/CCYY)	10

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Field	Description	Field Type	Data Type	Length
Drug Name	Combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.	Field	Character	10
Generic Name	Combination of active ingredient names, route of administration, dosage form and strength.	Field	Alphanumeric	100
Maximum Quantity	The maximum units of the drug which can be dispensed within a 30-day period without an override.	Field	Number (Integer)	14
NDC Number	Displays the NDC number that was entered at the search. The National Drug Code used to uniquely identify a drug to be searched.	Field	Character	11
PA Status	Displays if a Prior Authorization is required. Valid values are 'Yes' and 'No.'	Field	Character	1
PDL Status	Indicates whether the drug or drug product is preferred or non-preferred	Field	Character	1
Reimbursement Rate per Unit	Displays the lowest reimbursement rate unless the user selects DAW. If DAW is selected, the AAC/brand rate will be displayed. If no AAC/brand rate is on file, the WAC rate will be displayed. Lower of methodology should follow Rule No. 560-X-16-.06. Reimbursement for Covered Drugs and Services of the administrative code.	Field	Number (Integer)	14

8.2.4 Drug Information Status Date Panel Field Edit Error Codes

Field	Error Message	To Correct
Reimbursement rate per unit	No price on file, contact myers and stauffer.	No price on file. Contact Myers and Stauffer at 800-591-1183.
Reimbursement rate per unit	Drug price not available for search date.	Re-enter a search date that is not greater than 12 months prior to the current date.

8.2.5 Drug Information Status Date Panel Extra Features

Field	Field Type
Max Qty	Number(Integer)

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Field	Field Type
Reimbursement rate per unit	Number(Integer)
If Max Qty is 9999999.999, N/A will be displayed, otherwise the quantity will display in numeric format 9999999.999. For Reimbursement rate per unit: the lowest reimbursement rate will be displayed unless the user selects DAW. If DAW is selected, the AAC/brand rate will be displayed. If no AAC/brand rate is on file, the WAC rate will be displayed. Lower of methodology should follow Rule No. 560-X-16-.06. Reimbursement for Covered Drugs and Services of the administrative code.	

8.2.6 Drug Information Status Date Panel Accessibility

8.2.6.1 To Access the Drug Information Status Date Results Panel

Step	Action	Response
1	Enter search criteria and click **search**.	Detail Information of NDC is displayed in the summary panel or Drug Search Window pop-up is displayed based on search criteria.

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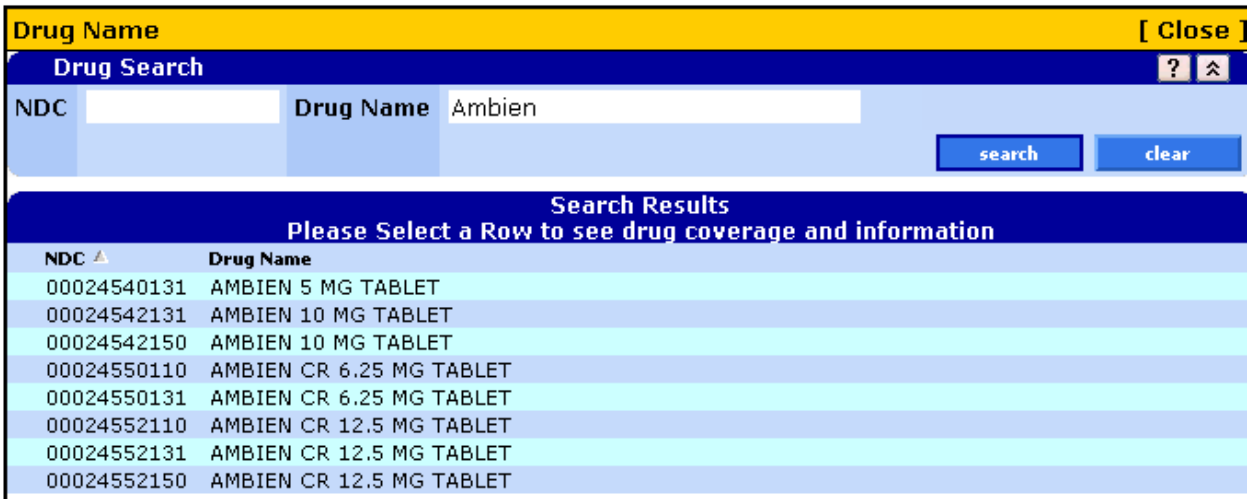
8.3 Drug Name Search Panel Layout

8.3.1 Drug Name Search Panel Narrative

The Drug Name Search panel will display to allow users to search by a different NDC or Drug Name. After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [NDC Lookup] – [Search]

8.3.2Drug Name Search Panel Layout



8.3.3Drug Name Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the drug look up search.	Button	N/A	0
Drug Name	Enter partial or complete label name of a drug to perform a search.	Field	Alphanumeric	40
NDC	Enter National Drug Code number to perform a search.	Field	Character	11

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8.3.4 Drug Name Search Panel Field Edit Error Codes

Field	Error Message	To Correct
NDC and Drug Name	Please enter at least one search criteria.	Enter valid search criteria.
NDC	NDC not found.	Enter a valid NDC.

8.3.5Drug Name Search Panel Extra Features

Field	Field Type
Up to 50 rows per page will be returned on searches using the Drug Name Search panel. When the user selects an NDC from the search results pop-up window, drug information for the selected NDC will display in the main Drug Information Status Date Panel.	

8.3.6Drug Name Search Panel Accessibility

8.3.6.1 To Access the Drug Name Search Panel

Step	Action	Response
1	Enter search criteria and click **search.**	If searching with a NDC, the Drug Information Status Date panel will display. If searching with a drug name with more than one (1) NDC, a drug search panel will pop-up displaying the drug name and corresponding NDCs to select from.

8.3.6.2 To Search on the Drug Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields **NDC, Drug Name**.	
2	Click **search.**	Displays up to 50 rows per page if available.

If data is more than one (1) row, then Drug Search Panel is displayed.

When searching with the drug name and more than one (1) row of data is found, the pop-up drug search panel displays.

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9. Information

From the Information link in the Main Menu toolbar, users can access the following Sub Menu options:

- AL Links
- Contact Us

9.1 AL Links

9.1.1 AL Links Panel Narrative

The AL Links panel provides users the ability to view available documentation or download the Provider Electronic Solutions or Long Term Care (LTC) Admission Notification software full installations or upgrades.

Click a hyperlink to navigate to the selected section of the Interactive Services website.

Navigation Path: [Information] – [AL Links]

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9.1.2 AL Links Panel Layout

Business Actions

- **Explanation of Benefit (EOB) Crosswalk**
- **Carrier Code Information**

Software Download

Provider Electronic Solution

PLEASE REVIEW PRIOR TO SELECTING AN OPTION FOR SOFTWARE DOWNLOAD

PES version 3.0 must be in place before March 31st to submit 5010 and NCPDP 1.2 transactions.

Users have two options: **1)** An upgrade from PES version 2.16 to PES version 3.0 (desired), or **2)** A full install of PES version 3.0.

1) Upgrade information:

Prior to upgrading to PES version 3.0:

- Users must be using PES version 2.16
  - If not, you must upgrade to PES version 2.16 or do a full install

- Users must submit all "R" status transactions (these cannot be submitted once version 3.0 is in place).

Once PES version 3.0 upgrade has completed list information will remain unchanged, but users will not be able to change, copy, resubmit, or restore archived transactions that were entered in PES version 2.16 of the Provider Electronic Solutions Software.

All transactions converted from PES version 2.16 to version 3.0 will be flagged with a new status based on the status the transaction was in at the time of the upgrade. No further action can be taken on X12 4010 or NCPDP 1.1 transactions.

The following new status codes will be used:

U – All transactions previously in an 'I' status at the time the upgrade is performed will have the status changed to 'U'. U = 4010 Unfinished/Incomplete
B – All transactions previously in an 'A' status at the time the upgrade is performed will have the status changed to 'B'. B = 4010 Backup record/Archive
C – All transactions previously in an 'R' status at the time the upgrade is performed will have the status changed to 'C'. C = 4010 Completed not yet Submitted/Ready
S – All transactions previously in an 'F' status at the time the upgrade is performed will have the status changed to 'S'. S = 4010 Successfully Submitted/Finalized

2) Full Install information:

Prior to full installation to PES version 3.0:

- Users may be new to PES or using any previous version of PES

- Current PES users:
  - Lists will not be retained. It is recommended that users print their lists prior to installation so that their lists can be manually created in PES version 3.0.

- Users must submit all "R" status transactions (these cannot be submitted once version 3.0 is in place).

- **PES Software Full Install**
- **PES Software Upgrades**
- **Microsoft Internet Explorer**

LTC Admission Notification

- **LTC Admission Notification Full Install**
- **LTC Admission Notification Upgrades**

Documentation

- **Vendor Interface Specifications**
- **Interactive Service - Web User Guide**
- **PES Software User Guide**
- **LTC Software User Guide**
- **HIPAA Companion Guides**
- **Trading Partner ID Request Form - This form is to be completed for each unique submitter interested in submitting electronic batch files.**

9.1.3 AL Links Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Carrier Code Information	Hyperlink to allow user to access the Carrier Code values and definitions.	Hyperlink	N/A	0
Explanation of Benefit (EOB) Crosswalk	Hyperlink to allow user to access the Explanation of Benefit (EOB) Crosswalk.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
HIPAA Companion Guides	Hyperlink to allow user to access the HIPAA Companion Guides.	Hyperlink	N/A	0
Interactive Service - Web User Guide	Hyperlink to allow user to access the Interactive Services Website User Manual.	Hyperlink	N/A	0
LTC Admission Notification Full Install	Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification Full Installs. (Only for LTC Providers.)	Hyperlink	N/A	0
LTC Admission Notification Upgrades	Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification Upgrades. (Only for LTC Providers.)	Hyperlink	N/A	0
LTC Software User Guide	Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification user guide. (Only for LTC Providers.)	Hyperlink	N/A	0
Microsoft Internet Explorer	Hyperlink to allow user to access the Microsoft Internet Explorer browser download.	Hyperlink	N/A	0
PES Software Full Install	Hyperlink to allow user to access the Provider Electronic Solutions Full Installs.	Hyperlink	N/A	0
PES Software Upgrades	Hyperlink to allow user to access the Provider Electronic Solutions Upgrades.	Hyperlink	N/A	0
PES Software User Guide	Hyperlink to allow user to access the Provider Electronic Solutions user guide.	Hyperlink	N/A	0
interChange Trading Partner ID Request Form	Hyperlink to allow user to access the Trading Partner ID Request form.	Hyperlink	N/A	0
Vendor Interface Specifications	Hyperlink to allow user to access the Vendor Specifications on Alabama Medicaid's Vendor page.	Hyperlink	N/A	0

9.1.4 AL Links Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

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9.1.5 AL Links Panel Extra Features

Field	Field Type
No extra features found for this panel.	

9.1.6 AL Links Panel Accessibility

9.1.6.1 To Access the AL Links Panel

Step	Action	Response
1	Click **Information**.	Information panel displays.
2	Click **AL Links**.	AL Links page displays.

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9.2 Contact Us

9.2.1 Contact Us Panel Narrative

The Contact Us panel provides contact information for the Customer Service Help Desk.

Navigation Path: [Information] – [Contact Us]

9.2.2 Contact Us Panel Layout

The Alabama Medicaid Interactive web site is intended for providers, clerks, and billing agents. This is meant to supplement the Customer Service Help Desk by handling claims status inquiry, eligibility inquiry, and other common requests.

The Customer Service Help Desk is available to handle your general billing, claim, or policy questions.

The Help Desk hours are Monday through Friday, 7:00 AM to 8:00 PM. Saturday (including holidays) 9:00 AM to 5:00 PM.

The local and long distance number is 1-334-215-0111

The toll free number when calling within Alabama and border communities is 1-800-456-1242

The email address is AlabamaSystemsEMC@hp.com

The mailing address:
Hewlett-Packard Enterprise Services (HPES)
Attn: EMC Helpdesk
301 Technacenter Drive
Montgomery, AL 36117

Use of the Alabama secure web pages is restriced to authorized users. You must obtain a username and password to be used to access the secure web pages. Access to individual web pages may further be restricted by the profile assigned to your username. Access to the remainder of the help pages requires a valid login.

9.2.3 Contact Us Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
No field documentation found for this panel.				

9.2.4 Contact Us Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

9.2.5 Contact Us Panel Extra Features

Field	Field Type
No extra features found for this panel.	

9.2.6 Contact Us Panel Accessibility

9.2.6.1 To Access the Contact Us Panel

Step	Action	Response
1	Click **Information**.	Information page displays.

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Step	Action	Response
2	Click **Contact Us**.	Contact Us page displays.

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10. Provider Search

From the Provider Search link in the Main Menu toolbar, recipients can access the following Sub Menu option:

- Patient 1st

10.1 Patient 1st

10.1.1 Patient 1st Provider Location – Search Panel Narrative

The Patient 1st panel allows recipients to perform searches for Patient 1st providers that are close to their residence who may be currently accepting new patients.

Navigation Path: [Provider Search] – [Patient 1st]

10.1.2 Patient 1st Provider Location – Search Panel Layout

NOTE:

Recipients should call the provider prior to calling the Recipient Call Center to ensure the provider is accepting new Alabama Medicaid recipients.

10.1.3 Patient 1st Provider Location – Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
search	This button initiates the search.	Button	N/A	0
Recipient ID	Displays the Recipient's first 12-digits of their Medicaid identification number.	Field	Character	12

10.1.4 Patient 1st Provider Location – Search Panel Field Edit Error Codes

Field	Error Message	To Correct
Recipient ID	A Medicaid Recipient ID is required.	Enter a 12 digit Medicaid Recipient ID.

10.1.5 Patient 1st Provider Location – Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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10.1.6 Patient 1st Provider Location – Search Panel Accessibility

10.1.6.1 To Access the Patient 1st Provider Location – Search Panel

Step	Action	Response
1	Click **Provider Search**.	Provider Search page opens.
2	Click **Patient 1st**.	Patient 1st Provider Location – Search panel opens.

10.1.6.2 To Search on the Patient 1st Provider Location – Search Panel

Step	Action	Response
1	Enter **Recipient ID**.	
2	Click **search**.	Search results panel displays.

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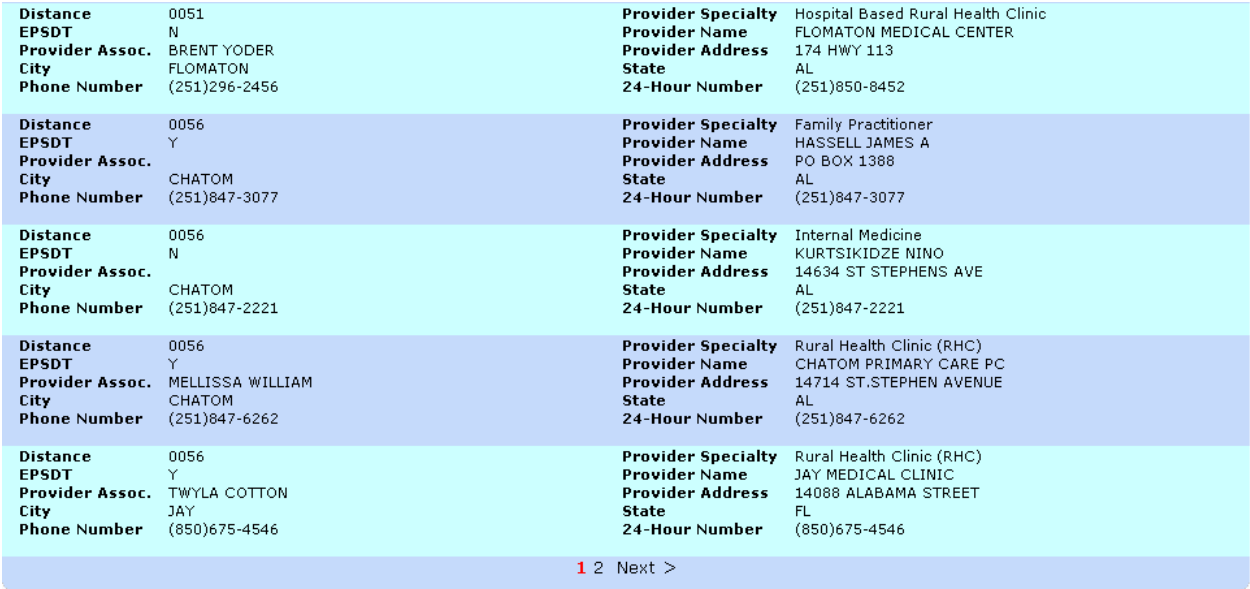
10.2 Patient 1st Provider Location Results

10.2.1 Patient 1st Provider Location Results Panel Narrative

The Patient 1st Search Results panel displays Patient 1st provider information matching search criteria entered in the Patient 1st Provider Location - Search panel.

Navigation Path: [Provider Search] – [Patient 1st] – [search]

10.2.2 Patient 1st Provider Location Results Panel Layout



Distance	0051	**Provider Specialty**	Hospital Based Rural Health Clinic
EPSDT	N	**Provider Name**	FLOMATON MEDICAL CENTER
Provider Assoc.	BRENT YODER	**Provider Address**	174 HWY 113
City	FLOMATON	**State**	AL
Phone Number	(251)296-2456	**24-Hour Number**	(251)850-8452
Distance	0056	**Provider Specialty**	Family Practitioner
EPSDT	Y	**Provider Name**	HASSELL JAMES A
Provider Assoc.		**Provider Address**	PO BOX 1388
City	CHATOM	**State**	AL
Phone Number	(251)847-3077	**24-Hour Number**	(251)847-3077
Distance	0056	**Provider Specialty**	Internal Medicine
EPSDT	N	**Provider Name**	KURTSIKIDZE NINO
Provider Assoc.		**Provider Address**	14634 ST STEPHENS AVE
City	CHATOM	**State**	AL
Phone Number	(251)847-2221	**24-Hour Number**	(251)847-2221
Distance	0056	**Provider Specialty**	Rural Health Clinic (RHC)
EPSDT	Y	**Provider Name**	CHATOM PRIMARY CARE PC
Provider Assoc.	MELLISSA WILLIAM	**Provider Address**	14714 ST.STEPHEN AVENUE
City	CHATOM	**State**	AL
Phone Number	(251)847-6262	**24-Hour Number**	(251)847-6262
Distance	0056	**Provider Specialty**	Rural Health Clinic (RHC)
EPSDT	Y	**Provider Name**	JAY MEDICAL CLINIC
Provider Assoc.	TWYLA COTTON	**Provider Address**	14088 ALABAMA STREET
City	JAY	**State**	FL
Phone Number	(850)675-4546	**24-Hour Number**	(850)675-4546

1 2 Next >

10.2.3 Patient 1st Provider Location Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
24-Hour Number	Displays the provider's 24-hour phone number.	Field	Number (Integer)	12
City	Displays the provider's city.	Field	Character	20
Distance	Displays the distance, in miles, between the provider and recipient.	Field	Number (Integer)	4
EPSDT	Displays if the provider is an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screener.	Field	Character	1
Phone Number	Displays the provider's phone number.	Field	Number (Integer)	12
Provider Address	Displays the provider's address.	Field	Character	30

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Field	Description	Field Type	Data Type	Length
Provider Assoc.	Displays the Mid Level associate to the provider.	Field	Character	20
Provider Name	Displays the Provider's name.	Field	Character	20
Provider Specialty	Displays the provider's specialty description.	Field	Character	15
State	Indicates the provider's state.	Field	Character	2

10.2.4 Patient 1st Provider Location Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

10.2.5 Patient 1st Provider Location Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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11. Account

Account features allows users to setup or maintain personal account information or, as a provider, to setup or maintain the account information for a designated clerk. Users can access the secure site from this location, as well as logoff the Interactive Services website.

From the Account link in the Main Menu toolbar, users can access the following Sub Menu options prior to login:

- Account Setup
- Reset Password
- Secure Site

From the Account link in the Main Menu toolbar, users can access the following Sub Menu options after login:

- Account Maintenance
- Clerk Maintenance
- Change Password
- Messages
- Switch Provider
- Logoff

11.1 Patient 1st Provider Location Results Panel Accessibility

11.1.1 To Access the Patient 1st Provider Location Results Panel

Step	Action	Response
1	Click **Provider Search**.	Provider Search page opens.
2	Click **Patient 1st**.	Patient 1st Provider Location – Search panel opens.
3	Enter search criteria and click **search**.	Search results panel displays.

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11.2 Account Setup

11.2.1 Account Setup Panel Narrative

The Account Setup panel allows users to setup their account and profile after receiving their PIN Letter. The user has the capability to update personal information, set security questions, create and/or change a password.

Navigation Path: [Account] – [Account Setup]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

11.2.2 Account Setup Panel Layout

NOTE:

Section 9.1.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the Account Setup panel. Please refer to section 9.1.6.2 for step by step instructions on how to complete the Account Setup panel.

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11.2.3 Account Setup Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
cancel	This button discards any changes made to the page and stays on the same page.	Button	N/A	0
setup account	This button displays the user profile panel.	Button	N/A	0
submit	This button submits the user profile and navigates to the Home page.	Button	N/A	0
1st Answer	Enter the 1st secret question Answer.	Field	Alphanumeric	20
1st Secret Question	Enter 1st secret security question for the account user.	Field	Character	50
2nd Answer	Enter Answer to 2nd Secret Question.	Field	Alphanumeric	20
2nd Secret Question	Enter 2nd secret security question for the account user.	Field	Character	50
Confirm Email	Enter the email address again to confirm.	Field	Character	50
Confirm Password	Enter the password again to confirm.	Field	Alphanumeric	30
Contact First Name	Enter the first name of the account user.	Field	Character	50
Contact Last Name	Enter the last name of the account user.	Field	Character	50
Email	Enter the email address of the account user.	Field	Character	50
Login ID	Enter the login identification.	Field	Alphanumeric	10
Password	Enter the password for User account. A Web Password must, at a minimum, include the following format: ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length.	Field	Alphanumeric	30
Personal Identification Number	Enter the personal identification number (PIN).	Field	Alphanumeric	10
Phone Number	Enter the Phone Number of the account user.	Field	Number (Integer)	10
Phone Number Ext	Enter the extension for the phone number of the account user. This field is optional.	Field	Number (Integer)	4

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Field	Description	Field Type	Data Type	Length
User Name	Enter the login identification for the user account.	Field	Alphanumeric	20

11.2.4 Account Setup Panel Field Edit Error Codes

Field	Error Message	To Correct
setup account	Sorry, we could not find that Login ID/Personal Identification Number. Please try again.	Enter correct Login ID/Personal Identification Number.
	This Login ID/Personal Identification Number has already been used to register a user.	Enter Unregistered Login ID/Personal Identification Number.
	Unable to setup account at this time, please contact the EMC Help Desk for further assistance. (800) 456-1242 – AL, FL, GA, MS and TN (334) 215-0111 – All other locations	Contact the EMC Help Desk for further assistance.
1st Answer	1st Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field contains only alphanumeric A-Z and 0-9 and blank spaces.
	1st Answer is required.	Enter an answer that corresponds with the 1st Secret Question entered.
1st Secret Question	1st Secret Question is required.	Enter the 1st Secret Question.
2nd Answer	2nd Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field contains only alphanumeric A-Z and 0-9 and blank spaces.
	2nd Answer is required when Secret question2 is entered.	Please check whether the Secret Answer 2 is filled.
2nd Secret Question	2nd Secret Question is required when Secret answer2 is entered.	Please check whether the 2nd secret Question is filled.
Confirm Email	Confirm Email contains an invalid value.	Re-enter a valid email address.
	Confirm Email is required.	Re-enter a valid email address.
	Email must be same as Confirm Email.	Check whether the Email and Confirm Email values are typed the same.
	Confirm Email is invalid for a Email type value.	Re-enter a valid email address.
Confirm Password	Password must be same as Confirm Password.	Check whether the Password and Confirm Password values are typed the same.
	Confirm Password is required.	Re-enter the password.

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Field	Error Message	To Correct
Contact First Name	First Name is required.	Enter the contact's first name.
Contact Last Name	Last Name is required.	Enter the contact's last name.
Email	Email is invalid for a Email type value.	Enter a valid email address.
	Email contains an invalid value.	Enter a valid email address.
	Email is required.	Enter the contact's email address.
Password	Password is required.	Enter a password.
	The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again.	Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field.
Phone Number	Phone Number contains an invalid value.	Enter the contact's phone number.
User Name	User Name cannot contain values other than [A-Z/a-z/0-9].	Ensure the field contains only A - Z and 0 - 9.
	User Name must be at least 6 characters in length.	Enter a user name that is at least 6 bytes in length.
	User Name is required.	Enter a user name that is at least 6 bytes in length.
	The User Name entered is already registered to another user. Please try again.	Enter a different user name that is not already registered to another user.
	User Name must be less than or equal to 20 characters in length.	Enter a user name that is less than or equal to 20 characters in length.

11.2.5 Account Setup Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.2.6 Account Setup Panel Accessibility

11.2.6.1 To Access the Account Setup Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Account Setup**.	Account Setup panel opens.

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11.2.6.2 To Add on the Account Setup Panel

Step	Action	Response
1	Enter **Login ID**.	
2	Enter **Personal Identification Number**.	
3	Click **setup account**.	Web User Profile panel displays.
4	Enter **User Name**.	
5	Enter **Contact Last Name**.	
6	Enter **Contact First Name**.	
7	Enter **Phone Number** and (optional) extension.	
8	Enter **1st Secret Question**.	
9	Enter **1st Answer** that corresponds with the 1st Secret Question entered.	
10	Enter **2nd Secret Question**.	
11	Enter **2nd Answer** that corresponds with the 2nd Secret Question entered.	
12	Enter **Password**.	
13	Re-enter password in **Confirm Password** field.	
14	Enter **Email** address.	
15	Re-enter email address in **Confirm Email** field.	
16	Click **submit**.	Account Setup information saves.

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11.3 Account Maintenance

11.3.1 Account Maintenance Panel Narrative

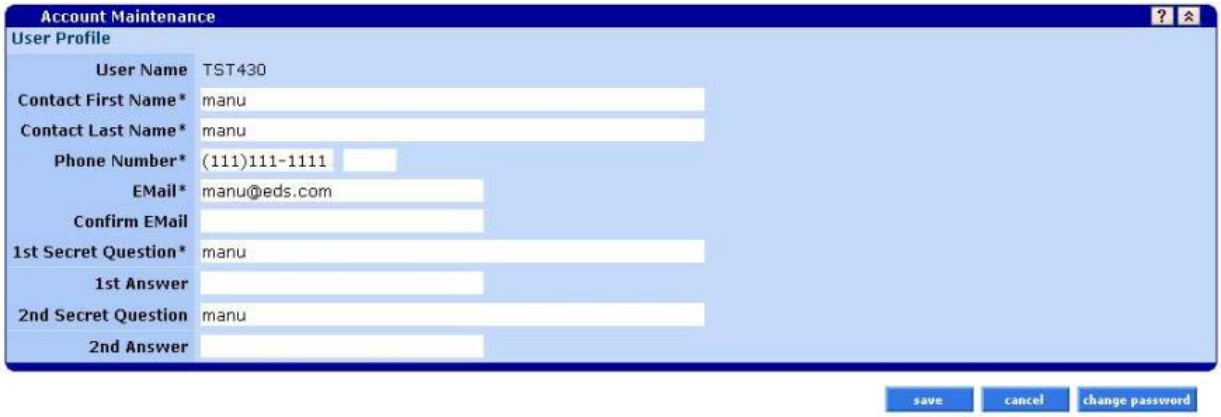
The Account Maintenance panel allows users to manage profile information. The user has the capability to update personal information and security questions, as well as the option to go to the Change Password panel.

Navigation Path: [Account] – [Account Maintenance]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

11.3.2 Account Maintenance Panel Layout



NOTE:

Section 9.2.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the Account Maintenance panel. Please refer to section 9.2.6.2 for step by step instructions on how to complete the Account Maintenance panel.

11.3.3 Account Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
cancel	This button discards any changes made to the page.	Button	N/A	0
change password	This button redirects the user to the change password page so the user can change their password.	Button	N/A	0
save	This button saves the changes made to the page.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
1st Answer	Enter the answer to 1st Secret Question.	Field	Alphanumeric	20
1st Secret Question	Enter the 1st secret security question for the account user.	Field	Character	50
2nd Answer	Enter the answer to 2nd Secret Question.	Field	Alphanumeric	20
2nd Secret Question	Enter the 2nd secret security question for the account user.	Field	Character	50
Confirm Email	Enter the email identification again to confirm.	Field	Character	50
Contact First Name	Enter the first name of the account user.	Field	Character	50
Contact Last Name	Enter the last name of the account user.	Field	Character	50
Email	Enter the email address of the account user.	Field	Character	50
Phone Number	Enter the phone number of the account user.	Field	Number (Integer)	10
Phone Number Ext	Enter the extension for the phone number of the account user. This field is optional.	Field	Number (Integer)	4
User Name	This field is auto populated after user logs into secure site.	Field	Alphanumeric	20

11.3.4 Account Maintenance Panel Field Edit Error Codes

Field	Error Message	To Correct
save	Save was Successful.	Message is displayed when successfully updated.
1st Answer	1st Answer is Required.	Enter an answer that corresponds with the 1st Secret Question entered.
	1st Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Field should be alpha numeric including spaces.
1st Secret Question	1st Secret Question is required.	Enter the 1st Secret Question.
2nd Answer	2nd Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Field should be alpha numeric including spaces.
	2nd Answer is Required when Secret question 2 is entered.	This field must be completed when 2nd secret question is entered.

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Field	Error Message	To Correct
2nd Secret Question	2nd Secret Question is Required.	This field must be completed when 2nd Answer is entered.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 – 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Confirm Email	Confirm Email contains an invalid value.	Re-enter a valid email address.
	Email must be same as Confirm Email.	Email and Confirm Email should match this case valid only when the modified Email and the previously entered are different.
	Confirm Email is required.	Re-enter a valid email address.
Contact First Name	First Name is required.	Enter the contact's first name.
Contact Last Name	Last Name is required.	Enter the contact's last name.
Email	Email is invalid for a Email type value.	Enter a valid email address.
	Email contains an invalid value.	Enter a valid email address.
	Email is required.	Enter the contact's email address.
Phone Number	Phone Number is required.	Enter the contact's phone number.

11.3.5 Account Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.3.6 Account Maintenance Panel Accessibility

11.3.6.1 To Access the Account Maintenance Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Account Maintenance**.	Account Maintenance panel opens.

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11.3.6.2 To Add on the Account Maintenance Panel

Step	Action	Response
1	Enter **Contact First Name**.	
2	Enter **Contact Last Name**.	
3	Enter **Phone Number** and (optional) extension.	
4	Enter **Email** address.	
5	Re-enter email address in **Confirm Email** field.	
6	Enter **1st Secret Question**.	
7	Enter **1st Answer** that corresponds with the 1st Secret Question entered.	
8	Enter **2nd Secret Question**.	
9	Enter **2nd Answer** that corresponds with the 2nd Secret Question entered.	
10	Click **save**.	Account Maintenance information saves.

11.3.6.3 To Update on the Account Maintenance Panel

Step	Action	Response
1	Click in field(s) to update and perform update.	
2	Click **save**.	Account Maintenance information saves.

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11.4 Clerk Maintenance

11.4.1 Clerk Maintenance Panel Narrative

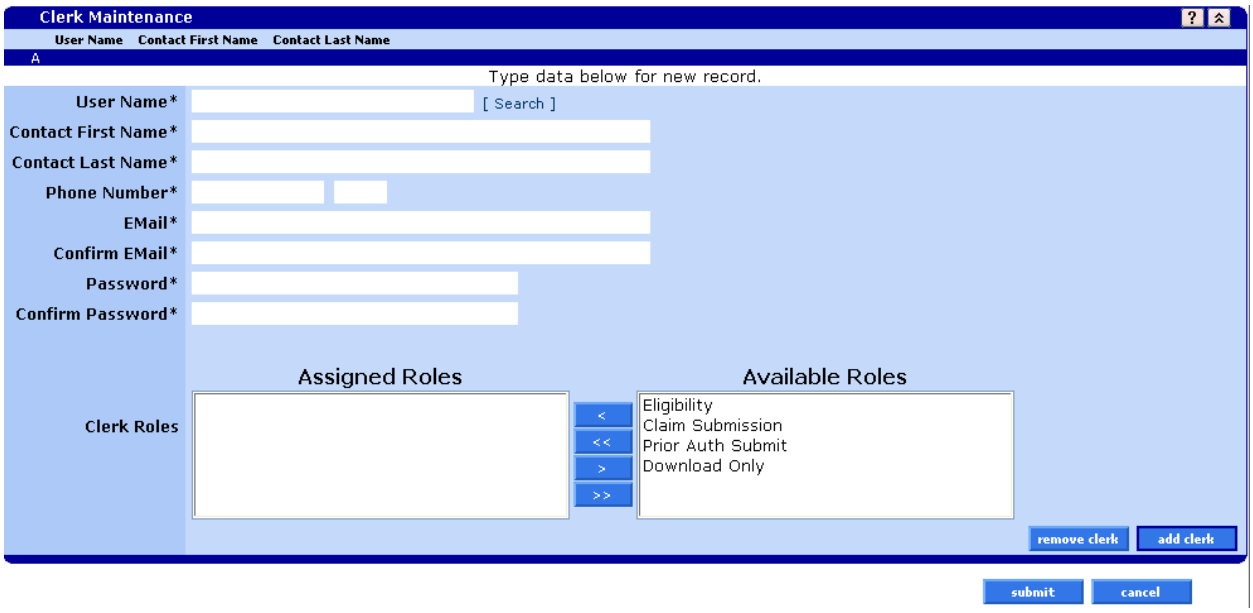
This panel allows providers to create/add, manage or remove clerks. The user has the capability to grant roles to clerks. The role configuration set applies only when the clerk is representing a particular provider.

Navigation Path: [Account] – [Clerk Maintenance] - [add clerk]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

11.4.2 Clerk Maintenance Panel Layout



11.4.3 Clerk Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add clerk	This button allows user to create and add a new clerk.	Button	N/A	0
cancel	This button cancels any changes made to the page.	Button	N/A	0
remove clerk	This button removes a selected clerk from the clerk data list.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
submit	This button initiates the save process.	Button	N/A	0
Assigned Roles	Allows the user to select roles from the Available Roles List Box and move them to the Assigned Roles Box.	Field	N/A	0
Available Roles	Displays the list of available roles.	Field	N/A	0
Clerk Roles	Displays the list of assigned and available roles.	Combo Box	Drop Down List Box	0
Confirm Email	Displays the confirmation of the Email address of the account user.	Field	Character	50
Confirm Password	Displays the retyping of the password to confirm.	Field	Alphanumeric	30
Contact First Name	Displays the contact's last name for the account user.	Field	Character	50
Contact Last Name	Displays the contact's last name for the account user.	Field	Character	50
Email	Displays the email address of the account user.	Field	Character	50
Password	Displays the initial password for the clerk. Will be set as expired requiring the user to change the password when logging in. A Web Password must, at a minimum, include the following format: ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length.	Field	Alphanumeric	30
Phone Number	Displays the phone number of the account user.	Field	Number (Integer)	10
Phone Number Ext	Displays the phone number extension of the clerk.	Field	Number (Integer)	4
User Name	Displays the login identification of the user.	Field	Alphanumeric	20

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11.4.4 Clerk Maintenance Panel Field Edit Error Codes

Field	Error Message	To Correct
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 – 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Confirm Email	Email must be same as Confirm Email.	Check whether the Email and Confirm Email values are typed the same.
	Confirm Email is required.	Re-enter the Email address.
Confirm Password	Password must be same as Confirm Password.	Check whether the Password and Confirm Password values are typed the same.
	Confirm Password is required.	Re-enter the password.
Contact First Name	Contact First Name is required.	Enter the contact's first name.
Contact Last Name	Contact Last Name is required.	Enter the contact's last name.
Email	Email is required.	Enter the contact's email address.
	Email is invalid for a Email type value.	Enter a valid email address.
Password	The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again.	Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field.
	Password is required.	Enter a password.
Phone Number	Phone Number is required.	Enter the contact's phone number.
User Name	User Name must be at least 6 characters in length.	Enter a user name that is at least 6 bytes in length.
	The User Name already exists.	Enter a unique user ID.
	User Name cannot contain values other than [A-Z/a-z/0-9].	Ensure the field contains only A - Z and 0 - 9.
	User Name cannot contain Numeric in the beginning.	Enter a User Name that begins with an alpha character.
	User Name is required.	Enter a User Name that is between 6 to 20 bytes in length.

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11.4.5 Clerk Maintenance Panel Extra Features

The Clerk Maintenance panel is visible and the Contact Name, Phone and E-mail are read-only for an existing clerk (a clerk was selected in the clerks list).

When the "add clerk" button is clicked, the Contact Name, Phone and E-mail, password is editable.

When Add New Clerk is clicked, if an existing clerk, search for current clerk by username, select current clerk, and add the necessary roles and click submit. If not an existing clerk, enter the new clerk's contact name, phone, e-mail and roles and click the submit button.

Roles may be edited on existing clerks by selecting the clerk in the Clerk data list and modifying the roles for the clerk.

The provider verbally communicates or emails password to distribute to clerk (password is set as expired so when clerk logs in they are required to change their password).

When a clerk is selected in the list, the corresponding information of that selected clerk is displayed in the clerk panel as read-only and the fields Confirm Email, Password and Confirm Password are not visible.

The users are allowed to assign/revoke roles.

11.4.6 Clerk Maintenance Panel Accessibility

11.4.6.1 To Access the Clerk Maintenance Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Clerk Maintenance**.	Clerk Maintenance panel opens.

11.4.6.2 To Add on the Clerk Maintenance Panel

Step	Action	Response
1	Click **add clerk**.	Activates fields for entry of data or selection from lists.
2	Enter **User Name** or click [Search] to select from list.	Clicking [Search] activates the User Name Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
3	Enter **Contact First Name**.	
4	Enter **Contact Last Name**.	
5	Enter **Phone Number** and (optional) extension.	
6	Enter **Email**.	
7	Re-enter email address in **Confirm Email** field.	
8	Enter **Password**.	

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Step	Action	Response
9	Re-enter password in **Confirm Password** field.	
10	Select option(s) from **Available Roles**, and then click [<] or [<<] to add to **Assigned Roles**.	
11	Click **submit**.	Clerk Maintenance information saves.

11.4.6.3 To Update on the Clerk Maintenance Panel

Step	Action	Response
1	Click in field(s) to update and perform update.	
2	Select option(s) from **Assigned Roles**, and then click [>] or [>>] to return to **Available Roles** or click [<] or [<<] to add to **Assigned Roles**.	
3	Click **save**.	Clerk Maintenance information saves.

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11.5 Change Password

11.5.1 Change Password Panel Narrative

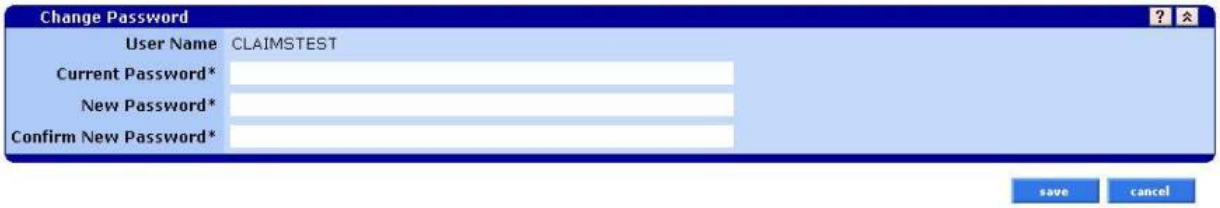
The Change Password panel allows users to change their account password.

Navigation Path: [Account] – [Change Password] OR [Account] – [Account Maintenance] – [click on change password button]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

11.5.2 Change Password Panel Layout



11.5.3 Change Password Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
cancel	This button discards any changes made and return you to the home page.	Button	N/A	0
save	This button confirms and saves the new password.	Button	N/A	0
Confirm New Password	Enter your new password again to ensure it matches the password entered above.	Field	Alphanumeric	30
Current Password	Enter your current password.	Field	Alphanumeric	30
New Password	Enter the password for User account. A Web Password must, at a minimum, include the following format: ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length.	Field	Alphanumeric	30
User Name	This is your user name.	Label	Alphanumeric	20

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11.5.4 Change Password Panel Field Edit Error Codes

Field	Error Message	To Correct
Confirm New Password	Confirm New Password is required.	Re-enter to confirm the new password.
Current Password	Password must be same as Confirm Password.	Ensure New Password matches Confirm New Password.
	Current Password is required.	Enter the current password.
New Password	New Password field is required.	Enter the new password.
	We were unable to update the password for this account. The account has been created but not activated. Please contact your system administrator.	Ensure the format of the password is correct. Format requirements are noted within the help text for the New Password field.

11.5.5 Change Password Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.5.6 Change Password Panel Accessibility

11.5.6.1 To Access the Change Password Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Change Password**.	Change Password panel opens.

11.5.6.2 To Update on the Change Password Panel

Step	Action	Response
1	Enter **Current Password**.	
2	Enter **New Password**.	
3	Re-enter new password in **Confirm New Password** field.	
4	Click **save**.	Change Password information saves.

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11.6 Messages

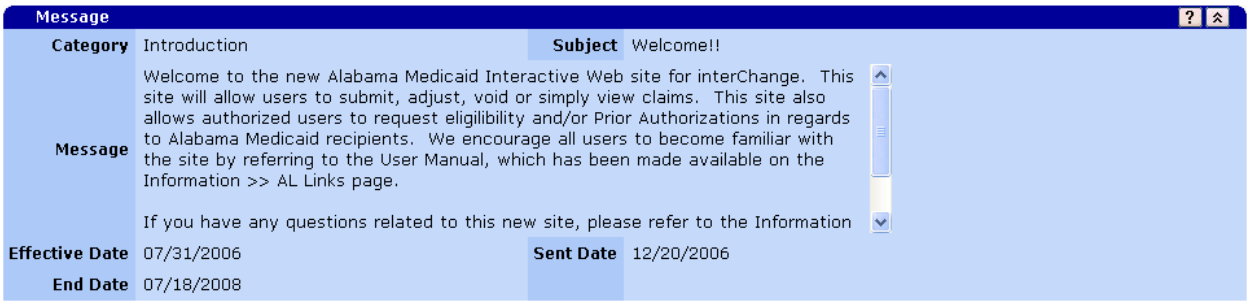
11.6.1 Messages Panel Narrative

The Messages panel displays all the messages for a user. The user has the capability to view the details for any message selected.

Select a message from the Messages list to display the full text and details of the message.

Navigation Path: [Account] – [Messages]

11.6.2 Messages Panel Layout



11.6.3 Messages Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
deselect All	Unchecks all of the Read check boxes.	Button	N/A	0
save	Updates the Read field on the database.	Button	N/A	0
select All	Checks all of the Read check boxes.	Button	N/A	0
Category	Displays the category of the message. (Read-Only).	Field	Alphanumeric	30
Effective Date	Displays the effective date of the message. (Read-Only).	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the message. (Read-Only).	Field	Date (MM/DD/CCYY)	10
Message	Displays the body of the message. (Read-Only).	Field	Alphanumeric	4000

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Field	Description	Field Type	Data Type	Length
Read	Displays whether the user has read the message.	Combo Box	Check Box	0
Sent Date	Displays the date the message was sent. (Read-Only).	Field	Date (MM/DD/CCYY)	10
Subject	Displays the short description of the message.	Field	Alphanumeric	100

11.6.4 Messages Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

11.6.5 Messages Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.6.6 Messages Panel Accessibility

11.6.6.1 To Access the Messages Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Messages**.	Messages panel opens.

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11.7 Switch Provider

11.7.1 Switch Provider Panel Narrative

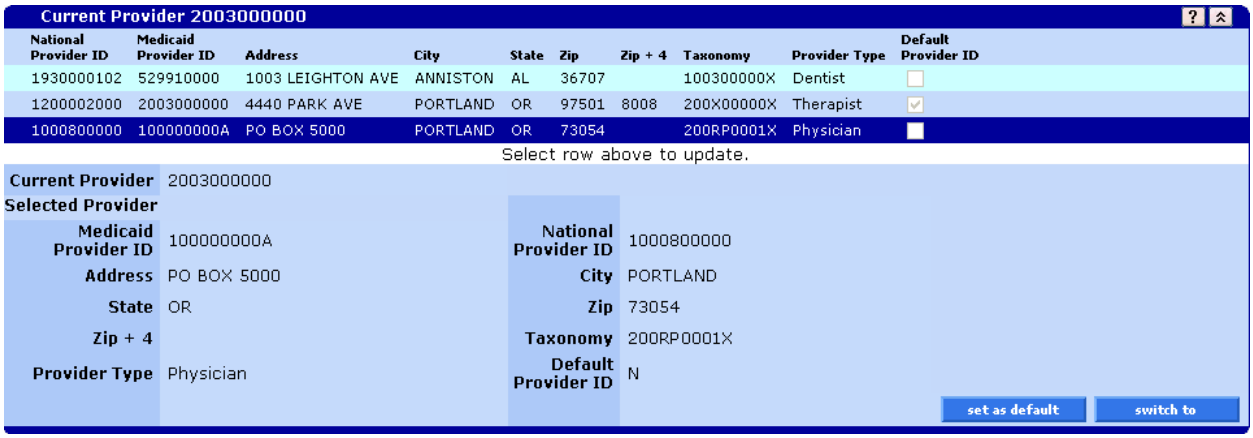
The Switch Provider panel allows clerks to switch to different authorized provider account profiles and locations. The user has the capability to select from a list of authorized providers. A default user indicator can be set so the provider account is set automatically when the user logs on.

After logging in the clerk can switch providers by selecting which provider to represent. Clerks will switch providers by selecting a row in a list of available providers and clicking 'switch to'. Confirmation of the current National Provider Identifier (NPI) number will appear as a page title. After selection, the clerk will be redirected to the Account Home page.

To associate a clerk to a billing NPI number, please refer to Section *9.3 Clerk Maintenance*.

Navigation Path: [Account] – [Switch Provider]

11.7.2 Switch Provider Panel Layout



11.7.3 Switch Provider Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
set as default	This button sets the selected provider as the default provider for when the clerk logs into the secured site.	Button	N/A	0
switch to	This button switches to the selected provider.	Button	N/A	0
Address	Displays address line 1 of the provider's physical address. (Read-Only)	Field	Alphanumeric	30

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Field	Description	Field Type	Data Type	Length
City	Displays the city of the provider's physical address. (Read-Only)	Field	Alphanumeric	30
Current Provider	Displays the current provider number who the clerk is logged in to represent. (Read-Only)	Field	Alphanumeric	10
Default Provider ID	This checkbox indicates that this provider should be used as the default when the user is logging into the web portal. (Read-Only)	Combo Box	Check Box	0
Medicaid Provider ID	Displays the Medicaid Provider Identification of the provider. (Read-Only)	Field	Alphanumeric	10
National Provider ID	Displays the National Provider Identifier (NPI) of the provider. (Read-Only)	Field	Alphanumeric	10
Provider Type	Displays the provider type description. (Read-Only)	Field	Alphanumeric	30
State	Displays the state of the provider's physical address. (Read-Only)	Field	Alphanumeric	2
Taxonomy	Displays the taxonomy code of the provider. (Read-Only)	Field	Alphanumeric	10
Zip	Displays the zip code of the provider's physical address. (Read-Only)	Field	Number (Integer)	5
Zip 4	Displays the zip code extension of the provider's physical address. (Read-Only)	Field	Number (Integer)	4

11.7.4 Switch Provider Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

11.7.5 Switch Provider Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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11.7.6 Switch Provider Panel Accessibility

11.7.6.1 To Access the Switch Provider Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Switch Provider**.	Switch Provider panel opens.

11.7.6.2 To Update on the Switch Provider Panel

Step	Action	Response
1	Select a provider from the provider data list.	
2	Click **set as default**.	Default provider information saves.

Step	Action	Response
By following these steps, a user may also switch to another NPI number, so they may masquerade as that provider when submitting and/or inquiring on claims and prior authorization requests.		
1	Select a provider from the provider data list.	
2	Click **switch to**.	
3	Click **OK**.	User will act as the provider selected.

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11.8 Logoff

11.8.1 Logoff Panel Narrative

The Logoff panel displays when a user's session has expired. The only functionality of this window is a button that allows the user to return to the Login panel.

A session expires after 20 minutes since the last request was sent to the web server. A request is sent to the web server when the user causes the screen to refresh, such as by clicking a button or navigating between menu items. Simply entering data into a field does not send a request to the web server and thereby does not cause the 20 minute setting to reset.

Navigation Path: N/A – session expired

11.8.2 Logoff Panel Layout

11.8.3 Logoff Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Login	This button takes the user to the log on screen.	Button	N/A	0
Session Expired	Informs the user of a session expiration.	Label	N/A	0

11.8.4 Logoff Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

11.8.5 Logoff Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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11.8.6 Logoff Panel Accessibility

11.8.6.1 To Access the Logoff Panel

Step	Action	Response
1	Allow session to expire.	Logoff panel displays.

11.8.6.2 To Update on the Logoff Panel

Step	Action	Response
1	Click **Login**.	Login panel displays.

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11.9 Reset Password

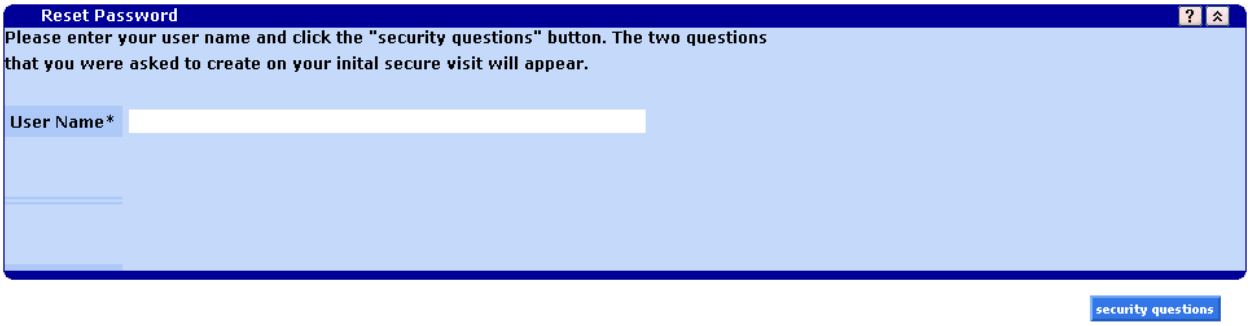
11.9.1 Reset Password Panel Narrative

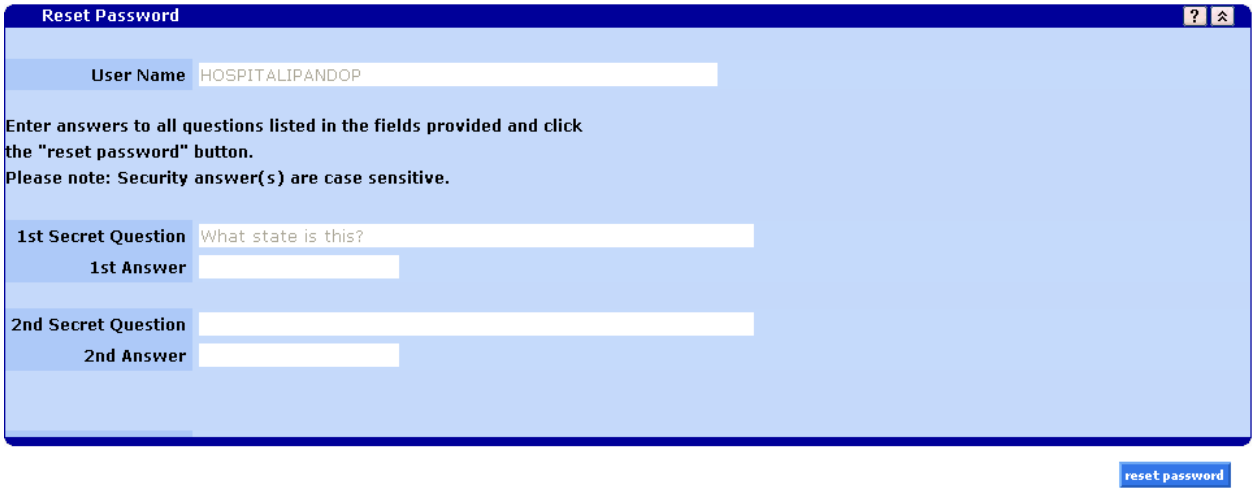
The Reset Password panel allows users to reset their Interactive Services website password. The user needs to provide self authentication before he or she is allowed to change his or her password.

The Reset Password panel also allows users to reset the password for a clerk selected from the Clerk Maintenance panel.

Navigation Path: [Account] – [Reset password]

11.9.2 Reset Password Panel Layout





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11.9.3 Reset Password Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
reset password	This button validates security answers and displays the password fields.	Button	N/A	0
security questions	This button validates the user name and displays the secret questions.	Button	N/A	0
submit	This button initiates the reset password changes to the active directory.	Button	N/A	0
1st Answer	Displays the answer for the 1st secret question.	Field	Alphanumeric	20
1st Secret Question	Displays the 1st secret question to prompt user to remember password.	Field	Character	50
2nd Answer	Displays the answer for the 2nd secret question.	Field	Alphanumeric	20
2nd Secret Question	Displays the 2nd secret question to prompt user to remember password.	Field	Character	50
Confirm Password	Displays the re-typed password of the user in the form of dots for security purposes.	Field	Character	30

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Field	Description	Field Type	Data Type	Length
New Password	Enter your new password. The new Web Password must differ from past passwords and must also, at a minimum, include the following format: ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length.	Field	Character	30
User Name	Displays the user name of the user.	Field	Alphanumeric	20

11.9.4 Reset Password Panel Field Edit Error Codes

Field	Error Message	To Correct
1st Answer	Invalid Secret Answer(s).	Enter a valid secret Answer.
	1st Answer cannot contain values other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field matches the datatype as documented in the field descriptions above. character fields must only contain A-Z; alphanumeric fields must only contain A-Z and 0-9.
	1st Answer is required	Enter an answer that corresponds with the 1st Secret Question entered.
2nd Answer	Invalid Secret Answer(s)	Enter a valid secret Answer.
	2nd Answer cannot contain values other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field matches the datatype as documented in the field descriptions above. Character fields must only contain A-Z; alphanumeric fields must only contain A-Z and 0-9.
	2nd Answer is required.	Enter an answer that corresponds with the 2nd Secret Question entered.
Confirm Password	Confirm Password is required.	Re-enter the new password.
	New Password must be same as Confirm New Password.	Confirm Password should be the same as New Password.
New Password	Password is required.	Enter the new password.
	The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again.	Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field.

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Field	Error Message	To Correct
security questions	You are not authorized to access this account, please contact the EMC Help Desk for further assistance. (800) 456-1242 – AL, FL, GA, MS and TN (334) 215-0111 – All other locations	Contact the EMC Help Desk for further assistance.
User Name	Invalid User entered.	Enter a valid user name.
	User Name cannot contain other than [A-Z/a-z/0-9].	Ensure that the field matches the data type as documented in the field descriptions above. Character fields must only contain A-Z; alphanumeric fields must only contain A-Z and 0-9.

11.9.5 Reset Password Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.9.6 Reset Password Panel Accessibility

11.9.6.1 To Access the Reset Password Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Reset Password**.	Reset Password panel opens.

11.9.6.2 To Update on the Reset Password Panel

Step	Action	Response
1	Enter **User Name**.	
2	Click **security questions**.	Security questions display.
3	Enter **1st Answer** and **2nd Answer,** if **2nd Secret Question** is not blank.	
4	Click **reset password**.	New password fields display.
5	Enter **New Password**.	
6	Re-enter new password in **Confirm Password** field.	
7	Click **submit**.	Reset Password information saves.

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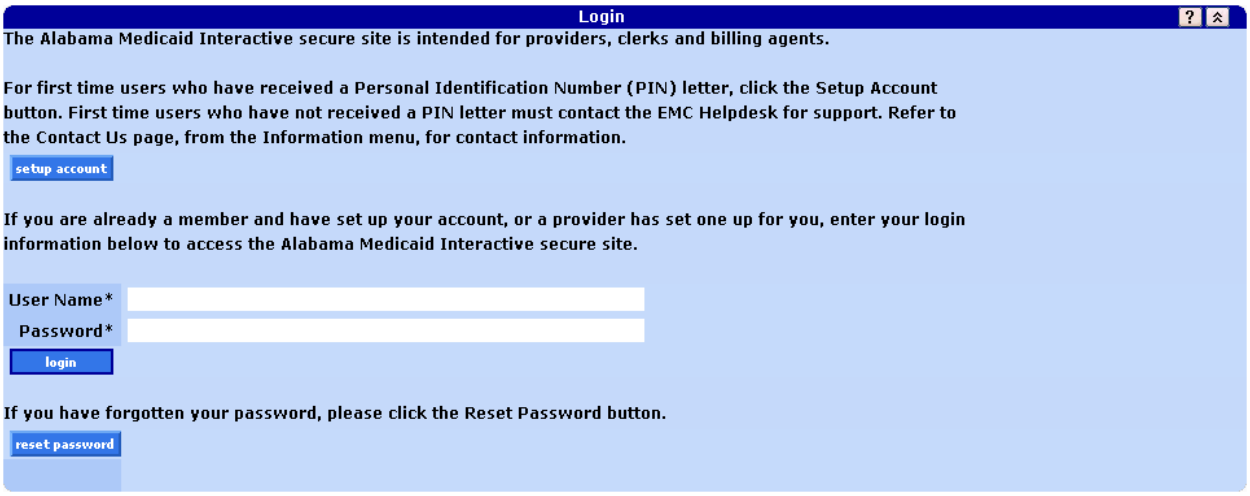
11.10 Secure Site

11.10.1 Login Panel Narrative

The Login panel, accessible via the Secure Site link, allows users to login to the secure Interactive Services website.

Navigation Path: [Account] – [Secure Site]

11.10.2 Login Panel Layout



11.10.3 Login Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
login	This button logs the user into the secure site.	Button	N/A	0
reset password	This button redirects the user to the Reset Password page.	Button	N/A	0
setup account	This button redirects the user to the Account Setup page.	Button	N/A	0
Password	Displays the password of the account user in the form of dots for security purposes.	Field	Character	30
User Name	Displays the Login ID of the user.	Field	Alphanumeric	20

NOTE:

A new PIN letter issuing a new password was mailed to all providers. Users must have a new password to use this application.

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11.10.4 Login Panel Field Edit Error Codes

Field	Error Message	To Correct
Password	Invalid User Name and/or Password.	Enter a valid User Name and/or Password.
	We are sorry but your password has expired. Please change your password.	Enter a new password.
	We are sorry but the user name or password is incorrect. Please try again.	Enter a password that is between 6 to 30 characters in length.
User Name	We are sorry but you are not authorized to access this web site. If you believe this is incorrect please contact the help desk.	The account has been reset. Setup the account once the new Personal Identification Number (PIN) has been received or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.
	Invalid User Name and/or Password.	Enter a valid User Name and/or Password.
	We are sorry but your account has been locked out due to invalid password attempts. Please contact the system administrator to have it unlocked.	Account Locked. Wait 10 minutes and the account will be automatically unlocked or contact the EMC Helpdesk at 1 (800) 456-1242 for additional assistance.

11.10.5 Login Panel Extra Features

Field	Field Type
No extra features found for this panel.	

11.10.6 Login Panel Accessibility

11.10.6.1 To Access the Login Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Secure Site**.	Login panel opens.

11.10.6.2 To Add on the Login Panel

Step	Action	Response
1	Enter **User Name**.	
2	Enter **Password**.	
3	Click **login**.	Providers page displays for Provider users. Messages page displays for Clerks and Billing agents.

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11.10.6.3 To Update on the Login Panel

Step	Action	Response
1	Click **setup account**.	Account Setup panel displays.
2	Click **reset password**.	Reset Password panel displays.

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12. Claims

Claims features allow users to search for or submit dental, institutional, professional, crossover, pharmacy or compound drug claims via the Interactive Services website.

From the Claims link in the Main Menu toolbar, users can access the following Sub Menu options:

- Search
- Dental
- Institutional
- Pharmacy
- Professional

NOTE:

Medicare/Medicaid (crossover) claims will be entered within the respective claims types of Institutional and/or Professional.

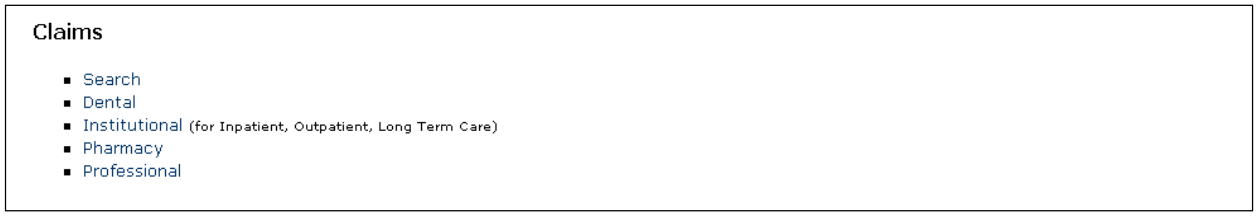
12.1 Claims

12.1.1 Claims Panel Narrative

The Claim Submission Links panel allows users to launch a claim search and entry panel for any of the four types of claims: dental, institutional, pharmacy or professional.

Navigation Path: [Claims]

12.1.2 Claims Panel Layout



12.1.3 Claims Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Dental	Hyperlink to allow user to enter Dental claims.	Hyperlink	N/A	0
Institutional	Hyperlink to allow user to enter Institutional claims.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
Pharmacy	Hyperlink to allow user to enter Pharmacy claims.	Hyperlink	N/A	0
Professional	Hyperlink to allow user to enter Professional claims.	Hyperlink	N/A	0
Search	Hyperlink to allow user to search for a claim.	Hyperlink	N/A	0

12.1.4 Claims Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

12.1.5 Claims Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.1.6 Claims Panel Accessibility

12.1.6.1 To Access the Claims Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.

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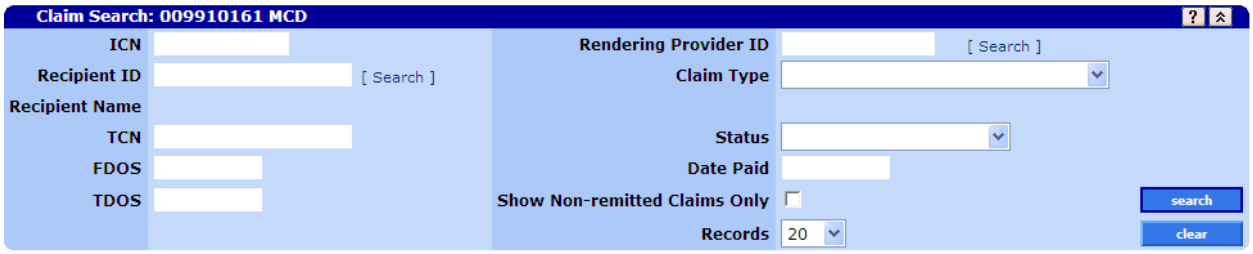
12.2 Claim Search

12.2.1 Claim Search Panel Narrative

The Claim Search panel allows users to search for all of the claims associated with their corresponding billing NPI number. The user also has the capability to narrow the search results by entering specific search criteria.

Navigation Path: [Claims] – [Search]

12.2.2 Claim Search Panel Layout



12.2.3 Claim Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all the search criteria fields.	Button	N/A	0
search	This button allows user to search on a specific claim.	Button	N/A	0
Claim Type	Displays the type of claim.	Combo Box	Drop Down List Box	0
Date Paid	Displays the date of the check write.	Field	Date (MM/DD/CCYY)	10
FDOS	Displays the from date of service.	Field	Date (MM/DD/CCYY)	10

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Field	Description	Field Type	Data Type	Length
ICN	Displays the Internal Control Number (ICN) which uniquely identifies the claim. To identify a range of claims, enter the first 7 digits of the ICN which identifies the ICN region, year and Julian date. Regions are: ▪ 40 - Converted Electronic Claim ▪ 47 - Converted Paper Claim ▪ 41 - Converted Medicare Claim ▪ 20 - Electronic Claim ▪ 22 - Web Claim ▪ 10 - Paper Example ICN fuzzy search: 2007011 (Electronic (20) Year 2007 (07) Date January 11th (011).	Field	Number (Integer)	13
Recipient ID	Displays the recipient's first 12-digits of their Medicaid identification number.	Field	Character	12
Recipient Name	Displays the Recipient's name including Last Name, First Name and Middle Initial.	Field	Character	50
Records	Allows the user to select the number of search results to display per page.	Combo Box	Drop Down List Box	0
Rendering Provider ID	Displays the provider who performed the service on 1st detail on the claim.	Field	Alphanumeric	10
Show Non-remitted Claims Only	Displays claims that are still in process. Claims are still in process when they have not yet been written to a remittance advice as being either paid or denied.	Check Box	Check Box	0
Status	Displays the status of the claim in the system.	Combo Box	Drop Down List Box	0
TCN	Displays a cross reference between claims from the old system (identified by a TCN) and their converted counterpart claims (identified by a claim System Assigned Key) on the current MMIS.	Field	Character	17
TDOS	Displays the to date of service.	Field	Date (MM/DD/CCYY)	10

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12.2.4 Claim Search Panel Field Edit Error Codes

Field	Error Message	To Correct
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 – 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
	The total number of claims that would be returned exceeds # which is the maximum number allowed. Please add additional search criteria that would limit the number of claims found. The total number of claims that would be returned is: # with a total billed amount of: $#.## and a total paid amount of: $#.##.	Add more items to the search criteria to try to narrow the results to a lower number of claims found.
ICN	ICN must be Numeric.	Enter a numeric ICN.
TDOS	FDOS must be less than or equal to TDOS.	Ensure that the date is on or after FDOS.

12.2.5 Claim Search Panel Extra Features

Field	Field Type
NPI or MCD	Hyperlink appears after the Rendering Provider ID field is populated with a valid provider ID. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.
Based on the User ID to NPI number association, the billing NPI number is automatically inserted as part of the search criteria. To search using a different billing NPI number, clerks may access the Switch Provider panel.	

12.2.6 Claim Search Panel Accessibility

12.2.6.1 To Access the Claim Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Search**.	Claim Search panel displays.

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12.2.6.2 To Search on the Claim Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields: **ICN**, **Recipient ID**, **TCN**, **FDOS**, **TDOS**, **Rendering Provider ID**, **Claim Type**, **Status** and/or **Date Paid**.	
2	Click **search**.	Claim Search Results panel displays.

NOTE:

"No rows found" indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the HPE Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

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12.3 Claim Search Results

12.3.1 Claim Search Results Panel Narrative

The Claim Search Results panel displays claim information matching the search criteria from the Claim Search panel. The billing NPI number is automatically used as part of the search criteria based on the provider account selected for the corresponding user identification number. To view claims for a different billing NPI number, the clerk must switch to that provider account by means of the Switch Provider panel. Only clerks with direct permission from the billing provider may access their account to view or submit claims.

Navigation Path: [Claims] – [Search] – [search]

12.3.2 Claim Search Results Panel Layout

Search Results

ICN	Recipient ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid
2211066200021	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	DENIED	03/10/2011	$100.00	$0.00
2211066200023	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	DENIED	03/10/2011	$100.00	$0.00
2211066200022	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	PAID	03/10/2011	$100.00	$0.70
2211066200024	000000000000	03/01/2011	03/01/2011	PROFESSIONAL CLAIMS	PAID	03/10/2011	$100.00	$0.70
2211098200001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	$165.00	$0.00
2211098200005	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	$165.00	$0.00
2211098200004	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	$250.00	$0.00
2211098200015	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/13/2011	$320.00	$0.00
2211110200004	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	DENIED	04/21/2011	$365.00	$0.00
2211094200001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/07/2011	$250.00	$0.00
5111098201001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	$250.00	$141.00
2211098200002	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/13/2011	$165.00	$0.00
5111098562001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	$165.00	$41.00
2211098200014	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/13/2011	$165.00	$0.00
5111098222001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/13/2011	$165.00	$36.00
2211110200003	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	ADJUSTED	04/21/2011	$165.00	$0.00
5111110131001	000000000000	03/06/2011	03/06/2011	PROFESSIONAL CLAIMS	PAID	04/21/2011	$165.00	$43.00
2211207000002	000000000000	03/07/2011	03/27/2011	PROFESSIONAL XOVER CLAIMS	ADJUSTED	07/28/2011	$293.00	$0.00

Claim Count: 18 Total Paid: $262.40

12.3.3 Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Amount Billed	Displays the amount billed for the claim.	Field	Number (Decimal)	9
Amount Paid	Amount sent to a provider for payment of services rendered to a recipient.	Field	Number (Decimal)	9
Claim Type	Displays the type of claim.	Field	Alphanumeric	50
Date Paid	Displays the date on which the claim was paid.	Field	Date (MM/DD/CCYY)	10
FDOS	Displays the from date of service for the claim.	Field	Date (MM/DD/CCYY)	10
ICN	Displays the internal control number for the claim issued by Medicaid.	Field	Alphanumeric	13
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Alphanumeric	12
Status	Displays the status of the claim.	Field	Alphanumeric	10

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Field	Description	Field Type	Data Type	Length
TDOS	Displays the end date of service for the claim.	Field	Date (MM/DD/CCYY)	10
Next	Displays the link to the next page of search results.	Hyperlink	N/A	0
Previous	Displays the link to the previous page of search results.	Hyperlink	N/A	0

12.3.4 Claim Search Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

12.3.5 Claim Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.3.6 Claim Search Results Panel Accessibility

12.3.6.1 To Access the Claim Search Results Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Search**.	Claim Search panel displays.
3	Enter search criteria and click **search**.	Claim Search Results panel displays.

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12.4 Dental

12.4.1 Dental Claim Panel Narrative

The Dental panel allows a dental provider to submit a claim and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit a dental claim, including multiple detail lines. For a paid claim, the user has the option of updating select fields and re-submitting the claim as an adjustment or to void the claim.

The Dental Claim panel includes the following sections:

- Dental Claim
- Third Party Liability (TPL)
- Detail
- Surfaces
- Claim Status Information
- Adjustment Information
- Explanation of Benefit (EOB) Information

NOTE:

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Navigation Path: [Claim] - [Dental] OR [Claim]-[click on Dental link] OR [Claim] - [Search] - [search for dental claims]-[select dental claim from search results]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

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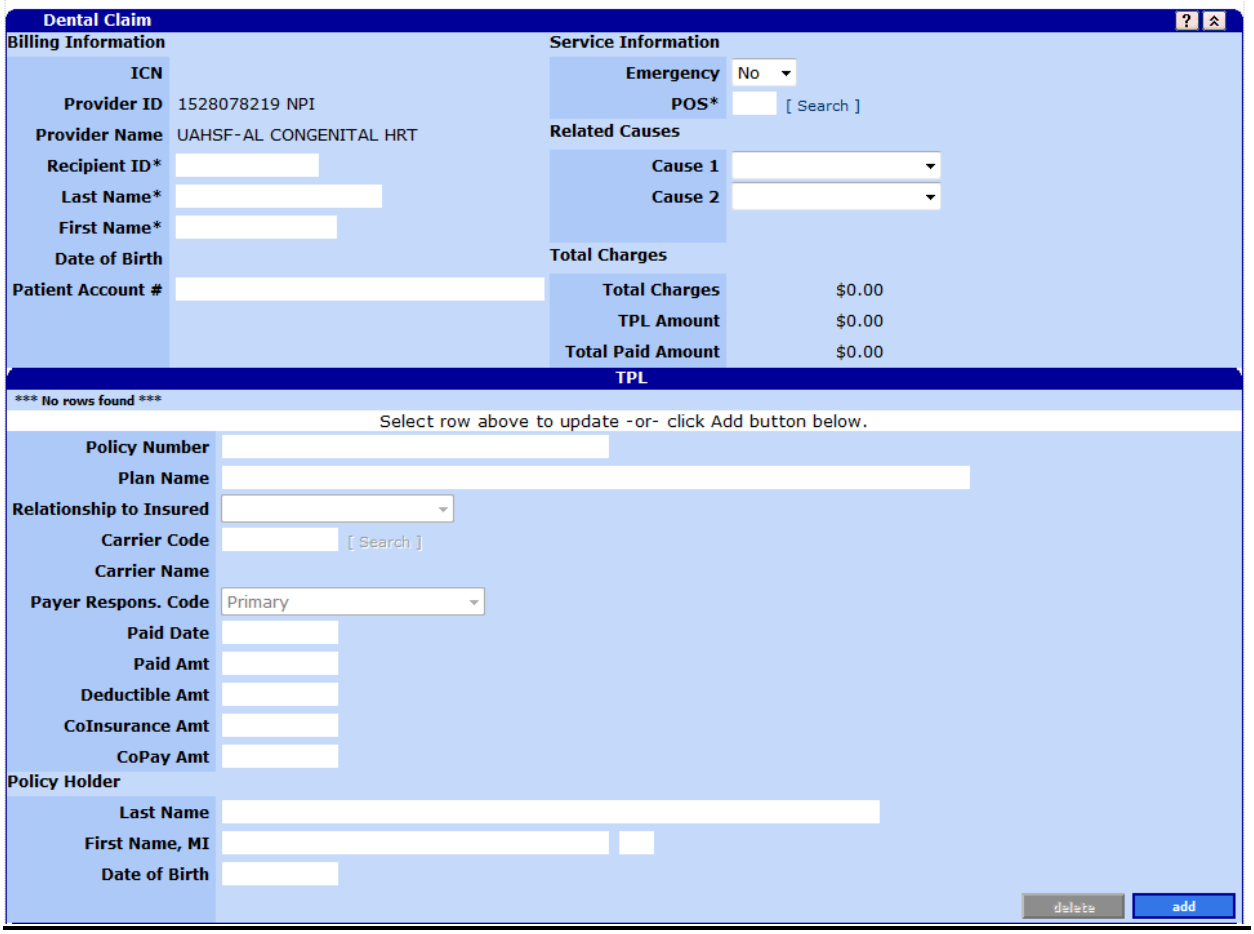
12.4.2 Dental Claim Panel Layout



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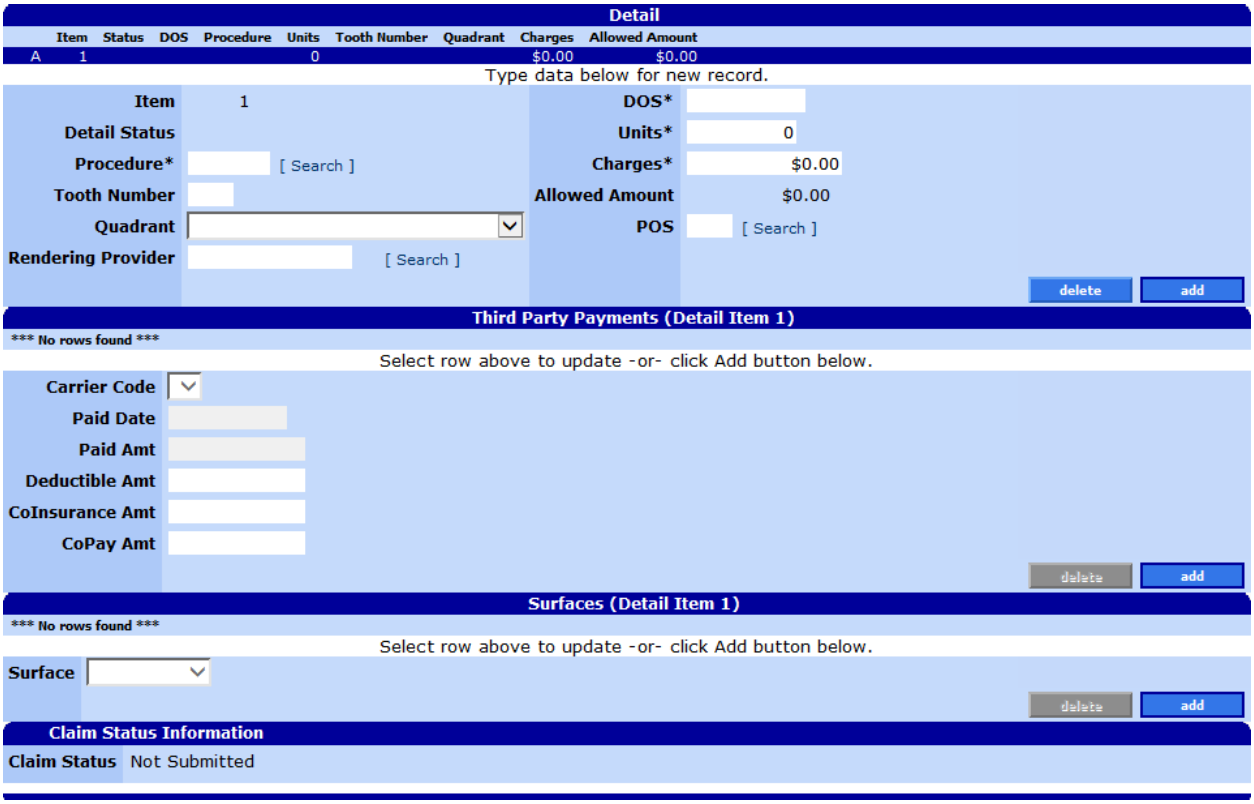

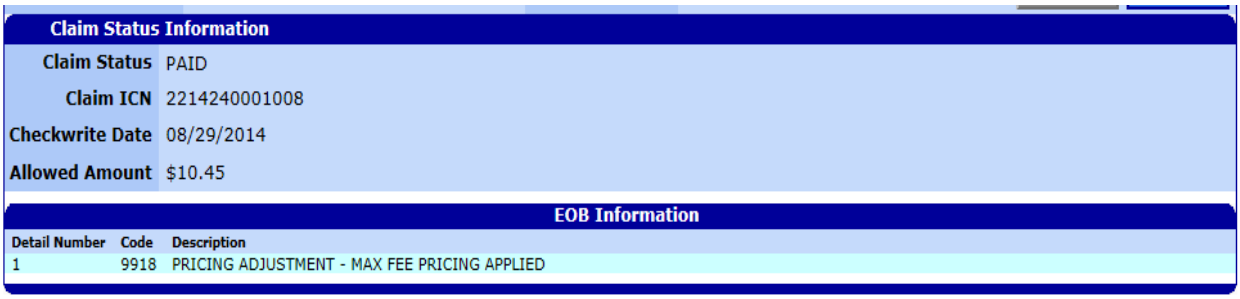

NOTE:

Section 10.4.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the dental claim form. Please refer to section 10.4.6.2 for step by step instructions on how to complete the dental claim form.

12.4.3 Dental Claim Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Detail, Surfaces, TPL).	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
adjust	This button submits adjustments for a paid claim.	Button	N/A	0
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
copy claim	This button creates a new claim from the current claim.	Button	N/A	0
delete	This button is used to delete data from a panel (Detail, Surfaces, TPL).	Button	N/A	0
re-submit	This button submits modifications made to a denied claim for adjudication.	Button	N/A	0
submit	This button submits a claim for adjudication.	Button	N/A	0
void	This button submits a void request for a paid claim.	Button	N/A	0
Adjustment Analyst ID	Displays the identification number of the analyst that adjusted the claim. (Read-Only)	Field	Alphanumeric	10
Adjustment Reason	Displays the adjustment reason code. (Read-Only)	Field	Number (Integer)	4
Allowed Amount	Displays the amount approved to pay for services provided to a recipient. (Read-Only)	Field	Number (Decimal)	9
Carrier Code	Displays the 5-digit carrier code that identifies the recipient's TPL insurance plan.	Field	Number (Integer)	10
Carrier Name	Displays the carrier name based on the carrier code entered. (Read-Only)	Field	Character	45
Cause 1	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0
Cause 2	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0
Charges	Displays the usual and customary charge for the service provided.	Field	Number (Decimal)	13
Checkwrite Date	This is the date the claim is finalized through adjudication. This is not the date the funds are released.	Field	Date (MM/DD/CCYY)	10

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Field	Description	Field Type	Data Type	Length
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Code	Displays the explanation of benefits code. (Read-Only)	Field	Number (Integer)	4
CoInsurance Amt	Medicare Information: the coinsurance amount Medicare applied to this claim.	Field	Number (Decimal)	8
CoPay Amt	Copay amount the third party payer applied to this claim (TPL) or to the detail (Third Party Payer).	Field	Number (Decimal)	10
DOS	Displays the date of service on the claim.	Field	Date (MM/DD/CCYY)	10
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date of Birth	Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder.	Field	Date (MM/DD/CCYY)	10
Deductible Amt	Displays the amount the recipient must pay before Medicare.	Field	Number (Decimal)	10
Denied Date	Displays the date the claim was denied. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Description	Displays the explanation of benefits description. (Read-Only)	Field	Alphanumeric	79
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only).	Field	Alphanumeric	10
Emergency	Displays if the service was provided as the result of an emergency situation.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
First Name	Displays the first name of the recipient on the header.	Field	Character	35
First Name, M	Displays the first name and middle initial of third party policy holder.	Field	Alphanumeric	25
ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Item	Displays the detail line number. (Read-Only)	Field	Number (Integer)	3
Last Name	Displays the last name of the recipient. TPL: Displays the last name of third party policy holder.	Field	Character	60
Location	Displays the location code of the claim.	Field	Number (Integer)	2
POS	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2
Paid Amt	Medicare Information: Displays the dollar amount paid by Medicare for the services (may be a negative or positive amount).	Field	Character	10
Paid Date	Displays the date the claim was billed and paid. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Patient Account	Displays the identification for a recipient assigned by a provider and used in their system.	Field	Character	38
Payer Responsibility Code	Value identifying the third payer's level of responsibility on this claim.	Combo Box	Drop Down List Box	0
Plan Name	Displays the TPL plan name.	Field	Alphanumeric	60
Policy Number	Displays the TPL policy number.	Field	Alphanumeric	30
Procedure	Displays the code used to identify a dental procedure.	Field	Alphanumeric	6
Provider ID	Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)	Field	Alphanumeric	10
Provider Name	Displays the name of the billing provider. (Read Only and defaulted on header panel.)	Field	Alphanumeric	15

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Field	Description	Field Type	Data Type	Length
Quadrant	Displays the quadrant of the mouth where services were performed.	Combo Box	Drop Down List Box	0
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
Relationship to Insured	Displays the third party liability's insured relationship.	Combo Box	Drop Down List Box	0
Rendering Provider	Displays the identification number of the rendering physician.	Field	Alphanumeric	10
Surface	Displays the code which identifies the tooth surface on which a service was performed. This surface displayed is associated to a specific detail as noted in the title bar as (Detail Item).	Combo Box	Drop Down List Box	0
TPL Amount	Displays the amount paid by a third party liability insurance.	Field	Number (Decimal)	14
Tooth Number	Displays the tooth number that identifies the tooth on which the provider rendered services. A letter indicates temporary teeth and a number indicates permanent teeth.	Field	Alphanumeric	2
Total Charges	Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)	Field	Number (Decimal)	13
Total Paid Amount	Displays the total amount paid. (Read-Only)	Field	Number (Decimal)	13
Units	Displays the units of service on this detail. (Dental services will always be billed one unit per line item.)	Field	Number (Decimal)	6

12.4.4 Dental Claim Panel Field Edit Error Codes

Field	Error Message	To Correct
adjust	Adjust was successful. See Claim Status Information for details.	Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.
copy claim	Copy was successful.	Ensures that the copy was successful and modifications can be made prior to submission.

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Field	Error Message	To Correct
submit	Submit was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
void	Void was successful. See Claim Status Information for details.	Ensures that the claim void request was sent successfully and status details can be viewed on the Claim Status Information panel.
All fields	Invalid number / Invalid date / Invalid character data/Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
	Exceeded maximum number of details.	Exceeded maximum number of details - 50 detail lines.
Carrier Code	Carrier Code is required.	Enter a Carrier Code when TPL is being entered.
Charges	Charges must be less than or equal to 9999999.99.	Ensure the amount is not greater than $9,999,999.99.
	Charges must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
	Charges are required.	Enter the detail charges.
DOS	DOS is required.	Enter the date of service.
	DOS must be less than or equal to Today.	Enter a date of service that is less than or equal to today's date.
	DOS must be greater than or equal to 01/01/1990.	Enter a date of service that is greater than or equal to 01/01/1990.
	DOS must be less than or equal to 12/31/2299.	Enter a date of service that is less than or equal to 12/31/2299.
Date of Birth	Date of Birth is required.	Ensure that the Date of Birth, on the TPL panel, is on or before today's date.
	Date of Birth must be greater than or equal to 01/01/1900.	Enter a Date of Birth greater than or equal to 01/01/1900.
	Date of Birth must be less than or equal to 12/31/2299.	Enter a Date of Birth less than or equal to 12/31/2299.
	Date of Birth must be less than or equal to Today.	Ensure that the Date of Birth, on the TPL panel, is on or before today's date.

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Field	Error Message	To Correct
First Name	First Name is required.	Enter the recipient's first name.
First Name, MI	First Name is required.	Enter a first name when TPL is applicable.
Last Name	Last Name is required.	Header: Enter the recipient's last name. TPL: Enter a last name when TPL is applicable.
POS	A valid POS is required.	Enter a valid Place of Service (POS).
	POS contains an invalid value.	Enter a valid Place of Service (POS).
Paid Date	Paid Date is required.	Enter a Paid Date when TPL is being entered.
	Paid Date must be greater than or equal to 01/01/1900.	Enter a Paid Date greater than or equal to 01/01/1900 when TPL is being entered.
	Paid Date must be less than or equal to 12/31/2299.	Enter a Paid Date less than or equal to 12/31/2299 when TPL is being entered.
	Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Plan Name	Plan Name is required.	Enter a Plan Name when TPL is being entered.
Policy Number	Policy Number is required.	Enter a Policy Number when TPL is being entered.
Procedure	A valid Procedure is required.	Enter a valid ICD-9 procedure.
Recipient ID	A valid Recipient ID is required and must be 13 digits.	Enter a valid 13 digit Recipient ID.
Relationship to Insured	Relationship to Insured is required.	Select a Relationship to Insured when TPL is applicable.
Surface	A valid Surface is required.	Enter a valid tooth surface code.
TPL Amount	TPL Amount is required when TPL records are present.	Enter a TPL Amount in the Dental Claim panel when data is entered into the TPL panel.
	TPL Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than $999,999.99.
	TPL Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Tooth Number	Tooth Number is not valid.	Ensure that the tooth value is a valid value. Value = 00-33, A-T.
Total Charges	Total Charges must be less than or equal to 9999999.99.	Ensure the amount is not greater than $9,999,999.99.
Units	Units must be less than or equal to 999999999999.999.	Ensure the units billed are not greater than 999,999,999,999.999.

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Field	Error Message	To Correct
	Units must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
	Units are required.	Enter the detail units.

12.4.5 Dental Claim Panel Extra Features

Field	Field Type
Date of Birth	Read-only field displays after Recipient ID field populated.
First Name, MI	Read-only field displays after Recipient ID field populated.
Last Name	Read-only field displays after Recipient ID field populated.
NPI or MCD	Hyperlink appears after the Rendering Physician ID field is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.
Provider ID	Read-only field displays the billing NPI number associated with the user's ID.
Provider Name	Read-only field associated with the Provider ID field.
Surface	There is a limit of five surfaces.

12.4.6 Dental Claim Panel Accessibility

12.4.6.1 To Access the Dental Claim Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Dental**.	Dental Claim panel displays.

12.4.6.2 To Add on the Dental Claim Panel

Step	Action	Response
1	Enter **Recipient ID**.	
2	Enter the recipient's **Last Name**.	
3	Enter the recipient's **First Name**.	
4	Enter **Patient Account #.**	
5	Select **Emergency** indicator from drop down list.	

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Step	Action	Response
6	Enter **POS** or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	Select a related cause from the **Cause 1** drop down list.	
8	Select a related cause from the **Cause 2** drop down list.	
9	Enter **TPL Amount**.	
10	Click **add** in TPL section.	Activates fields for entry of data or selection from lists.
11	Enter **Policy Number**.	
12	Enter **Plan Name**.	
13	Select **Relationship to Insured** from drop down list.	
14	Enter **Carrier Code** or click [Search] to select from list.	Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
15	Enter **Paid Date**.	
16	Enter policy holder **Last Name**.	
17	Enter policy holder **First Name, MI**.	
18	Enter policy holder **Date of Birth**.	
19	Click **add** in Detail section.	Activates fields for entry of data or selection from lists.
20	Enter **Procedure** code or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
21	Enter **Tooth Number**.	
22	Select **Quadrant** from drop down list.	
23	Enter **Rendering Provider** number or click [Search] to select from list.	Clicking [Search] activates the Rendering Provider ID Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
24	Enter **DOS**.	
25	Enter **Units**.	
26	Enter **Charges**.	
27	Enter **POS** or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
28	Click **add** in Surfaces section.	Activates fields for entry of data or selection from lists.

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Step	Action	Response
29	Select **Surface** from drop down list.	
30	Click **add** in Detail section to add another service line and repeat steps 21 thru 30.	Activates fields for entry of data or selection from lists.
31	Click **submit**.	Submits dental claim.

12.4.6.3 To Update on the Dental Claim Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click **adjust, void** or **re-submit**.	Submits an adjustment, void or re-submits a denied dental claim.

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12.5 Institutional

12.5.1 Institutional Claim Panel Narrative

The Institutional panel allows an institutional provider to submit an inpatient, outpatient, long term care (LTC), or crossover claim, and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit an institutional claim, including multiple detail lines. For a paid claim, the user has the option of updating select fields and re-submitting the claim as an adjustment or to void the claim.

The Institutional Claim panel includes the following sections:

- Institutional Claim
- Diagnosis
- TPL
- Medicare Information
- Detail
- Claim Status Information
- Adjustment Information
- EOB Information

NOTE:

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Click the link to activate and display the following panels. Only one panel can be displayed at a time.

- Condition
- Payer
- Procedure
- Occurrence

Navigation Path: [Claim] – [Institutional] OR [Claim]-[click on Institutional link] OR [Claim] – [Search] - [search for institutional claims]-[select institutional claim from search results]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

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12.5.2 Institutional Claim Panel Layout

Institutional Claim

Billing Information

ICN	
Provider ID	1770 NPI
Provider Name	RUSH FOUNDATION HOSPITAL
Recipient ID*	
Last Name*	
First Name*	
Date of Birth	
Patient Account #	
Medical Record #	
Attending Phys*	[Search]
Referring Phys	[Search]
Operating Physician	[Search]

Diagnosis

Admitting Diagnosis	[Search]
E-Code	[Search]
Primary Diagnosis	[Search]
Patient Rsn Visit1	[Search]
Patient Rsn Visit2	[Search]
Patient Rsn Visit3	[Search]

Service Information

Claim Type*	
Service Authorization	
Delay Reason	
Type Of Bill*	
From Date*	
To Date*	
Patient Status	[Search]
Admission Type	[Search]
Admission Date	
Admission Hour	
Discharge Time	
Covered Days	0
Non Covered Days	0
District Plan	

Charges

TPL Amount	$0.00
Total Charges	$0.00
Total Copay	$0.00
Total Paid Amount	$0.00

Click the link below to activate the corresponding panel:
Condition Procedure Occurrence

Diagnosis

Sequence	ICD Version	Diagnosis	Description
A 1			

Type data below for new record.

Sequence 1
Diagnosis* [Search]

delete add

TPL

*** No rows found ***

Select row above to update -or- click Add button below.

Policy Number	
Plan Name	
Relationship to Insured	
Carrier Code	[Search]
Carrier Name	
Payer Respons. Code	Primary
Paid Date	
Paid Amt	
Deductible Amt	
CoInsurance Amt	
CoPay Amt	

Policy Holder

Last Name	
First Name, MI	
Date of Birth	

delete add

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Medicare Information

Medicare Paid Date		Deductible Amount	$0.00
Medicare Allowed Amount	$0.00	Coinsurance Amount	$0.00
Original Medicare Paid Amount	$0.00	Coinsurance Days	
2% Sequestration Amount	$0.00	Lifetime Reserve Days	
Final Medicare Paid Amount	$0.00	Medicare CoPay Amount	$0.00

Detail

	Item	Status	Revenue Code	HCPCS	Units	Charges	Non Covered Charges	Allowed Amount
A	1				0	$0.00	$0.00	$0.00

Type data below for new record.

Item	1	Revenue Code*	[Search]
Detail Status		HCPCS	[Search]
From DOS		Modifier 1	[Search]
To DOS		Modifier 2	[Search]
Units*	0	Modifier 3	[Search]
Charges*	$0.00	Modifier 4	[Search]
Non Covered Charges	$0.00	Units of Measurement	Unit
		Allowed Amount	$0.00
		CoPay Amount	$0.00

delete add

Third Party Payments (Detail Item 1)

*** No rows found ***

Select row above to update -or- click Add button below.

Carrier Code	
Paid Date	
Paid Amt	
Deductible Amt	
CoInsurance Amt	
CoPay Amt	

delete add

Claim Status Information

Claim Status	Not Submitted

submit cancel

Claim Status Information

Claim Status	PAID
Claim ICN	2214230001003
Checkwrite Date	08/21/2014
Allowed Amount	$4,712.00

EOB Information

Detail Number	Code	Description
0	9505	PRICING ADJUSTMENT - MEDICARE LONG TERM CARE PRICING APPLIED
0	9907	TPL AMOUNT APPLIED

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Adjustment Information

ICN	Date Adjusted	Claim Status History Date	Claim Status	Location	Adjustment Reason	Adjustment Analyst ID
4402363923643	09/10/2002	09/13/2002	DENIED	99	X989	

Claim Status Information

Claim Status	PAID
Claim ICN	4003403402055
Paid Date	07/22/2002
Allowed Amount	$32.00

EOB Information

Detail Number	Code	Description
1	X357	PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID.
2	X357	PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID.
3	X357	PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID.

NOTE:

Section 10.5.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the institutional claim form. Please refer to section 10.5.6.2 for step by step instructions on how to complete the institutional claim form.

12.5.3 Institutional Claim Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
2% Sequestration Amount	The dollar amount of the 2% sequestration as required by the ACA.	Field	Number (Decimal)	8
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
adjust	This button submits adjustments for a paid claim.	Button	N/A	0
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
copy claim	This button creates a new claim from the current claim.	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
re-submit	This button submits modifications made to a denied claim for adjudication.	Button	N/A	0
submit	This button submits a claim for adjudication.	Button	N/A	0
void	This button submits a void request for a paid claim.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Adjustment Analyst ID	Displays the identification number of the analyst that adjusted the claim. (Read-Only)	Field	Alphanumeric	10
Adjustment Reason	Displays the adjustment reason code. (Read-Only)	Field	Number (Integer)	4
Admission Date	Displays the date that the recipient was admitted by the provider for inpatient care, outpatient care or start of care.	Field	Date (MM/DD/CCYY)	10
Admission Hour	Displays the hour during which the patient was admitted for inpatient or outpatient care, in military time.	Field	Number (Integer)	4
Admission Type	Displays the code which indicates the priority of the admission for inpatient or outpatient care.	Field	Character	2
Admitting Diagnosis	This field is used for the Admitting Diagnosis Code for Inpatient claims and for the Patient Reason For Visit Diagnosis Code for certain outpatient claims.	Field	Character	7
Allowed Amount	Displays the amount approved to pay for services provided to a recipient. (Read-Only)	Field	Number (Decimal)	9
Attending Phys#	Displays the identification number of the physician who would be expected to certify and recertify the medical necessity of the services rendered and /or who has primary responsibility for the patient's medical care and treatment.	Field	Alphanumeric	10
Carrier Code	Displays the 5-digit carrier code that identifies the recipient’s third party liability’s insurance plan.	Field	Number (Integer)	5
Carrier Name	Displays the carrier name based on the carrier code entered. (Read-Only)	Field	Character	45
Charges	Displays the usual and customary charge for the service provided.	Field	Number (Decimal)	13
Checkwrite Date	This is the date the claim is finalized through adjudication. This is not the date the funds are released.	Field	Date (MM/DD/CCYY)	10
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13

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Field	Description	Field Type	Data Type	Length
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Claim Type	Displays the code and description that specifies the type of claim. Note: Long Term Care Crossover claims are listed as claim type A – UB04 Inst Xover Claims.	Combo Box	Drop Down List Box	0
CoPay Amount	Displays the amount recipient is to pay for service rendered. (Read-Only)	Field	Number (Decimal)	9
Code	Displays the explanation of benefits code. (Read-Only)	Field	Number (Integer)	4
Coinsurance Amount	Displays the amount which represents the recipients' coinsurance payment.	Field	Number (Decimal)	8
Coinsurance Days	Displays the amount of coinsurance days used during the inpatient stay on this claim.	Field	Number (Integer)	5
Condition	Displays the code used to identify conditions relating to a UB04 claim that may affect payer processing.	Field	Character	2
CoPay Amt	Copay amount the third party payer applied to this claim.	Field	Number(Decimal)	10
Covered Days	Displays the number of days covered for the statement period of the claim.	Field	Number (Integer)	5
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date of Birth	Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder.	Field	Date (MM/DD/CCYY)	10
Deductible Amount	Displays the amount the recipient must pay before Medicare.	Field	Number (Decimal)	8

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Field	Description	Field Type	Data Type	Length
Delay Reason	Displays the delay reason codes that are used by specific Medicaid providers. These do not affect hospitals, State Mental Health or Nursing Home providers. These delay reasons cannot override claims over the year past filing limit.	Combo Box	Drop Down List Box	0
Denied Date	Displays the date the claim was denied. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Description	Displays the explanation of benefits description. (Read-Only)	Field	Alphanumeric	79
Detail	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only).	Field	Alphanumeric	10
Diagnosis	Displays the diagnosis code.	Field	Character	7
Discharge Time	Displays the discharge time.	Field	Number (Integer)	4
District Plan	Displays the district code that identifies the type of encounter. H01 – H08 identifies a Partnership Hospital Program claim. P01 – P14 identifies a Maternity Care claim. (Read-Only)	Field	Alphanumeric	5
Drug Unit Price	Price per unit of product.	Field	Number(Integer)	19
E-code	Displays the E-code.	Field	Character	7
Final Medicare Paid Amount	The dollar amount paid by Medicare for the services provided.The dollar amount paid by Medicare plus the 2% sequestration amount for the services provided.	Field	Number (Decimal)	10
First Name	Displays the first name of the recipient.	Field	Character	35
First Name, MI	Displays the first name and middle initial of third party policy holder.	Field	Character	35
From DOS	Displays the beginning date on which service was provided.	Field	Date (MM/DD/CCYY)	10

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Field	Description	Field Type	Data Type	Length
From Date	Displays the date on which the statement period on the claim began. Occurrence: The date when the occurrence code began.	Field	Date (MM/DD/CCYY)	10
HCPCS	Displays the code that identifies the service that was provided.	Field	Alphanumeric	6
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Field	Character	1
ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Item	Displays the line item number. (Read-Only)	Field	Number (Integer)	3
Last Name	Displays the last name of the recipient. TPL: Displays the last name of third party policy holder.	Field	Character	60
Lifetime Reserve Days	Displays the amount of lifetime reserve days used during the inpatient stay on this claim. Under Medicare, each beneficiary has a lifetime reserve of 60 additional days of inpatient hospital services after using 90 days of inpatient hospital services during a spell of illness.	Field	Number (Integer)	5
Location	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2
Medical Record#	Displays the medical record number assigned to the recipient by the provider for the service that was performed.	Field	Alphanumeric	50
Medicare Allowed Amount	Displays the amount allowed by Medicare.	Field	Number (Decimal)	10
Medicare CoPay Amount	Medicare advanced copay amount.	Field	Number (Decimal)	8
Medicare Paid Amount	Displays the amount paid by Medicare.	Field	Number (Decimal)	10
Medicare Paid Date	Displays the date Medicare paid for the services rendered.	Field	Date (MM/DD/CCYY)	10
Modifier 1	Displays the first modifier when applicable.	Field	Number (Integer)	2

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Field	Description	Field Type	Data Type	Length
Modifier 2	Displays the second modifier when applicable.	Field	Number (Integer)	2
Modifier 3	Displays the third modifier when applicable.	Field	Number (Integer)	2
Modifier 4	Displays the fourth modifier when applicable.	Field	Number (Integer)	2
NDC	This is the National Drug Code.	Field	Character	16
NDC Sequence Number	The number of the detail on a claim record. (Read Only)	Field	Number(Integer)	4
Non Covered Charges	Displays the amount not covered by insurance.	Field	Number (Decimal)	8
Non Covered Days	Displays the number of days not covered for the statement period of the claim.	Field	Number (Integer)	5
Occurrence	Displays the code identifying a significant event relating to this bill that may affect payer processing.	Field	Character	2
Operating Physician	Displays the identification number of other physician who performed services.	Field	Alphanumeric	10
Original Medicare Paid Amount	Displays the amount paid by Medicare (may be a negative or positive amount).	Field	Number (Decimal)	10
Paid Amt	The total paid amount for this claim by the Third Party Payer.	Field	Number (Decimal)	10
Paid Date	Displays the date the claim was billed and paid. (Read-Only) Medicare: Displays the date Medicare paid for the services. TPL: Displays the date third party policy paid for the services.	Field	Date (MM/DD/CCYY)	10
Patient Account#	Displays the identification for a recipient assigned by a provider and used in their system.	Field	Alphanumeric	38
Patient Rsn Visit1	This field is used for the Patient Reason Visit1 Code for outpatient claims.	Field	Character	7
Patient Rsn Visit2	This field is used for the Patient Reason Visit2 Code for outpatient claims.	Field	Character	7
Patient Rsn Visit3	This field is used for the Patient Reason Visit3 Code for outpatient claims.	Field	Character	7

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Field	Description	Field Type	Data Type	Length
Patient Status	Displays the code which indicates the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Alphanumeric	2
Payer	Displays if the payer is Medicaid, Medicare, or other third party.	Combo Box	Drop Down List Box	0
Payer Respons. Code	Value identifying the third payer's level of responsibility on this claim.	Combo Box	Drop Down List Box	0
Plan Name	Displays the third party liability's plan name.	Field	Alphanumeric	60
Policy Number	Displays the third party liability's policy number.	Field	Alphanumeric	30
PoA Indicator	Displays the PoA indicator associated to diagnosis code for UB92 claims	Combo Box	Alphanumeric	1
Prescription Number	The prescription number.	Field	Character	50
Prescription Qualifier	The Prescription Qualifier.	Combo Box	Character	3
Primary Diagnosis	Displays the Primary Diagnosis code.	Field	Character	7
Primary NDC	Indicates the selected NDC, is the primary NDC.	Check Box	N/A	0
Prior Payment	Displays the amount that has been received prior to this billing from this payer.	Field	Number (Decimal)	9
Procedure	Displays the surgical code which identifies the service provided.	Field	Character	7
Procedure Date	Displays the date on which the surgical procedure code was performed.	Field	Date (MM/DD/CCYY)	10
Provider ID	Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)	Field	Alphanumeric	10
Provider Name	Displays the name of the billing provider. (Read Only and defaulted on header panel.)	Field	Alphanumeric	15
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13

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Field	Description	Field Type	Data Type	Length
Referring Phys	Displays the identification number of the referring physician.	Field	Alphanumeric	10
Relationship to Insured	Displays the third party liability's insured relationship.	Combo Box	Drop Down List Box	0
Revenue Code	Displays the code which identifies a specific accommodation, ancillary service or billing calculation.	Field	Character	4
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Label	Alphanumeric	2
Service Authorization	Displays the type of maternity override or if the service was due to an emergency.	Combo Box	Drop Down List Box	0
TPL Amount	Displays the dollar amount paid by a third party liability insurance. (Read-Only)	Field	Number (Decimal)	15
To DOS	Displays the ending date on which service was provided.	Field	Date (MM/DD/CCYY)	10
To Date	Displays the date on which the statement period on the claim ended.	Field	Date (MM/DD/CCYY)	10
Total Charges	Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)	Field	Number (Decimal)	13
Total Copay	Displays the total amount recipient is to pay for services rendered. (Read-Only)	Field	Number (Decimal)	9
Total Paid Amount	Displays the total amount paid. (Read-Only).	Field	Number (Decimal)	13
Type Of Bill	Displays bill type on a UB04 claim form.	Field	Alphanumeric	3
Units of Measurement	Displays the measurement of units. (Read-Only)	Combo Box	Drop Down List Box	0
Units	Displays the units of service on this detail.	Field	Number (Integer)	6
UOM	Code specifying the units in which a value is being expressed.	Combo Box	Character	0
Unit Quantity Calculated	This is the unit quantity calculated.	Field	Number (Integer)	18
Unit Quantity Submitted	This is the unit count that the provider submitted. The Drug – not HCPCS – units.	Field	Number (Integer)	18

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12.5.4 Institutional Panel Field Edit Error Codes

Field	Error Message	To Correct
adjust	Adjust was successful. See Claim Status Information for details.	Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.
copy claim	Copy was successful.	Ensures that the copy was successful and modifications can be made prior to submission.
submit	Submit was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
void	Void was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
Admission Date	Admission Date is required for the selected Claim Type.	Enter the Admission Date when the claim type is Inpatient, Long Term Care or Inpatient Crossover.
	Admission Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Admission Hour	Admission Hour must be Numeric.	Enter a 4 digit numeric value represent time.
	Admission Hour must be 4 character(s) in length.	Ensure the Admission Hour is valid and in HHMM format.
	Admission Hour is required for the selected Claim Type and Type of Bill.	Enter the Admission Hour when the claim type is Inpatient Crossover and the Type of Bill begins with '1'.
Admission Type	Admission Type is required for the selected Claim Type and Type of Bill.	Enter the Admission Type when the claim type is Inpatient Crossover and the Type of Bill begins with '1'.
	Admission Type contains an invalid value.	Enter a valid Admission Type.
Admission Type	Admission Type is required for the selected Claim Type and Type of Bill.	Enter the Admission Type when the claim type is Inpatient Crossover and the Type of Bill begins with '1'.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
	Exceeded maximum number of details.	Enter a claim with 999 detail lines or less.

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Field	Error Message	To Correct
Attending Phys	Attending Phys is required.	Enter a valid Attending Physician.
	A valid Attending Physician is required.	Enter a valid Attending Physician.
Carrier Code	Carrier Code is required.	Enter a valid Carrier Code.
Charges	Charges must be less than or equal to 99999999.99.	Ensure the amount is not greater than $9,999,999.99.
	Charges must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
	Charges are required.	Enter the detail charges.
Claim Type	A valid Claim Type is required.	Enter a valid Claim Type.
Coinsurance Amount	Coinsurance Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than $999,999.99.
	Coinsurance Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Coinsurance Days	Coinsurance Days must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
	Coinsurance Days must be less than or equal to 9999.99.	Ensure that the number of days is not greater than 9999.
Condition	A valid Condition is required.	Enter a valid condition if adding Conditions.
Covered Days	Covered Days must be less than or equal to 9999.	Ensure that the number of days is not greater than 9999.
	Covered Days is required for the selected Claim Type.	Enter the Covered Days when the claim type is Inpatient, Long Term Care or Inpatient Crossover.
Date of Birth	Date of Birth is required.	Enter a date of birth in the TPL panel.
	Date of Birth must be less than or equal to Today.	Ensure that the Date of Birth, on the TPL panel, is on or before today's date.
	Date of Birth must be greater than or equal to 01/01/1900.	Enter a Date of Birth greater than or equal to 01/01/1900.
	Date of Birth must be less than or equal to 12/31/2299.	Enter a Date of Birth less than or equal to 12/31/2299.
Deductible Amount	Deductible Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than $999,999.99.
	Deductible Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Diagnosis	A valid Diagnosis is required.	Enter a valid diagnosis code.
Discharge Time	Discharge Time is not valid.	Ensure the Discharge Time is valid and in HHMM format.

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Field	Error Message	To Correct
First Name	First Name is required.	Enter the recipient's first name.
First Name, MI	First Name is required.	Enter a first name when TPL is applicable.
From DOS	From DOS must be less than or equal to To DOS.	Ensure From DOS is less than or equal to the To DOS.
	From DOS must be less than or equal to Today.	Ensure that the date is on or before today's date.
	From DOS must be greater than or equal to 1/1/1990.	Enter a From date of service that is greater than or equal to 1/1/1990.
	From DOS must be less than or equal to 12/31/2299.	Enter a From date of service that is less than or equal to 12/31/2299.
From Date	From Date is required.	Enter a from date.
	From Date must be less than or equal to To Date.	Ensure From Date is less than or equal to the To Date.
	From Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
	From Date must be greater than or equal to 01/01/1990.	Ensure From Date is greater than or equal to 01/01/1990.
	From Date must be less than or equal to 12/31/2299.	Ensure From Date is less than or equal to 12/31/2299.
HCPCS	HCPCS contains an invalid value.	Enter a valid HCPCS code.
ICD Version	ICD Version for Diagnosis and Procedure codes should be the same type.	Ensure version type of all diagnosis codes and Procedure codes are same.
Last Name	Last Name is required.	Header: Enter the recipient's last name. TPL: Enter a last name when TPL is applicable.
Lifetime Reserve Days	Lifetime Reserve Days must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
	Lifetime Reserve Days must be less than or equal to 9999.99.	Ensure that the number of days is not greater than 9999.
Medicare Allowed Amount	Medicare Allowed Amount must be less than or equal to 99999999.99.	Ensure that the amount is not greater than $99,999,999.99.
	Medicare Allowed Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Medicare Paid Amount	Medicare Paid Amount must be less than or equal to 99999999.99.	Ensure that the amount is not greater than $99,999,999.99.

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Field	Error Message	To Correct
	Medicare Paid Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Medicare CoPay Amount	Copayment Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than $999,999.99.
Medicare Paid Date	Medicare Paid Date is required.	Enter a Medicare Paid Date when crossover information is entered.
	Medicare Paid Date must be greater than or equal to 01/01/1900.	Enter a Medicare Paid Date greater than or equal to 01/01/1900.
	Medicare Paid Date must be less than or equal to 12/31/2299.	Enter a Medicare Paid Date less than or equal to 12/31/2299.
	Medicare Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Modifier 1	Modifier 1 contains an invalid value.	Enter a valid Modifier Code.
Modifier 2	Modifier 2 contains an invalid value.	Enter a valid Modifier Code.
	Modifiers must be entered in sequence and no blank Modifiers are allowed between values.	Enter modifiers in sequence and do not skip modifier fields.
Modifier 3	Modifier 3 contains an invalid value.	Enter a valid Modifier Code.
	Modifiers must be entered in sequence and no blank Modifiers are allowed between values.	Enter modifiers in sequence and do not skip modifier fields.
Modifier 4	Modifier 4 contains an invalid value.	Enter a valid Modifier Code.
	Modifiers must be entered in sequence and no blank Modifiers are allowed between values.	Enter modifiers in sequence and do not skip modifier fields.
NDC	NDC contains invalid characters. Please enter only Numeric characters in this field.	Enter a NDC number that does not contain special characters.
	NDC is required. Please type or select a valid NDC.	Enter a valid National Drug Code, or select one from the Search panel.
Non Covered Charges	Non Covered Charges must be less than or equal to 999999.99.	Ensure the amount is not greater than $999,999.99.
	Non Covered Charges must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Non Covered Days	Non Covered Days must be less than or equal to 9999.	Ensure that the number of days is not greater than 9999.
Occurrence Code	A valid Occurrence Code is required.	Enter a valid Occurrence Code if Occurrence is being added.

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Field	Error Message	To Correct
Operating Physician	A valid Operating Physician is required.	Enter a valid Operating Physician.
Paid Date	Paid Date is required.	Enter a Paid Date when TPL is being entered.
	Paid Date must be greater than or equal to 01/01/1900.	Enter a Paid Date greater than or equal to 01/01/1900.
	Paid Date must be less than or equal to 12/31/2299.	Enter a Paid Date less than or equal to 12/31/2299.
	Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.

12.5.5 Institutional Claim Panel Extra Features

Field	Field Type
Carrier Name	Read-only field displays after Carrier Code field populated.
Date of Birth	Read-only field displays after Recipient ID field populated.
NPI or MCD	Hyperlink appears after the Attending Phys, Referring Phys or Operating Physician field(s) is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.
Provider ID	Read-only field displays the billing NPI number associated with the user's ID.
Provider Name	Read-only field associated with the Provider ID field.

12.5.6 Institutional Claim Panel Accessibility

12.5.6.1 To Access the Institutional Claim Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.

12.5.6.2 To Add on the Institutional Claim Panel

Step	Action	Response
1	Enter **Recipient ID**.	
2	Enter the recipient's **Last Name**.	
3	Enter the recipient's **First Name**.	
4	Enter **Patient Account #**.	

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Step	Action	Response
5	Enter **Medical Record #**.	
6	Enter **Attending Phys** or click [Search] to select from list.	Clicking [Search] activates the Attending Phys Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	Enter **Referring Phys** or click [Search] to select from list.	Clicking [Search] activates the Referring Phys Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
8	Enter **Operating Physician** or click [Search] to select from list.	Clicking [Search] activates the Operating Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
9	Enter **Admitting Diagnosis** or Patient Reason for Visit and click [Search] to select from list.	Clicking [Search] activates the Admitting Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
10	Select **Claim Type** from drop down list.	
11	Select **Service Authorization** from drop down list.	
13	Select **Delay Reason** from drop down list.	
14	Enter **Type Of Bill**.	
15	Enter **From Date**.	
16	Enter **To Date**.	
17	Enter **Patient Status** or click [Search] to select from list.	Clicking [Search] activates the Patient Status Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
18	Enter **Admission Type** or click [Search] to select from list.	Clicking [Search] activates the Admission Type Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
19	Enter **Admission Date**.	
20	Enter **Admission Hour**.	
21	Enter **Discharge Time**.	
22	Enter **Covered Days**.	
23	Enter **Non Covered Days**.	
24	Click **Condition**.	Condition panel displays. Please refer to section 10.6.6.2 for step by step instructions on how to complete the Condition panel.

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Step	Action	Response
25	Click **Payer**.	Payer panel displays. Please refer to section 10.7.6.2 for step by step instructions on how to complete the Condition panel.
26	Click **Procedure**.	Procedure panel displays. Please refer to section 10.8.6.2 for step by step instructions on how to complete the Condition panel.
27	Click **Occurrence.**	Occurrence panel displays. Please refer to section 10.9.6.2 for step by step instructions on how to complete the Condition panel.
28	Enter **Sequence**.	
29	Enter **Diagnosis** or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
30	Click **add** in Diagnosis section to add another diagnosis and repeat steps 28 thru 29.	Activates fields for entry of data or selection from lists.
31	Click **add** in TPL section.	Activates fields for entry of data or selection from lists.
32	Enter **Policy Number**.	
33	Enter **Plan Name**.	
34	Select **Relationship to Insured** from drop down list.	
35	Enter **Carrier Code** or click [Search] to select from list.	Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
36	Select **Payer Respons. Code** from drop down list.	
37	Enter TPL **Paid Date**.	
38	Enter policy holder **Last Name**.	
39	Enter policy holder **First Name, MI**.	
40	Enter policy holder **Date of Birth**.	
41	Click **add** in TPL section to add another TPL carrier and repeat steps 32 thru 39.	Activates fields for entry of data or selection from lists.
42	Enter **Medicare Paid Date**.	
43	Enter **Medicare Allowed Amount**.	
44	Enter **Medicare Paid Amount**.	
45	Enter **Lifetime Reserve Days**.	

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Step	Action	Response
46	Enter **Deductible Amount**.	
47	Enter **Coinsurance Amount**.	
48	Enter **Coinsurance Days**.	
49	Enter **From DOS**.	
50	Enter **To DOS**.	
51	Enter **Units**.	
52	Enter **Charges**.	
53	Enter **Non Covered Charges**.	
54	Enter **Revenue Code** or click [Search] to select from list.	Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
55	Enter **HCPCS** or click [Search] to select from list.	Clicking [Search] activates the HCPCS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
56	Enter **Unit Rates**.	
57	Enter **Modifiers** or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
58	Click **add** in Detail section to add another service line and repeat steps 48 thru 56.	Activates fields for entry of data or selection from lists.
59	Click **submit**.	Submits institutional claim.

12.5.6.3 To Update on the Institutional Claim Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click **adjust, void** or **re-submit**.	Submits an adjustment, void or re-submits a denied institutional claim.

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12.6 Condition Panel

12.6.1 Condition Panel Narrative

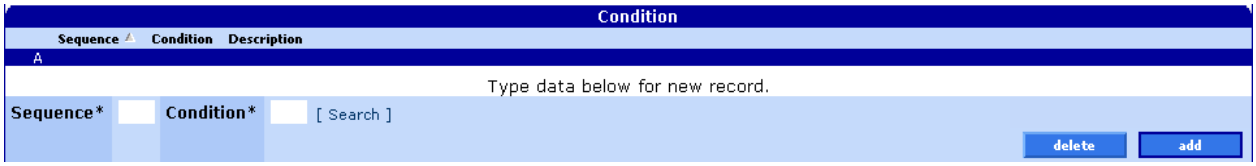
The Condition panel allows users to add condition information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Condition]

NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'delete'.

12.6.2 Condition Panel Layout



12.6.3 Condition Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
Condition	Displays the code used to identify conditions relating to a UB04 claim that may affect payer processing.	Field	Character	2
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Field	Number (Integer)	2

12.6.4 Condition Panel Field Edit Error Codes

Field	Error Message	To Correct
Condition	A valid Condition is required.	Enter a valid condition if adding Conditions.
Sequence	Sequence is required.	Enter a valid Sequence number.

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Field	Error Message	To Correct
	Sequence must be greater than or equal to 1.	Ensure that the Sequence is greater than or equal to 1.
	Sequence must be Numeric.	Ensure the Sequence is numeric.
	Sequence contains duplicates.	Enter a unique Sequence.

12.6.5 Condition Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.6.6 Condition Panel Accessibility

12.6.6.1 To Access the Condition Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.
3	Click **Condition**.	Condition panel displays.

12.6.6.2 To Add on the Condition Panel

Step	Action	Response
1	Click **add**.	Activates fields for entry of data or selection from lists.
2	Enter **Sequence**.	
3	Enter **Condition** or click [Search] to select from list.	Clicking [Search] activates the Condition Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Click **submit**.	Submits institutional claim.

12.6.6.3 To Update on the Condition Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click **submit**.	Submits institutional claim.

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12.7 Payer

12.7.1 Payer Panel Narrative

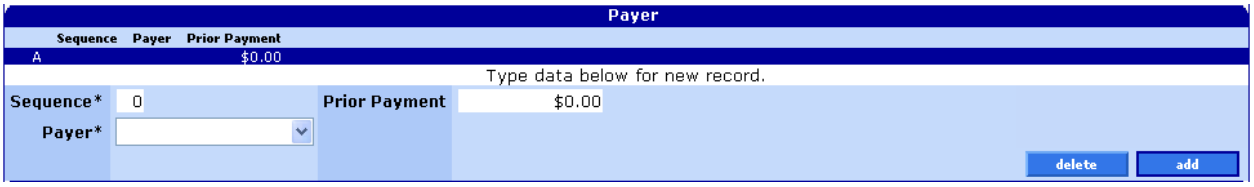
The Payer panel allows users to add payer information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Payer]

NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'delete'.

12.7.2 Payer Panel Layout



12.7.3 Payer Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
Payer	Displays if the payer is Medicaid, Medicare, or other third party.	Combo Box	Drop Down List Box	0
Prior Payment	Displays the amount that has been received prior to this billing from this payer.	Field	Number (Decimal)	9
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Field	Number (Integer)	2

12.7.4 Payer Panel Field Edit Error Codes

Field	Error Message	To Correct
Payer	Payer is required.	Enter a valid payer if adding Payers.

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Field	Error Message	To Correct
Prior Payment	Prior Payment must be greater than $0.00.	Ensure that the amount is greater than 0.
	Prior Payment must be greater than or equal to $0.00	Ensure that the amount is greater than or equal to 0.
	Prior Payment must be less than or equal to 9999999.99.	Ensure that the amount is not greater than $9,999,999.99.
Sequence	Sequence is required.	Enter a valid sequence number.
	Sequence must be greater than or equal to 1.	Ensure that the sequence is greater than or equal to 1.
	Sequence must be less than or equal to 3.	Ensure that the sequence is greater than or equal to 3 on the Payer panel.
	Sequence must be Numeric.	Ensure the sequence is numeric.
	Sequence contains duplicates.	Enter a unique sequence.

12.7.5 Payer Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.7.6 Payer Panel Accessibility

12.7.6.1 To Access the Payer Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.
3	Click **Payer**.	Payer panel displays.

12.7.6.2 To Add on the Payer Panel

Step	Action	Response
1	Click **add**.	Activates fields for entry of data or selection from lists.
2	Enter **Sequence**.	
3	Select **Payer** from drop down list.	
4	Enter **Prior Payment**.	
5	Enter **Estimated Amount Due**.	
6	Click **submit**.	Submits institutional claim.

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12.7.6.3 To Update on the Payer Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click **submit**.	Submits institutional claim.

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12.8 ICD Procedures

12.8.1 ICD Procedures Panel Narrative

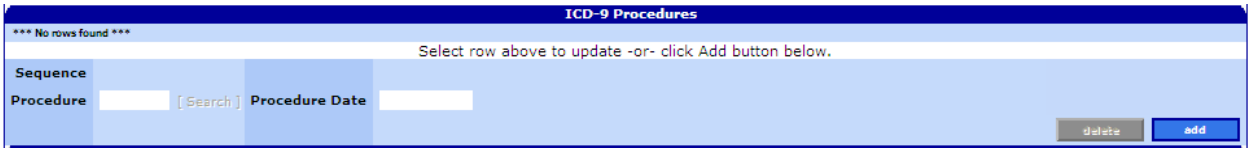
The ICD Procedures panel allows users to add surgical procedure information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Procedure]

NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'delete'.

12.8.2 ICD Procedures Panel Layout



12.8.3 ICD Procedures Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
Description	Displays the Medical Description of surgical or diagnostic procedure.	Field	Alphanumeric	60
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Field	Character	1
Procedure	Displays the surgical code which identifies the service provided.	Field	Character	7
Procedure Date	Displays the date on which the surgical procedure code was performed.	Field	Date (MM/DD/CCYY)	10
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Field	Number (Integer)	2

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12.8.4 ICD Procedures Panel Field Edit Error Codes

Field	Error Message	To Correct
Procedure	A valid Procedure is required.	Enter a valid ICD procedure.
Procedure Date	Procedure Date must be greater than or equal to 01/01/1990.	Enter a Procedure Date that is greater than or equal to 01/01/1990.
	Procedure Date must be less than or equal to 12/31/2299.	Enter a Procedure Date that is less than or equal to 12/31/2299.

12.8.5 ICD Procedures Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.8.6 ICD Procedures Panel Accessibility

12.8.6.1 To Access the ICD Procedures Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.
3	Click **Procedure**.	ICD Procedures panel displays.

12.8.6.2 To Add on the ICD Procedures Panel

Step	Action	Response
1	Click **add**.	Activates fields for entry of data or selection from lists.
2	Enter **Sequence**.	
3	Enter **Procedure** or click [Search] to select from list.	Clicking [Search] activates the Procedure ICD Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Enter **Procedure Date**.	
5	Click **submit**.	Submits institutional claim.

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12.8.6.3 To Update on the ICD Procedures Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click **submit**.	Submits institutional claim.

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12.9 Occurrence

12.9.1 Occurrence Panel Narrative

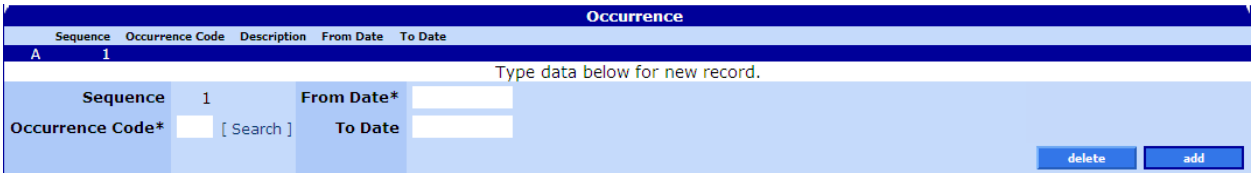
The Occurrence panel allows users to add occurrence and duration information to an institutional claim.

Navigation Path: [Claims] – [Institutional] – [Occurrence]

NOTE:

Each field which contains an asterisk represents a required field after a user has clicked on 'add'. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data. If you do not wish to complete these fields, click 'cancel'.

12.9.2 Occurrence Panel Layout



12.9.3 Occurrence Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
From Date	Displays the date on which the statement period on the claim began. Occurrence: The date when the occurrence code began.	Field	Date (MM/DD/CCYY)	10
Occurrence Code	Displays the code identifying a significant event relating to this bill that may affect payer processing.	Field	Character	2
Sequence	Displays the sequence number which indicates the position in which the information occurs on the claim.	Field	Number (Integer)	1

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Field	Description	Field Type	Data Type	Length
To Date	Displays the date on which the statement period on the claim ended. Occurrence: The date when the occurrence code ended.	Field	Date (MM/DD/CCYY)	10

12.9.4 Occurrence Panel Field Edit Error Codes

Field	Error Message	To Correct
From Date	From Date is required.	Enter a from date.
	From Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
	From Date must be greater than or equal to 01/01/1990.	Ensure From Date is greater than or equal to 01/01/1990.
	From Date must be less than or equal to 12/31/2299.	Ensure From Date is less than or equal to 12/31/2299.
Occurrence Code	A valid Occurrence Code is required.	Enter a valid Occurrence Code if Occurrence is being added.
Sequence	Sequence is required.	Enter a valid sequence number.
	Sequence must be greater than or equal to 1.	Ensure that the sequence is greater than or equal to 1.
	Sequence must be Numeric.	Ensure the sequence is numeric.
	Sequence contains duplicates.	Enter a unique sequence.
TO Date	From Date must be less than or equal to To Date.	From Date must be less than or equal to To Date.
	From Date must be greater than or equal to 01/01/1990.	Ensure From Date is greater than or equal to 01/01/1990.

12.9.5 Occurrence Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.9.6 Occurrence Panel Accessibility

12.9.6.1 To Access the Occurrence Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.

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Step	Action	Response
3	Click **Occurrence**.	Occurrence panel displays.

12.9.6.2 To Add on the Occurrence Panel

Step	Action	Response
1	Click **add**.	Activates fields for entry of data or selection from lists.
2	Enter **Sequence**.	
3	Enter **Occurrence Code** or click [Search] to select from list.	Clicking [Search] activates the Occurrence Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Enter **From Date**.	
5	Click **submit**.	Submits institutional claim.

12.9.6.3 To Update on the Occurrence Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click **submit**.	Submits institutional claim.

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12.10 Pharmacy

12.10.1 Pharmacy Claim Panel Narrative

The Pharmacy panel allows a pharmacy provider to submit a claim and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit a pharmacy claim, including multiple detail lines for a compounded drug claim. For a paid claim, the user has the option of updating selected fields and re-submitting the claim as an adjustment or to void an entire claim.

The Pharmacy Claim panel includes the following sections:

- Pharmacy Claim
- Detail
- Claim Status Information
- Adjustment Information
- EOB Information

NOTE:

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Navigation Path: [Claim] – [Pharmacy] OR [Claim]-[click on Pharmacy link] OR [Claim] – [Search] - [search for pharmacy claims]-[select pharmacy claim from search results].

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

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12.10.2 Pharmacy Claim Panel Layout

Pharmacy Claim

Billing Information

ICN	
Provider ID	1578503421 NPI
Provider Name	PUBLIX PHARMACY # 0745
Recipient ID*	
Last Name*	
First Name*	
Date of Birth	
Prescriber License*	[Search]
Prescriber Name	
Pregnancy	Unknown
Emergency	
Nursing Facility	
Clarification Code 1	Not Specified
Clarification Code 2	Not Specified
Clarification Code 3	Not Specified
Other Coverage Code	Not Specified
TPL Date	
Compound Dispensing Unit	
Compound Dosage Code	

Prescription Information

Claim Type*	P - PHARMACY CLAIMS
Prescription Number*	
Date Dispensed*	
Date Prescribed*	
New/Refill*	
Days Supply*	0
Prescription Origin*	
Dispense/Written*	0-No Product Selection Indicated
Copay Exemption	
Prior Authorization #	
Diagnosis	[Search]

Charges

Gross Due Amt*	$0.00
Usual/Cust Amt	$0.00
TPL Amount	$0.00
Dispensing Fee	$0.00
Copay	$0.00
Total Paid Amount	$0.00
Patient Responsibility Amt	$0.00

DUR Overrides

Intervention	Not Specified
Outcome	Not Specified
Conflict Code	Not Specified

Compound Drug Claim Detail

Detail

Item	Status	NDC Code	Quantity
A 1			0

Type data below for new record.

Item	1	NDC Code*	[Search]
Detail Status		Ingred Cost*	$0.00
Quantity*	0		

delete add

Claim Status Information

Claim Status: Not Submitted

submit cancel

Claim Status Information

Claim Status	PAID
Claim ICN	2213261550109
Checkwrite Date	09/19/2013
Allowed Amount	$94.07

EOB Information

Detail Number	Code	Description
0	9910	PHARMACY DISPENSING FEE APPLIED
1	9908	PRICING ADJUSTMENT - PHARMACY PRICING APPLIED

cancel void copy claim

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NOTE:

Section 10.10.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the pharmacy claim form. Please refer to section 10.10.6.2 for step by step instructions on how to complete the pharmacy claim form.

12.10.3 Pharmacy Claim Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to the detail panel. Only 25 detail lines are allowed for compound claim types.	Button	N/A	0
adjust	This button submits adjustments for a paid claim.	Button	N/A	0
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
copy claim	This button creates a new claim from the current claim.	Button	N/A	0
delete	This button is used to delete data from the detail panel.	Button	N/A	0
re-submit	This button submits modifications made to a denied claim for adjudication.	Button	N/A	0
submit	This button submits a claim for adjudication.	Button	N/A	0
void	This button submits a void request for a paid claim.	Button	N/A	0
Adjustment Analyst ID	Displays the identification number of the analyst that adjusted the claim. (Read-Only)	Field	Alphanumeric	10
Adjustment Reason	Displays the adjustment reason code. (Read-Only)	Field	Number (Integer)	4
Allowed Amount	Amount approved to pay for services provided to a recipient on claim type 'P' Pharmacy Claims. (Read-Only)	Field	Number (Decimal)	9
Checkwrite Date	This is the date the claim is finalized through adjudication. This is not the date the funds are released.	Field	Date (MM/DD/CCYY)	10
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13

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Field	Description	Field Type	Data Type	Length
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Claim Type	Displays the code that specifies the type of claim.	Combo Box	Drop Down List Box	0
Clarification Code	Displays the code indicating that the pharmacist is clarifying the submission. Alabama recognizes a value of 8 for compound drugs.	Combo Box	Drop Down List Box	0
CoPay Amount	Displays the amount the recipient is to pay for services rendered. (Read-Only)	Field	Number (Decimal)	9
Copay Exemption	Select ‘Y’ (Yes) if the Medicaid recipient is a Native American Indian with an active user letter from the Indian Health Services. Otherwise this field is left “blank”.	Combo Box	Drop Down List Box	0
Code	Displays the explanation of benefits code. (Read-Only)	Field	Number (Integer)	4
Conflict Code	Displays the code for the drug utilization review conflict.	Combo Box	Drop Down List Box	0
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date Dispensed	Displays the date on which a pharmacy filled a prescription for a recipient.	Field	Date (MM/DD/CCYY)	10
Date Prescribed	Displays the date on which physician prescribed a drug for a recipient.	Field	Date (MM/DD/CCYY)	10
Date of Birth	Displays the recipient's date of birth. (Read-Only and defaulted.)	Field	Date (MM/DD/CCYY)	10
Days Supply	Displays the number of days a prescribed drug should last a recipient.	Field	Number (Integer)	3
Denied Date	Displays the date the claim was denied. (Read-Only)	Field	Date (MM/DD/CCYY)	10

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Field	Description	Field Type	Data Type	Length
Description	Displays the explanation of benefits description. (Read-Only)	Field	Character	79
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only)	Field	Alphanumeric	10
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
Dispense/Written	Displays the dispense as written indicator.	Combo Box	Drop Down List Box	0
Dispensing Fee	Displays the amount of the dispensing fee, if paid. Format 99999.99. (Read-Only)	Field	Number (Decimal)	7
Emergency	Displays if the service was provided as the result of an emergency situation.	Combo Box	Drop Down List Box	0
First Name	Displays the first name of the recipient.	Field	Character	35
Gross Due Amt	Total Amount Billed or Sum of Ingredient Cost.	Field	Number (Decimal)	13
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced.The valid values are '9' for ICD-9, '0' for ICD-10 or blank if corresponding code is not present.	Combo Box	Drop Down List Box	1
ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Ingred Cost	Cost of an ingredient on a Compound drug claim detail.	Field	Number (Decimal)	13
Intervention	Displays the pharmacist's interaction when a conflict code has been established.	Combo Box	Drop Down List Box	0
Item	Displays the detail line number. (Read-Only)	Field	Number (Integer)	3
Last Name	Displays the last name of the recipient.	Field	Character	60
Location	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2
NDC Code	Displays the National Drug Code used to identify a specific drug.	Field	Alphanumeric	11

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Field	Description	Field Type	Data Type	Length
New/Refill	Displays if the prescription is new or a refill. '00' represents a "new" prescription.	Field	Character	2
Nursing Facility	Displays if the drug was prescribed in a nursing home facility.	Combo Box	Drop Down List Box	0
Other Coverage Code	Displays the code that indicates the recipient's primary insurance coverage status on the particular prescription being filled.	Combo Box	Drop Down List Box	0
Outcome	Indicates the action taken by the pharmacist after a drug utilization review warning is returned.	Combo Box	Drop Down List Box	0
Paid Date	Displays the date the claim was billed and paid. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Patient Responsibility Amt	The patient's cost share from a previous payer.	Field	Number(Decimal)	10
Pregnancy	Displays the code indicating the patient as pregnant or not pregnant.	Combo Box	Drop Down List Box	0
Prescriber License	Displays the license number of the provider who prescribed the drugs being administered to the recipient.	Field	Alphanumeric	10
Prescriber Name	Displays the name of the prescriber. (Read-Only and defaulted on header panel.)	Field	Alphanumeric	2
Prescription Number	Displays the number which uniquely identifies a drug dispensed to a recipient.	Field	Alphanumeric	7
Prior Authorization	Displays the Prior Authorization number.	Field	Alphanumeric	10
Provider ID	Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)	Field	Alphanumeric	10
Provider Name	Displays the name of the billing provider. (Read-Only and defaulted on header panel.)	Field	Alphanumeric	15
Quantity	Displays the number of units of a drug dispensed to a recipient.	Field	Number (Integer)	14
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13

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Field	Description	Field Type	Data Type	Length
TPL Amount	Displays the dollar amount paid by a third party liability insurance.	Field	Number (Decimal)	14
TPL Date	Displays the date the third party paid towards the drug.	Field	Date (MM/DD/CCYY)	10
Total Paid Amount	Displays the total amount paid. (Read-Only)	Field	Number (Decimal)	13
Usual/Cust Amt	Amount charged to the Recipient.	Field	Number (Decimal)	13

12.10.4 Pharmacy Claim Panel Field Edit Error Codes

Field	Error Message	To Correct
add	Only 25 details are allowed for Compound claim types.	Add button will be disabled after 25 detail lines for Compound claim types.
adjust	Adjust was successful. See Claim Status Information for details.	Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.
copy claim	Copy was successful.	Ensures that the copy was successful and modifications can be made prior to submission.
submit	Submit was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
void	Void was successful. See Claim Status Information for details.	Ensures that the claim void request was sent successfully and status details can be viewed on the Claim Status Information panel.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Date Dispensed	Date Dispensed is required.	Enter the dispensed date.
	Date Dispensed must be less than or equal to Today.	Enter a dispensed date that is less than or equal to today's date.
	Date Dispensed must be greater than or equal to 01/01/1990.	Enter a dispensed date that is greater than or equal to 01/01/1990.

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Field	Error Message	To Correct
	Date Dispensed must be less than or equal to 12/31/2299.	Enter a dispensed date that is less than or equal to 12/31/2299.
Date Prescribed	Date Prescribed is required.	Enter the prescribed date.
	Date Prescribed must be less than or equal to Today.	Enter a prescribed date that is less than or equal to today's date.
	Date Prescribed must be greater than or equal to 1/1/1990.	Enter a prescribed date that is greater than or equal to 1/1/1990.
	Date Prescribed must be less than or equal to 12/31/2299.	Enter a prescribed date that is less than or equal to 12/31/2299.
Days Supply	Days Supply is required.	Enter a Days Supply.
	Days Supply must be greater than 0.	Ensure that the days supply is greater than 0.
Diagnosis	Diagnosis contains an invalid value.	Enter a valid Diagnosis code, or use the search panel to search a valid code.
First Name	First Name is required.	Enter the recipient's first name.
Gross Due Amt	Gross Due Amt must be greater than or equal to .01.	Enter a dollar amount equal to or greater than $.01.
	Gross Due Amt must be equal to or greater than the Usual/Cust Amt	Verify the amount entered in the Gross Due Amt field is equal to or greater than the Usual/Cust Amt field.
	Gross Due Amt is Required	Enter the Gross Amount Due on the claim.
Ingred Cost	Ingred Cost must be less than or equal to 999999.99.	Enter a dollar amount equal to or less than 999999.99.
	Ingred Cost must be greater than or equal to 0.01.	Enter a dollar amount equal to or greater than $.01.
	Ingred Cost is required.	Ingredient Cost is required on each compound drug claim detail.
Last Name	Last Name is required.	Enter the recipient's last name.
NDC Code	A valid NDC Code is required.	Enter a valid NDC code.
New/Refill	New/Refill is required.	Enter a New/Refill.
	New/Refill must be Numeric.	Enter a valid numeric value.
Prescriber License	A valid Prescriber License is required.	Enter a valid prescriber license.
Prescription Number	Prescription Number is required.	Enter a prescription number.

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Field	Error Message	To Correct
	Prescription Number must be AlphaNumeric.	Enter a prescription number that contains alpha [A-Z] or numeric [0-9] values.
Quantity	Quantity must be less than or equal to 9999999.999.	Ensure the quantity billed is not greater than 9,999,999.999.
	Quantity must be greater than or equal to 0.001.	Ensure that the quantity is greater than or equal to 0.001.
	Quantity is required.	Enter the detail quantity.
Recipient ID	Recipient ID is required and must be 13 digits.	Enter a valid 13 digit Recipient ID.
TPL Amount	TPL Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than $999,999.99.
	TPL Amount must be greater than or equal to 0.	Enter a TPL amount greater than or equal to 0.
TPL Date	TPL Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
	TPL Date must be greater than or equal to 1/1/1990.	Enter a TPL Date greater than or equal to 01/01/1900.
	TPL Date must be less than or equal to 12/31/2299.	Enter a TPL Date less than or equal to 12/31/2299.

12.10.5 Pharmacy Claim Panel Extra Features

Field	Field Type
Date of Birth	Read-only field displays after Recipient ID field populated.
Prescriber ID	Entering and tabbing through the Prescriber ID field displays the Prescriber Name field.
Provider ID	Read-only field displays the billing NPI number associated with the user's ID.
Provider Name	Read-only field associated with the Provider ID field.

12.10.6 Pharmacy Claim Panel Accessibility

12.10.6.1 To Access the Pharmacy Claim Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Pharmacy**.	Pharmacy Claim panel displays.

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12.10.6.2 To Add on the Pharmacy Claim Panel

Step	Action	Response
1	Enter **Recipient ID**.	
2	Enter the recipient's **Last Name**.	
3	Enter the recipient's **First Name**.	
4	Enter **Prescriber License** or click [Search] to select from list.	Clicking [Search] activates the Prescriber License Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
5	Select **Pregnancy** indicator from drop down list.	
6	Select **Emergency** indicator from drop down list.	
7	Select **Nursing Facility** indicator from drop down list.	
8	Select **Clarification Code** from drop down list.	
9	Select **Other Coverage Code** from drop down list.	
10	Enter **TPL Date**.	
11	Select **Claim Type** from drop down list.	
12	Enter **Prescription Number**.	
13	Enter **Date Dispensed**.	
14	Enter **Date Prescribed**.	
15	Enter **New/Refill**.	
16	Enter **Days Supply**.	
17	Select **Dispense / Written** from drop down list.	
18	Enter **Prior Authorization #**.	
19	Enter **Diagnosis** or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
20	Enter **TPL Amount**.	
21	Select **Intervention** from drop down list.	
22	Select **Outcome** from drop down list.	
23	Select **Conflict Code** from drop down list.	
24	Enter **Quantity**.	

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Step	Action	Response
25	Enter **NDC Code** (without dashes) or click [Search] to select from list.	Clicking [Search] activates the NDC Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
26	Click **add** in Detail section to add another service line and repeat steps 24 thru 26.	Activates fields for entry of data or selection from lists.
27	Click **submit**.	Submits pharmacy claim.

12.10.6.3 To Update on the Pharmacy Claim Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click **adjust, void** or **re-submit**.	Submits an adjustment, void or re-submits a denied pharmacy claim.

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12.11 Professional

12.11.1 Professional Claim Panel Narrative

The Professional panel allows a medical provider to submit a professional or crossover claim and/or adjust or void a paid claim. The user has the capability to enter all of the required information to submit a professional claim, to include multiple detail lines. For a paid claim, the user has the option of updating select fields and re-submitting the claim as an adjustment or to void the claim.

The Professional Claim panel includes the following sections:

- Professional Claim
- Diagnosis
- TPL
- Detail
- Claim Status Information
- Adjustment Information
- EOB Information

NOTE:

The Adjustment Information and EOB Information panels appear after a claim has been submitted.

Navigation Path: [Claim] - [Professional] OR [Claim] - [Click on Professional link] OR [Claim] – [Search] - [search for professional claims]-[select professional claim from search results]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the claim is not considered complete until those fields have been completed with the appropriate data.

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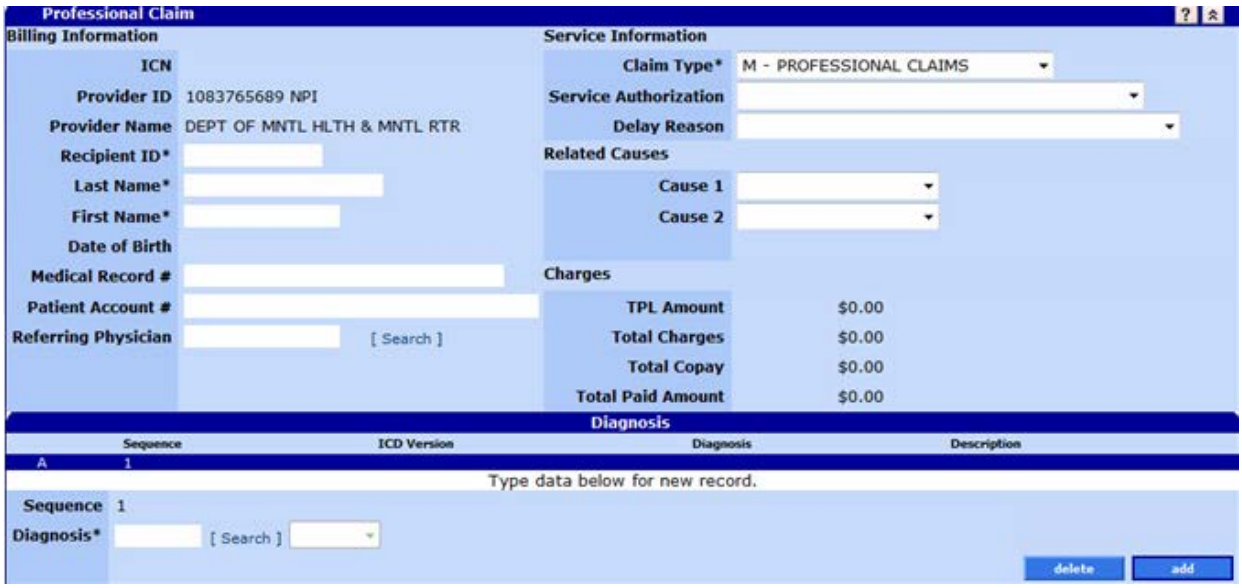
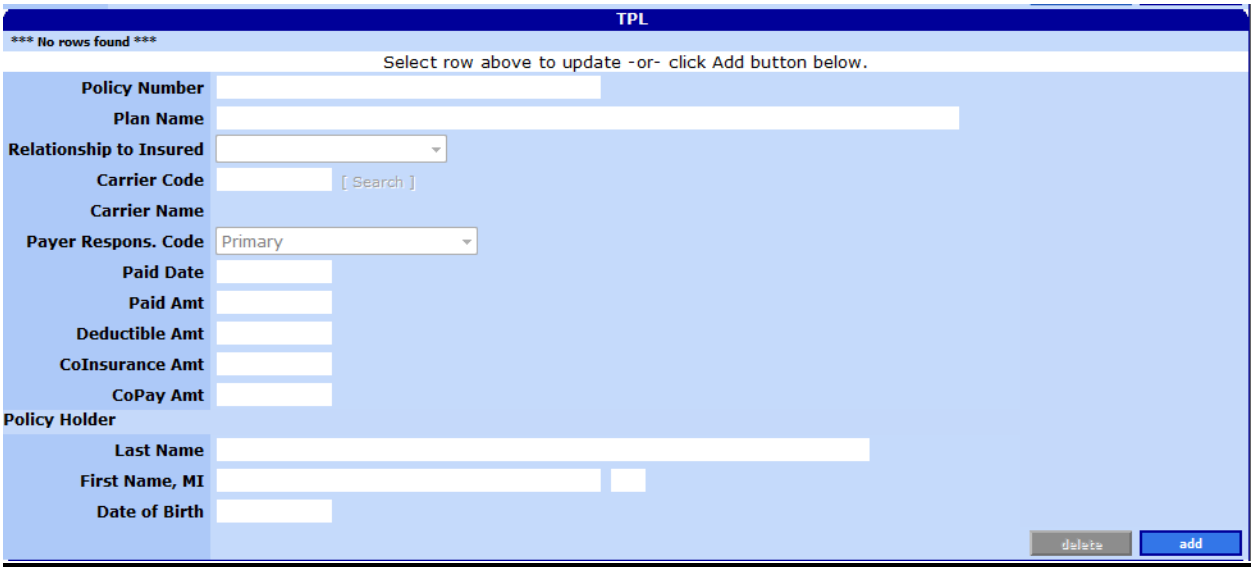
12.11.2 Professional Claim Panel Layout





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Detail

	Item	Status	From DOS	To DOS	Procedure	Units	Charges	Paid Amount
A	1					0	$0.00	$0.00

Type data below for new record.

Item	1	POS*	[Search]
Detail Status		Procedure*	[Search]
From DOS*		Emergency	
To DOS*		EPSDT Ref	
Units*	0	Family Planning	
		Copay Exemption	
Charges*	$0.00	Allowed Amount	$0.00
Rendering Physician*	[Search]	CoPay Amount	$0.00
Diagnosis Code Pointer*		Paid Amount	$0.00
Modifier 1	[Search]		
Modifier 2	[Search]		
Modifier 3	[Search]		
Modifier 4	[Search]		
Referring Physician	[Search]	Ordering Physician	[Search]

Medicare Information

Medicare Paid Date		Coinsurance Amount	$0.00
Allowed Amount	$0.00	Deductible Amount	$0.00
Original Medicare Paid Amount	$0.00		
2% Sequestration Amount	$0.00	eRX Reduction Amount	$0.00
Final Medicare Paid Amount	$0.00	Medicare CoPay Amount	$0.00

delete add

NDC (Detail Item 1)

*** No rows found ***

Select row above to update -or- click Add button below.

NDC Sequence Number		Drug Unit Price	
NDC	[Search]	Unit Quantity Submitted	
UOM		Unit Quantity Calculated	
Prescription Number		Primary NDC	☐
Prescription Qualifier			

delete add

Third Party Payments (Detail Item 1)

*** No rows found ***

Select row above to update -or- click Add button below.

Carrier Code	
Paid Date	
Paid Amt	
Deductible Amt	
CoInsurance Amt	
CoPay Amt	

delete add

Claim Status Information

Claim Status Not Submitted

submit cancel

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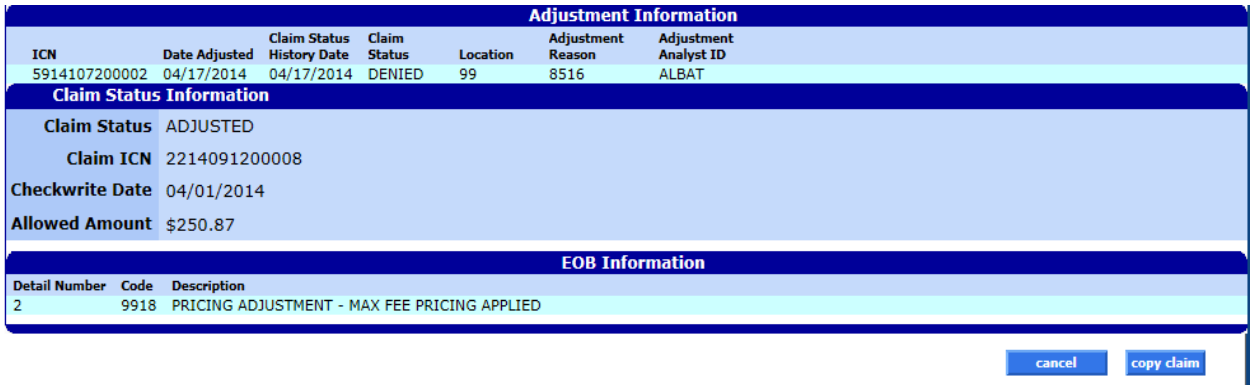


Adjustment Information

ICN	Date Adjusted	Claim Status History Date	Claim Status	Location	Adjustment Reason	Adjustment Analyst ID
5914107200002	04/17/2014	04/17/2014	DENIED	99	8516	ALBAT

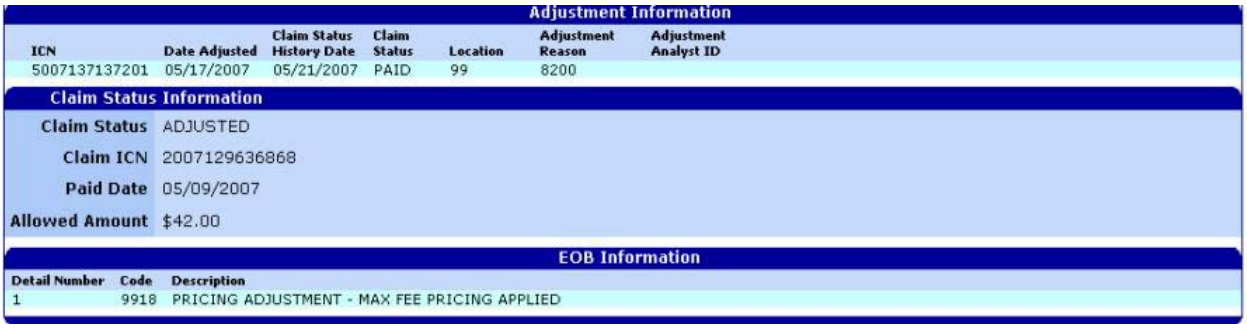
Claim Status Information

Claim Status	ADJUSTED
Claim ICN	2214091200008
Checkwrite Date	04/01/2014
Allowed Amount	$250.87

EOB Information

Detail Number	Code	Description
2	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

cancel copy claim



Adjustment Information

ICN	Date Adjusted	Claim Status History Date	Claim Status	Location	Adjustment Reason	Adjustment Analyst ID
5007137137201	05/17/2007	05/21/2007	PAID	99	8200	

Claim Status Information

Claim Status	ADJUSTED
Claim ICN	2007129636868
Paid Date	05/09/2007
Allowed Amount	$42.00

EOB Information

Detail Number	Code	Description
1	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED

NOTE:

This Section 12.11.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the professional claim form. Please refer to section 12.11.6.2 for step by step instructions on how to complete the professional claim form.

12.11.3 Professional Claim Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
2% Sequestration Amount	The dollar amount of the 2% sequestration as required by the Affordable Care Act (ACA)	Field	Number (Decimal)	8
add	This button is used to add data to a panel (Diagnosis, TPL and Detail). This button becomes disabled in the Diagnosis panel after eight diagnoses have been added, and in the Detail panel after 50 details have been added.	Button	N/A	0
adjust	This button submits adjustments for a paid claim.	Button	N/A	0
Adjustment Analyst ID	Displays the identification number of the analyst that adjusted the claim. (Read-Only)	Field	Alphanumeric	10

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Field	Description	Field Type	Data Type	Length
Adjustment Reason	Displays the adjustment reason code. (Read-Only)	Field	Number (Integer)	4
Allowed Amount	Displays the amount approved to pay for services provided to a recipient. (Read-Only) Medicare: Displays the amount allowed by Medicare.	Field	Number (Decimal)	10
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
Carrier Code	Displays the 5-digit carrier code that identifies the recipient's TPL insurance plan.	Field	Number (Integer)	10
Carrier Name	Displays the carrier name based on the carrier code entered. (Read-Only)	Field	Character	45
Cause 1	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0
Cause 2	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0
Charges	Displays the usual and customary charge for the service provided.	Field	Number (Decimal)	13
Checkwrite Date	This is the date the claim is finalized through adjudication. This is not the date the funds are released.	Field	Date (MM/DD/CCYY)	10
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Claim Type	Displays the code and description that specifies the type of claim.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Code	Displays the explanation of benefits code. (Read-Only)	Field	Number (Integer)	4
Coinsurance Amount	Displays the amount which represents the recipients' coinsurance payment.	Field	Number (Decimal)	1
CoPay Amount	Displays the amount the recipient is to pay for services rendered. (Read-Only)	Field	Number (Decimal)	9
Copay Exemption	Enter 'Y' (Yes) if the Medicaid recipient is a Native American Indian with an active user letter from the Indian Health Services. Otherwise this field is left "blank".	Combo Box	Drop Down List	0
copy claim	This button creates a new claim from the current claim.	Button	N/A	0
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date of Birth	Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder	Field	Date (MM/DD/CCYY)	10
Deductible Amount	Displays the amount the recipient must pay before Medicare.	Field	Number (Decimal)	10
Delay Reason	Displays the delay reason codes that are used by specific Medicaid providers. These do not affect hospitals, State Mental Health or Nursing Home providers. These delay reasons cannot override claims over the year past filing limit.	Combo Box	Drop Down List Box	0
delete	This button is used to delete data from a panel (Diagnosis, TPL and Detail).	Button	N/A	0
Denied Date	Displays the date the claim was denied. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Description	Displays the explanation of benefits description. (Read-Only)	Field	Alphanumeric	79
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only).	Field	Alphanumeric	10
Diagnosis	Displays the diagnosis code.	Field	Character	7

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Field	Description	Field Type	Data Type	Length
Diagnosis Code Pointer	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of.	Field	Alphanumeric	2
Diagnosis Code Pointer 2	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of.	Field	Alphanumeric	2
Diagnosis Code Pointer 3	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of.	Field	Alphanumeric	2
Diagnosis Code Pointer 4	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of.	Field	Alphanumeric	2
Drug Unit Price	Price per unit of product.	Field	Number (Decimal)	19
Emergency	Displays if the service was provided as the result of an emergency situation.	Combo Box	Drop Down List Box	0
EPSDT Ref	Displays if the service being billed is due to an EPSDT referral.	Combo Box	Drop Down List Box	0
eRX Reduction Amount	The dollar amount of the eRX reduction.	Field	Number (Decimal)	9
Family Planning	Displays if the service is family planning related.	Combo Box	Drop Down List Box	0
Final Medicare Paid Amount.	The dollar amount paid by Medicare for the services provided. The dollar amount paid by Medicare plus the 2% sequestration amount for the services provided.	Field	Number (Decimal)	10
First Name	Displays the first name of the recipient on the header.	Field	Character	35

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Field	Description	Field Type	Data Type	Length
First Name, MI	Displays the first name and middle initial of third party policy holder.	Field	Character	35
From DOS	Displays the beginning date on which service was provided.	Field	Date (MM/DD/CCYY)	10
ICD	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Field	Character	1
ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Item	Displays the line item number. (Read-Only)	Field	Number (Integer)	3
Last Name	Displays the last name of the recipient. TPL: Displays the last name of third party policy holder	Field	Character	60
Medical Record#	Displays the medical record number assigned to the recipient by the provider for the service that was performed.	Field	Alphanumeric	50
Medicare CoPay Amount	Medicare advanced copay amount.	Field	Number (Decimal)	8
Medicare Paid Date	Displays the date Medicare paid for the services rendered.	Field	Date (MM/DD/CCYY)	10
Modifier 1	Displays the first modifier when applicable.	Field	Alphanumeric	2
Modifier 2	Displays the second modifier when applicable.	Field	Alphanumeric	2
Modifier 3	Displays the third modifier when applicable.	Field	Alphanumeric	2
Modifier 4	Displays the fourth modifier when applicable.	Field	Alphanumeric	2
NDC	National Drug Code.	Field	Number (Integer)	16
NDC Sequence Number	Number of the detail on the claim record. Display Only.	Field	Number (Integer)	4
Original Medicare Paid Amount	The dollar amount paid by Medicare for the services provided. This amount reflects the subtraction of the 2% sequestration amount.	Field	Number (Decimal)	10

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Field	Description	Field Type	Data Type	Length
Paid Amount	Detail: Displays the dollar amount paid by Medicaid for the services. (Read-Only) Medicare: Displays the amount paid by Medicare	Field	Character	1
Paid Date	Displays the date the claim was billed and paid. (Read-Only) TPL: Displays the date the third party paid for the services rendered.	Field	Date (MM/DD/CCYY)	10
Patient Account#	Displays the identification for a recipient assigned by a provider and used in their system.	Field	Alphanumeric	38
Payer Respons. Code	Value identifying the third payer's level of responsibility on this claim.	Combo Box	Drop Down List Box	0
Plan Name	Displays the TPL plan name.	Field	Alphanumeric	60
Policy Number	Displays the TPL policy number.	Field	Alphanumeric	30
POS	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2
Prescription Number	The prescription number.	Field	Character	50
Prescription Qualifier	The prescription qualifier.	Field	Character	3
Primary NDC	Indicates the selected NDC is the primary NDC.	Check Box	N/A	0
Procedure	Displays the code which identifies the service provided.	Field	Alphanumeric	6
Provider ID	Displays the National Provider Identification number of the billing provider. (Read-Only and Defaulted.)	Field	Alphanumeric	10
Provider Name	Displays the name of the billing provider. (Read Only and defaulted on header panel.)	Field	Alphanumeric	15
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
Referring Physician	Displays the identification number of the referring physician.	Field	Alphanumeric	10
Relationship to Insured	Displays the third party liabilities insured relationship.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Rendering Physician	Displays the rendering (performing) provider's NPI number.	Field	Alphanumeric	10
re-submit	This button submits modifications made to a denied claim for adjudication.	Button	N/A	0
Sequence	Displays the sequence number which indicates the position in which the diagnosis information occurs on the claim.	Field	Alphanumeric	2
Service Authorization	Displays the type of maternity override or if the service was due to an emergency.	Combo Box	Drop Down List Box	0
submit	This button submits a claim for adjudication.	Button	N/A	0
To DOS	Displays the ending date on which service was provided.	Field	Date (MM/DD/CCYY)	10
Total Charges	Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)	Field	Number (Decimal)	13
Total Copay	Displays the total amount the recipient is to pay for services rendered. (Read-Only)	Field	Number (Decimal)	9
Total Paid Amount	Displays the total amount paid. (Read-Only).	Field	Number (Decimal)	13
TPL Amount	Displays the dollar amount paid by third party liability.	Field	Number (Decimal)	14
Unit Quantity Calculated	The unit quantity calculated.	Field	Number (Decimal)	18
Unit Quantity Submitted	The unit count that the provider submitted. The Drug units.	Field	Number (Decimal)	18
Units	Displays the units of service on this detail.	Field	Number (Integer)	12
UOM	Unit of Measure. Code specifying the units in which a value is being expressed.	Combo Box	Character	0
void	This button submits a void request for a paid claim.	Button	N/A	0

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12.11.4 Professional Claim Panel Field Edit Error Codes

Field	Error Message	To Correct
2% Sequestration Amount	2% Sequestration Amount must be less than or equal to $ 99999.99	Ensure that the amount is less than or equal to $99999.99.
	2% Sequestration Amount must be greater than or equal to $-99999.99.	Ensure that the amount is greater than or equal to $-99999.99.
adjust	Adjust was successful. See Claim Status Information for details.	Ensures that the claim adjustment request was sent successfully and status details can be viewed on the Claim Status Information panel.
Copy claim	Copy was successful.	Ensures that the copy was successful and modifications can be made prior to submission.
Submit	Submit was successful. See Claim Status Information for details.	Ensures that the claim was sent successfully and status details can be viewed on the Claim Status Information panel.
Void	Void was successful. See Claim Status Information for details.	Ensures that the claim void request was sent successfully and status details can be viewed on the Claim Status Information panel.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 – 9; date fields must only contain valid dates; character fields must only contain A – Z; alphanumeric fields must only contain A – Z and 0 – 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
	Exceed maximum number of details.	Ensure that the maximum number of details are not exceeded – 50 detail lines.
	Exceed maximum number of diagnoses.	Ensure that the maximum number of diagnoses are not exceeded – 8 diagnosis lines.
Allowed Amount	Allowed Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than $999,999.99.
	Allowed Amount must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
Carrier Code	Carrier Code is required.	Enter a valid Carrier Code.
Charges	Charges must be less than or equal to 9999999.99.	Ensure the amount is not greater than $9,999,999.99.
	Charges must be greater than or equal to 0.01.	Ensure that the amount is greater than or equal to 0.01.
	Charges is required.	Enter the detail charges.

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Field	Error Message	To Correct
Coinsurance Amount	Coinsurance Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than $999,999.99.
Date of Birth	Date of Birth is required.	Enter a date of birth in the TPL panel.
	Date Of Birth must be less than or equal to Today.	Ensure that the Date of Birth, on the TPL panel, is on or before today's date.
	Date of Birth must be greater than or equal to 01/01/1900.	Enter a Date of Birth greater than or equal to 01/01/1900.
	Date of Birth must be less than or equal to 12/31/2299.	Enter a Date of Birth less than or equal to 12/31/2299.
Deductible Amount	Deductible Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than $999,999.99.
	Either Coinsurance Amount or Deductible Amount must be greater than $0.00.	Ensure either the Coinsurance or Deductible Amount is greater than $0.00.
Diagnosis	A valid Diagnosis is required.	Enter a diagnosis code.
Diagnosis Code Pointer	Diagnosis indicator must be less than or equal to number of diagnosis on the claim.	Ensure all of the numbers in any of the Diagnosis Code Pointer fields are less than or equal to the total number of diagnoses on the claim.
	Diagnosis Code Pointer cannot contain duplicate values.	Ensure the Diagnosis Code Pointer fields do not contain the same number for the same claim detail.
	Diagnosis Code Pointer is required.	Enter a diagnosis code pointer.
	Boxes must be completed left to right and cannot be skipped. At least one diagnosis indicator is required on each detail.	Verify the value and make sure all left side diagnosis indicator box is filled with value.
eRX Reduction Amount	eRX Reduction Amount must be less than or equal to 99999999.99.	Ensure that the amount is less than or equal to 9999999.99.
	eRX Reduction Amount must be greater than or equal to 9999999.99.	Ensure that the amount is greater than or equal to -9999999.99.
First Name	First Name is required.	Enter the recipient's first name.
First Name, MI	First Name is required.	Enter a First Name when TPL is applicable.
Final Medicare Paid Amount	Final Medicare Paid Amount must be less than or equal to 99999999.99.	Ensure that the amount is not greater than $99,999,999.99.

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Field	Error Message	To Correct
	Final Medicare Paid Amount must be greater than or equal to 9999999.99.	Ensure that the amount is greater than or equal to -9999999.99.
From DOS	From DOS is required.	Enter a from date of service.
	From DOS must be less than or equal to To DOS.	Ensure From DOS is less than or equal to the To DOS.
	From DOS must be less than or equal to Today.	Ensure that the date is on or before today's date.
	From DOS must be greater than or equal to 01/01/1990.	Enter a From date of service that is greater than or equal to 01/01/1990.
	From DOS must be less than or equal to 12/31/2299.	Enter a From date of service that is less than or equal to 12/31/2299.
ICD Version	ICD Version for Diagnosis codes should be the same type.	Ensure version type of all diagnosis codes are same.
Last Name	Last Name is required.	Header: Enter the recipient's last name. TPL: Enter a last name when TPL is applicable.
Medicare Copay Amount	Copay must be less than or equal to 999999.99.	Ensure that the amount is not greater than $999,999.99.
Medicare Paid Date	Medicare Paid Date is required.	Enter a Medicare Paid Date when crossover information is entered.
	Medicare Paid Date must be greater than or equal to 01/01/1990.	Enter a Medicare Paid Date greater than or equal to 01/01/1990.
	Medicare Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Modifier 1	Modifier1 contains an invalid value.	Enter a valid Modifier Code.

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12.11.5 Professional Claim Panel Extra Features

Field	Field Type
Carrier Name	Read-only field displays after Carrier Code field populated.
Date of Birth	Read-only field displays after Recipient ID field populated.
NPI or MCD	Hyperlink appears after the Referring Physician or Rendering Physician field(s) is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.
Provider ID	Read-only field displays the billing NPI number associated with the user's ID.
Provider Name	Read-only field associated with the Provider ID field.

12.11.5 Professional Claim Panel Accessibility

12.11.6.1 To Access the Professional Claim Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Professional**.	Professional Claim panel displays.

12.11.6.2 To Add on the Professional Claim Panel

Step	Action	Response
1	Enter **Recipient ID**.	
2	Enter the recipient's **Last Name**.	
3	Enter the recipient's **First Name**.	
4	Enter **Medical Record #**.	
5	Enter **Patient Account #**.	
6	Enter **Referring Physician** or click [Search] to select from list.	Clicking [Search] activates the Referring Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	Select **Claim Type** from drop down list.	
8	Select **Service Authorization** from drop down list.	
9	Select **Delay Reason** from drop down list.	
10	Select **Cause 1** accident related cause indicator from drop down list.	
11	Select **Cause 2** accident related cause indicator from drop down list.	

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Step	Action	Response
12	Enter **TPL Amount**.	
13	Enter **Sequence**.	
14	Enter **Diagnosis** or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
15	Click **add** in TPL section.	Activates fields for entry of data or selection from lists.
16	Enter **Policy Number**.	
17	Enter **Plan Name**.	
18	Select **Relationship to Insured** from drop down list.	
19	Enter **Carrier Code** or click [Search] to select from list.	Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
20	Select **Payer Respons. Code** from drop down list.	
21	Enter TPL **Paid Date**.	
22	Enter policy holder **Last Name**.	
23	Enter policy holder **First Name, MI**.	
24	Enter policy holder **Date of Birth**.	
25	Enter **From DOS**.	
26	Enter **To DOS**.	
27	Enter **Units**.	
28	Enter **Charges**.	
29	Enter **Rendering Physician** or click [Search] to select from list.	Clicking [Search] activates the Rendering Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
30	Enter **Diagnosis Code Pointer**(s).	
31	Enter **Modifier**(s) or click [Search] to select from list. (Maximum of 4 can be added)	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
32	Enter **Referring Physician** or click [Search] to select from list.	Clicking [Search] activates the Referring Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
33	Enter **POS** or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.

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Step	Action	Response
34	Enter **Procedure** or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
35	Select **Emergency** indicator from drop down list.	
36	Select **EPSDT Ref** indicator from drop down list.	
37	Select **Family Planning** indicator from drop down list.	
38	Select **Copay Exemption** indicator from drop down list.	
39	Enter **Medicare Paid Date**.	
40	Enter Medicare **Allowed Amount**.	
41	Enter **Original Medicare Paid Amount**.	
42	Enter Medicare **2% Sequestration Amount**.	
43	Enter Medicare **eRX Reduction Amount**.	
44	Enter Medicare **Coinsurance Amount**.	
45	Enter Medicare **Deductible Amount**.	
46	Enter Medicare **Final Medicare Paid Amount**.	
47	Click **add** in Detail section to add another service line and repeat steps 25 thru 42.	Activates fields for entry of data or selection from lists.
48	Click **submit**.	Submits professional claim.

12.11.6.3 To Update on the Professional Claim Panel

Step	Action	Response
1	Click row to update.	
2	Click in field(s) to update and perform update.	
3	Click **adjust, void** or **re-submit**.	Submits an adjustment, void or re-submits a denied professional claim.

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13. Eligibility

The Eligibility and Verification Request (270 transaction) and Response (271 transaction) web pages are used by the provider to request and receive eligibility verification information for a recipient.

The HouseHold Inquiry request and response web pages are used by the provider to obtain a household member's recipient identification number using the parent/guardian's identification number and the household member's date of birth.

From the Eligibility link in the Main Menu toolbar, users can access the following Sub Menu options:

- Eligibility Verification
- HouseHold Inquiry

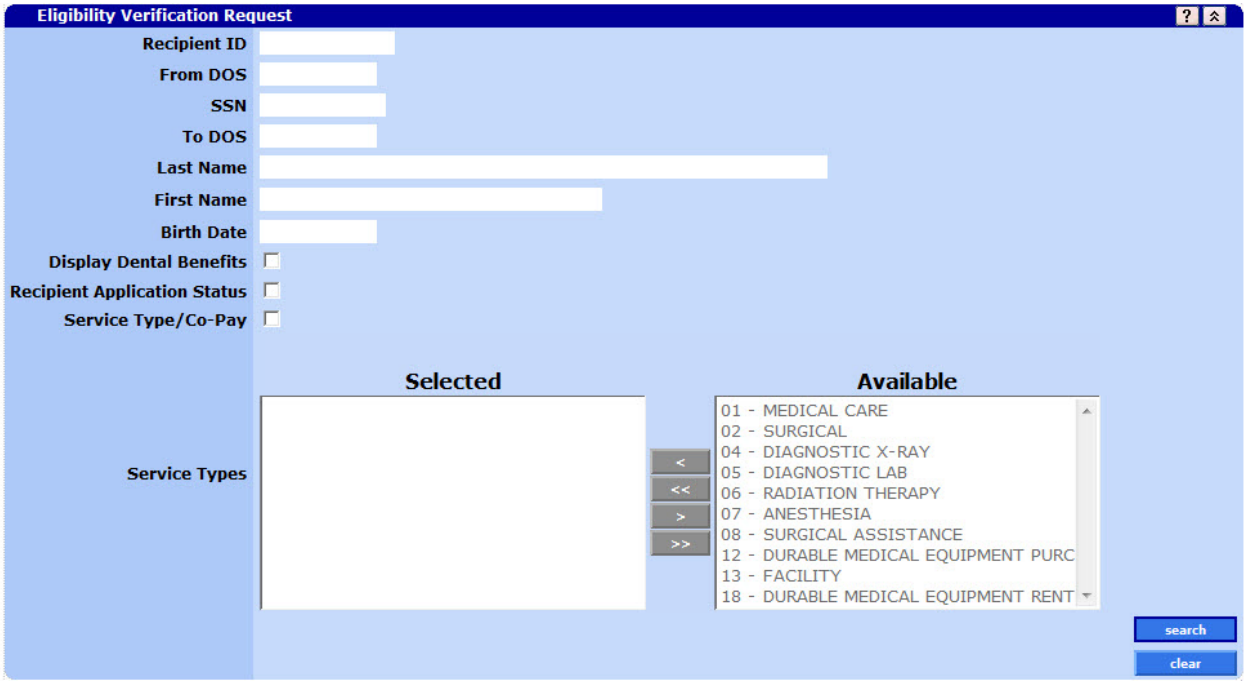
13.1 Eligibility Verification

13.1.1 Eligibility Verification Request Panel Narrative

The Eligibility panel allows users to verify eligibility of recipients for Alabama Medicaid.

Navigation Path: [Eligibility] – [Eligibility Verification]

13.1.2 Eligibility Verification Request Panel Layout



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13.1.3 Eligibility Verification Request Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all search criteria fields.	Button	N/A	0
search	This button initiates the search process.	Button	N/A	0
Birth Date	Displays the date of birth of the recipient.	Field	Date (MM/DD/CCYY)	10
Display Dental Benefits	If the check box is selected, the user will see all non-dental and dental benefits. If the check box is not selected, then the user will only see non-dental benefits	Check box	N/A	N/A
First Name	Displays the first name of the recipient.	Field	Character	35
From DOS	Displays the from date of service.	Field	Date (MM/DD/CCYY)	10
Last Name	Displays the last name of the recipient.	Field	Character	60
Recipient Application Status	If the check box is selected, the user will see Recipient Application Status Information. If the check box is not selected, then the panel will be hidden.	Check box	N/A	N/A
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	12
Service Type/Co-Pay	Determines if the Service Type/Co-Pay panel will be included in the search results	Check box	N/A	N/A
Service Types	The service types to include in the eligibility search	Available /Select	N/A	N/A
SSN	Displays the social security number of the recipient. Ex. 000-12-1234.	Field	Number (Integer)	11
To DOS	Displays the thru date of service.	Field	Date (MM/DD/CCYY)	10
Recipient Application Status	If the Check Box is selected, the user will see Recipient Application Status Information. If the check box is not selected, then the panel will be hidden	Check box	N/A	N/A

13.1.4 Eligibility Verification Request Panel Field Edit Error Codes

Field	Error Message	To Correct
search	At least one search field should be entered for search criteria.	Enter at least one search field to complete the search request.

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Field	Error Message	To Correct
Birth Date	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.	Enter the recipient's Last Name, First Name and DOB.
	No Recipient match using search criteria Last Name: [], First Name: [], and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
	No Recipient match using search criteria SSN: [] and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
First Name	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.
	No Recipient match using search criteria Last Name: [], First Name: [], and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
From DOS	The from and to dates of service must be in a 13 month window.	Date must not be greater than 13 months in the past.
	The to date of service must be on or after the from date of service.	Ensure From DOS is less than or equal to the To DOS.
	Future eligibility cannot be requested.	Enter a date of service that is equal to or less than the current date.
	Service Dates not within Provider Plan Enrollment.	Enter a From Date of Service that is within the provider's active enrollment period.
Last Name	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.	Recipient last name, first name, and date of birth are required if there is no SSN or Recipient ID.
	No Recipient match using search criteria Last Name: [], First Name: [], and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
Recipient ID	Recipient ID is Invalid or not Active.	Ensure the Recipient ID is correct and try again. If correct, contact the Provider Assistance Center for further information. (800-688-7989)
SSN	No Recipient match using search criteria SSN: [] and DOB: [].	Ensure search criteria are correct or attempt the search with the Recipient ID.
To DOS	The from and to dates of service must be in a 13 month window.	Date must not be greater than 13 months in the past.
	The to date of service must be on or after the from date of service.	Ensure From DOS is less than or equal to the To DOS.
	Future eligibility cannot be requested.	Enter a date of service that is equal to or less than the current date.
	Service Dates not within provider plan enrollment.	Enter a To Date of Service that is within the provider's active enrollment period.

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13.1.5 Eligibility Verification Request Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.1.6 Eligibility Verification Request Panel Accessibility

13.1.6.1 To Access the Eligibility Verification Request Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.

13.1.6.2 To Search on the Eligibility Verification Request Panel

Step	Action	Response
1	Enter one or a combination of the following fields: **Recipient ID**, **SSN**, **Last Name**, **First Name**, **Birth Date**, **From DOS** and/or **To DOS**.	
2	Click **search**.	Displays Recipient Eligibility Information for the requested timeframe.

NOTE:

"No rows found" indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the HPE Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

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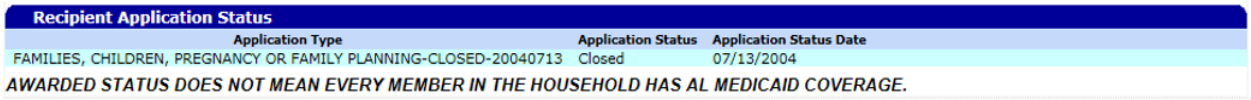
13.3 Recipient Application Status

13.3.1 Recipient Application Status Panel Narrative

Provides the latest status on a Recipient's application to the Medicaid program.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.3.2 Recipient Application Status Panel Layout



13.3.3 Recipient Application Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Application Status	Displays the most current status of a specific Medicaid application.	Field	Character	1
Application Status Date	Displays the last or most recent date an application status was updated.	Field	Date (MM/DD/CCYY)	10
Application Type	Displays the type of Medicaid application a recipient has applied for.	Field	Character	50

13.3.4 Recipient Application Status Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.3.5 Recipient Application Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.3.6 Recipient Application Status Panel Accessibility

13.3.6.1 To Access the Recipient Application Status Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Recipient Application Status panel displays.

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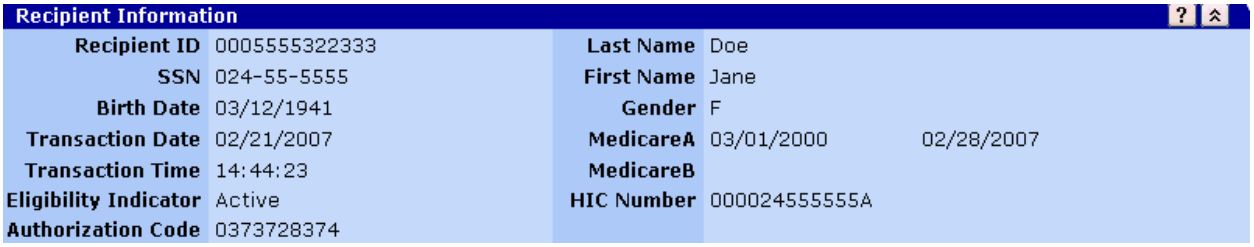
13.4 Recipient Information

13.4.1 Recipient Information Panel Narrative

The Recipient Information panel displays basic information about the recipient.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.4.2 Recipient Information Panel Layout



Recipient Information

Recipient ID	0005555322333	Last Name	Doe	
SSN	024-55-5555	First Name	Jane	
Birth Date	03/12/1941	Gender	F	
Transaction Date	02/21/2007	MedicareA	03/01/2000	02/28/2007
Transaction Time	14:44:23	MedicareB		
Eligibility Indicator	Active	HIC Number	000024555555A	
Authorization Code	0373728374			

13.4.3 Recipient Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Authorization Code	Displays the authorization number for the eligibility transaction. Also called a Verification Number.	Field	Alphanumeric	10
Birth Date	Displays the date of birth of the recipient.	Field	Date (MM/DD/CCYY)	10
Eligibility Indicator	Displays the HIPAA eligibility indicators if the recipient is 'Active' or 'Inactive'.	Field	Alphanumeric	10
First Name	Displays the first name of the recipient.	Field	Character	20
Gender	Displays the recipient's gender.	Field	Alphanumeric	1
HIC Number	Displays the recipient's Medicare HIC number.	Field	Alphanumeric	15
Last Name	Displays the last name of the recipient.	Field	Character	30
Medicare A	Displays the dates the recipient is eligible for Medicare Part A.	Field	Date (MM/DD/CCYY)	10
Medicare B	Displays the dates the recipient is eligible for Medicare Part B.	Field	Date (MM/DD/CCYY)	10
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
SSN	Displays the social security number (SSN) of the recipient.	Field	Number (Integer)	9

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Field	Description	Field Type	Data Type	Length
Transaction Date	Displays the date the eligibility transaction was performed.	Field	Date (MM/DD/CCYY)	10
Transaction Time	Displays the time that the eligibility transaction was performed.	Field	Alphanumeric	8

13.4.4 Recipient Information Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.4.5 Recipient Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.4.6 Recipient Information Panel Accessibility

13.4.6.1 To Access the Recipient Information Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Recipient Information panel displays.

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13.5 Coverage Type

13.5.1 Coverage Type Panel Narrative

The Coverage Type panel displays specific information about the recipient's coverage type.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.5.2 Coverage Type Panel Layout

Coverage Type

County Code	County Name	Aid Code	Aid Description	Effective Date	End Date
18	Craig	73	Full Medicaid Coverage	07/01/2001	03/31/2006
18	Craig	42	Full MCaid&Care w/co-ded no QMB	04/01/2006	02/28/2007

13.5.3 Coverage Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Aid Code	Displays the recipient's eligibility aid category code.	Field	Alphanumeric	2
Aid Description	Displays the recipient's eligibility aid category code description.	Field	Character	50
County Code	Displays the recipient's eligibility aid county code.	Field	Alphanumeric	2
County Name	Displays the recipient's eligibility aid county code description.	Field	Character	20
Effective Date	Displays the recipients eligibility begin/effective date.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the recipient's eligibility end/stop date.	Field	Date (MM/DD/CCYY)	10

13.5.4 Coverage Type Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.5.5 Coverage Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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13.5.6 Coverage Type Panel Accessibility

13.5.6.1 To Access the Coverage Type Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Coverage Type panel displays.

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13.6 TPL

13.6.1 TPL Panel Narrative

The TPL panel displays specific information about the recipient's third party liability (TPL) coverage.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.6.2 TPL Panel Layout

TPL

Policy Holder	Jane Doe	**Carrier Number**	02001
Policy Number	R59999992	**Carrier Name**	BC/BS OF AL FEDERAL
Group Number	90000	**Carrier Address 1**	BC/BS OF ALABAMA
Coverage Type	TYPE=X COV-IND=14 HOSPITAL/SURGICAL	**Carrier Address 2**	450 RIVERCHASE PARKWAY
Effective Date	05/29/2005	**City**	BIRMINGHAM
End Date	12/31/2299	**State**	AL
Zip Code	35298		
Policy Holder	Jane Doe	**Carrier Number**	01924
Policy Number	Z5D999D92	**Carrier Name**	CAREMARK/ADVANCE RECAP CLAIMS
Group Number	90002	**Carrier Address 1**	PO BOX 686002
Coverage Type	TYPE=X COV-IND=06 MAJOR MED NO MATERNITY-MGDCARE	**Carrier Address 2**	
Effective Date	06/15/2006	**City**	SAN ANTONIO
End Date	12/31/2299	**State**	TX
Zip Code	78268		

13.6.3 TPL Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Carrier Address 1	Displays the primary address of each third party liability carrier.	Field	Character	55
Carrier Address 2	Displays the secondary address of each third party liability carrier.	Field	Character	55
Carrier Name	Displays the name of each third party liability carrier.	Field	Alphanumeric	30
Carrier Number	Displays the number of each third party liability carrier.	Field	Alphanumeric	10
City	Displays the city of each third party liability carrier.	Field	Character	30
Coverage Type	Displays the coverage type of the third party liability insurance.	Field	Alphanumeric	120
Effective Date	Displays the effective date of each third party liability insurance.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of each third party liability insurance.	Field	Date (MM/DD/CCYY)	10

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Field	Description	Field Type	Data Type	Length
Group Number	Displays the group number of the policy.	Field	Alphanumeric	30
Policy Holder	Displays the policy holder of the third party liability insurance.	Field	Alphanumeric	30
Policy Number	Displays the policy number of the third party liability insurance.	Field	Alphanumeric	16
State	Displays the state of each third party liability carrier.	Field	Alphanumeric	2
Zip Code	Displays the zip code of each third party liability carrier.	Field	Number (Integer)	15

13.6.4 TPL Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.6.5 TPL Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.6.6 TPL Panel Accessibility

13.6.6.1 To Access the TPL Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	TPL panel displays.

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13.7 Managed Care

13.7.1 Managed Care Panel Narrative

The Managed Care panel displays specific information about the recipient's managed care coverage.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.7.2 Managed Care Panel Layout

Managed Care

Plan Code	Provider Name	Provider Phone	24 Hour Phone	Effective Date	End Date
PT1ST	DAVISON NW MEDICAL	(999)551-3607	( ) -	01/01/2007	02/28/2007

13.7.3 Managed Care Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
24 Hour Phone	Displays the 24 hour phone number of the primary care physician.	Field	Character	13
Effective Date	Displays the effective date of the Managed Care coverage.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the Managed Care coverage.	Field	Date (MM/DD/CCYY)	10
Plan Code	Displays the recipient's Managed Care Plan Code. MDADV denotes Medicare Advantage and PT1ST denotes Patient 1st .	Field	Alphanumeric	5
Provider Name	Displays the name of the primary care physician for the managed care program or the name of the Medicare Advantage Plan.	Field	Alphanumeric	20
Provider Phone	Displays the phone number of the primary care physician.	Field	Character	13

13.7.4 Managed Care Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

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13.7.5 Managed Care Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.7.6 Managed Care Panel Accessibility

13.7.6.1 To Access the Managed Care Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Managed Care panel displays.

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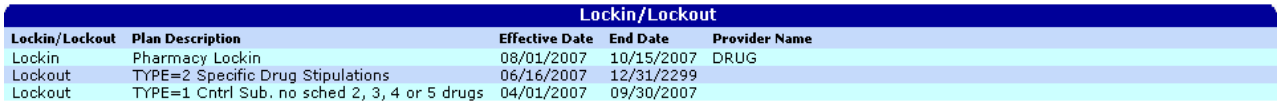
13.8 Lockin/Lockout

13.8.1 Lockin/Lockout Panel Narrative

The Lockin/Lockout panel displays specific information about the recipient's lockin and lockout coverage.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.8.2 Lockin/Lockout Panel Layout



Lockin/Lockout

Lockin/Lockout	Plan Description	Effective Date	End Date	Provider Name
Lockin	Pharmacy Lockin	08/01/2007	10/15/2007	DRUG
Lockout	TYPE=2 Specific Drug Stipulations	06/16/2007	12/31/2299	
Lockout	TYPE=1 Cntrl Sub. no sched 2, 3, 4 or 5 drugs	04/01/2007	09/30/2007	

13.8.3 Lockin/Lockout Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Effective Date	Displays the effective date of each lockin period.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of each lockin period.	Field	Date (MM/DD/CCYY)	10
Lockin/Lockout	Displays if the recipient is locked in or locked out of the plan.	Field	Alphanumeric	10
Plan Description	Displays the lockin plan for the recipient.	Field	Character	50
Provider Name	Displays the name of the lockin provider.	Field	Alphanumeric	30

13.8.4 Lockin/Lockout Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.8.5 Lockin/Lockout Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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13.8.6 Lockin/Lockout Panel Accessibility

13.8.6.1 To Access the Lockin/Lockout Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Lockin/Lockout panel displays.

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13.9 Benefit Limits

13.9.1 Benefit Limits Panel Narrative

The Benefit Limits panel displays information about the recipient's services suspended and services paid for the requested year.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.9.2 Benefit Limits Panel Layout

Benefit Limits

Service Description	Paid	Suspended
INPT Days	0	0
Outpat Days	0	0
Physician Office Visits	0	0
Home Health Visits	0	0
Ambulatory Surgery	0	0
Dialysis Services	0	0
Eye Frames	0	0
Eye Lens	0	0
Eye Fitting	0	0
Eye Exam	0	0

13.9.3 Benefit Limits Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Paid	Displays the amount of services paid for the calendar year, to date.	Field	Number (Integer)	3
Service Description	Displays the types of service offered.	Field	Character	20
Suspended	Displays the amount of services suspended for the calendar year, to date.	Field	Number (Integer)	3

13.9.4 Benefit Limits Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.9.5 Benefit Limits Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.9.6 Benefit Limits Panel Accessibility

13.9.6.1 To Access the Benefit Limits Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.

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Step	Action	Response
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Benefit Limits panel displays.

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13.10 Dental Benefit Limits

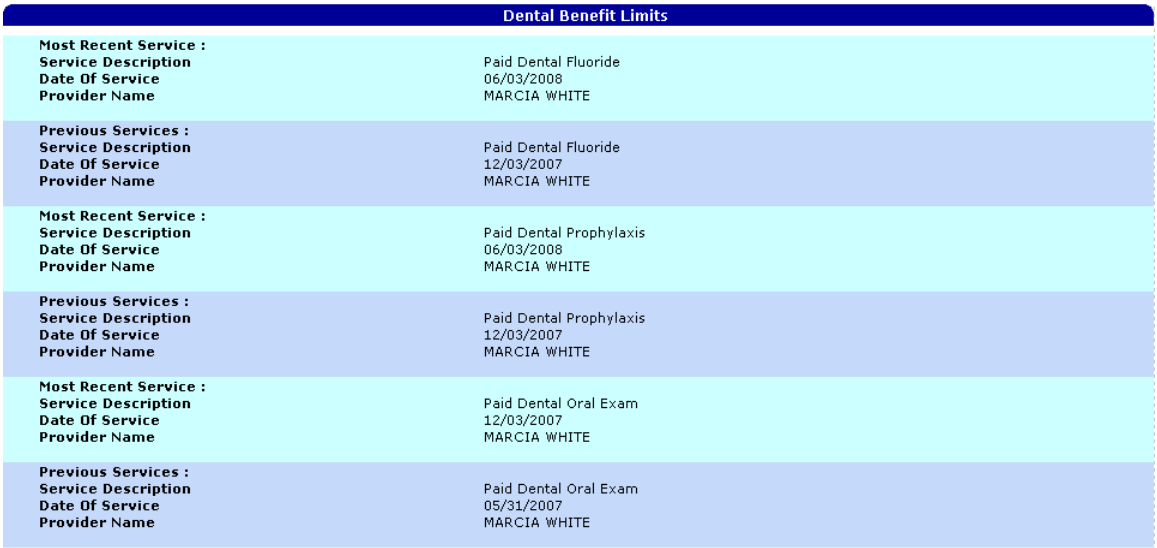
13.10.1 Dental Benefit Limits Panel Narrative

The Dental Benefit Limits panel displays information about the recipient's paid dental services. This includes the two most recent dates those services occurred as well as the provider whom performed those services.

The category "Paid Dental Xray" reflects full and/or panoramic xrays.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.10.2 Dental Benefit Limits Panel Layout



Dental Benefit Limits

Most Recent Service :	
Service Description	Paid Dental Fluoride
Date Of Service	06/03/2008
Provider Name	MARCIA WHITE
Previous Services :	
Service Description	Paid Dental Fluoride
Date Of Service	12/03/2007
Provider Name	MARCIA WHITE
Most Recent Service :	
Service Description	Paid Dental Prophylaxis
Date Of Service	06/03/2008
Provider Name	MARCIA WHITE
Previous Services :	
Service Description	Paid Dental Prophylaxis
Date Of Service	12/03/2007
Provider Name	MARCIA WHITE
Most Recent Service :	
Service Description	Paid Dental Oral Exam
Date Of Service	12/03/2007
Provider Name	MARCIA WHITE
Previous Services :	
Service Description	Paid Dental Oral Exam
Date Of Service	05/31/2007
Provider Name	MARCIA WHITE

13.10.3 Dental Benefit Limits Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Date of Service	The date for when the dental service was paid.	Field	Date (MM/DD/CCYY)	10
Provider Name	The name of the Provider who performed the service on the Date of Service listed.	Field	Character	20
Service Description	Displays the types of service paid.	Field	Character	25

13.10.4 Dental Benefit Limits Panel Field Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

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13.10.5 Dental Benefit Limits Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.10.6 Dental Benefit Limits Panel Accessibility

13.10.6.1 To Access the Dental Benefit Limits Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Dental Benefit Limits panel displays.

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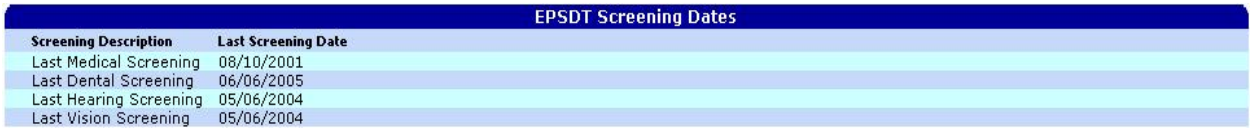
13.11 EPSDT Screening Dates

13.11.1 EPSDT Screening Dates Panel Narrative

The EPSDT Screening Dates panel displays information about the recipient's last EPSDT screening date(s).

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.11.2 EPSDT Screening Dates Panel Layout



EPSDT Screening Dates

Screening Description	Last Screening Date
Last Medical Screening	08/10/2001
Last Dental Screening	06/06/2005
Last Hearing Screening	05/06/2004
Last Vision Screening	05/06/2004

13.11.3 EPSDT Screening Dates Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Last Screening Date	Displays the date of the last Medical, Dental, Hearing and Vision EPSDT screening.	Field	Date (MM/DD/CCYY)	10
Screening Description	Displays the description for the type of EPSDT screening.	Field	Alphanumeric	30

13.11.4 EPSDT Screening Dates Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.11.5 EPSDT Screening Dates Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.11.6 EPSDT Screening Dates Panel Accessibility

13.11.6.1 To Access the EPSDT Screening Dates Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	EPSDT Screening Dates panel displays.

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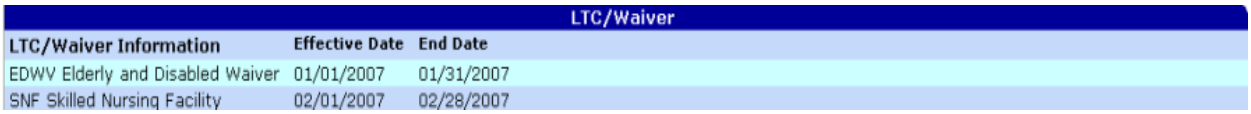
13.12 LTC/Waiver

13.12.1 LTC/Waiver Panel Narrative

The LTC/Waiver Information panel displays information about the recipient's waiver type, description and date information. This panel also returns Long Term Care (LTC) admission information based on the dates requested.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.12.2 LTC/Waiver Panel Layout



LTC/Waiver		
LTC/Waiver Information	Effective Date	End Date
EDWV Elderly and Disabled Waiver	01/01/2007	01/31/2007
SNF Skilled Nursing Facility	02/01/2007	02/28/2007

13.12.3 LTC/Waiver Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Effective Date	Displays the effective date of the LTC or waiver admission period.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the LTC or waiver admission period.	Field	Date (MM/DD/CCYY)	10
LTC/Waiver Information	Displays the code and description of the LTC or waiver enrollment type.	Field	Character	50

13.12.4 LTC/Waiver Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.12.5 LTC/Waiver Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.12.6 LTC/Waiver Panel Accessibility

13.12.6.1 To Access the LTC/Waiver Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	LTC/Waiver panel displays.

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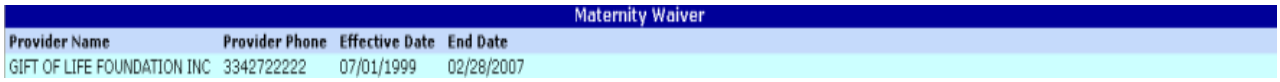
13.13 Maternity Waiver

13.13.1 Maternity Waiver Panel Narrative

The Maternity Waiver Information panel displays information about the recipient's maternity waiver provider and effective/end dates.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.13.2 Maternity Waiver Panel Layout



Maternity Waiver

Provider Name	Provider Phone	Effective Date	End Date
GIFT OF LIFE FOUNDATION INC	3342722222	07/01/1999	02/28/2007

13.13.3 Maternity Waiver Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Effective Date	Displays the effective date of the waiver.	Field	Date (MM/DD/CCYY)	10
End Date	Displays the end date of the waiver.	Field	Date (MM/DD/CCYY)	10
Provider Name	Displays the provider's name.	Field	Character	20
Provider Phone	Displays the provider's phone number.	Field	Character	10

13.13.4 Maternity Waiver Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.13.5 Maternity Waiver Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.13.6 Maternity Waiver Panel Accessibility

13.13.6.1 To Access the Maternity Waiver Information Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Maternity Waiver panel displays.

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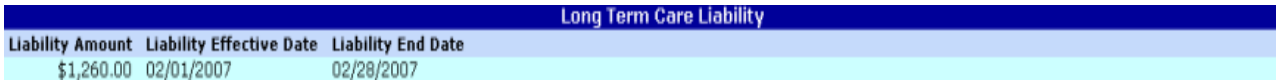
13.14 Long Term Care Liability

13.14.1 Long Term Care Liability Panel Narrative

The Long Term Care Liability panel displays information about the recipient's long term care liability dates and amounts.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.14.2 Long Term Care Liability Panel Layout



Long Term Care Liability

Liability Amount	Liability Effective Date	Liability End Date
$1,260.00	02/01/2007	02/28/2007

13.14.3 Long Term Care Liability Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Liability Amount	Displays the long term care liability amount.	Field	Character	9
Liability Effective Date	Displays the long term care liability effective date.	Field	Date (MM/DD/CCYY)	10
Liability End Date	Displays the long term care liability end date.	Field	Date (MM/DD/CCYY)	10

13.14.4 Long Term Care Liability Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.14.5 Long Term Care Liability Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.14.6 Long Term Care Liability Panel Accessibility

13.14.6.1 To Access the Long Term Care Liability Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Long Term Care Liability panel displays.

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13.15 Service Type/Co-Pay Search Results

13.15.1 Service Type/Co-Pay Search Results Panel Narrative

The Service Type/Co-Pay Search Results panel displays qualifying service type information matching the search criteria from the Eligibility Verification Search panel.

Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.15.2 Service Type/Co-Pay Search Results Panel Layout

Service Type Codes/Co-Pay

Benefit Plan	Service Type	Co-Pay Min	Co-Pay Max	Co-Insurance	Deductible	Status	Message
TXIX	1	$0.00	$3.90	$0.00	$0.00	Covered	
TXIX	12 - DURABLE MEDICAL EQUIPMENT PURCHASE	$0.00	$3.90	$0.00	$0.00	Covered	
TXIX	30 - HEALTH BENEFIT PLAN COVERAGE	$0.00	$0.00	$0.00	$0.00	Covered	
TXIX	33 - CHIROPRACTIC	$0.00	$3.90	$0.00	$0.00	Covered	EPDST referral required for service type(s):33
TXIX	35 - DENTAL CARE	$0.00	$0.00	$0.00	$0.00	Covered	
TXIX	47 - HOSPTIAL	$0.00	$50.00	$0.00	$0.00	Covered	
TXIX	48 - HOSPITAL-INPATIENT	$0.00	$50.00	$0.00	$0.00	Covered	
TXIX	50 - HOSPITAL-OUTPATIENT	$0.00	$3.90	$0.00	$0.00	Covered	
TXIX	86 - EMERGENCY SERVICES	$0.00	$3.90	$0.00	$0.00	Covered	
TXIX	88 - PHARMACY	$0.00	$3.90	$0.00	$0.00	Covered	
TXIX	98 - PROFESSIONAL (PHYSICIAN) VISIT-OFFICE	$0.00	$3.90	$0.00	$0.00	Covered	
TXIX	AL - VISION(OPTOMETRY)	$0.00	$3.90	$0.00	$0.00	Covered	
TXIX	MH - MENTAL HEALTH	$0.00	$3.90	$0.00	$0.00	Covered	
TXIX	UC - URGENT CARE	$0.00	$3.90	$0.00	$0.00	Covered	
TXIX	81 - ROUTINE PHYSICAL			$0.00	$0.00	Not Covered	

VARIABLE COPAY IS DISPLAYED. PLEASE REFER TO THE PROVIDER MANUAL FOR COPAY INFORMATION

13.15.3 Service Type/Co-Pay Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Benefit Plan	Displays the benefit plan code.	Field	Character	4
Co-Insurance	Displays the Co-Insurance amount for the service type.	Field	Number (Decimal)	6
Co-Pay Max	Displays the Maximum Co-Pay amount for the service type.	Field	Number (Decimal)	6
Co-Pay Min	Displays the Minimum Co-Pay amount for the service type.	Field	Number (Decimal)	6
Deductible	Displays the Deductible amount for the service type	Field	Number (Decimal)	6
Message	Displays the coverage message	Field	Character	50
Service Type	Displays the code and description of the service type.	Field	Character	50
Status	Displays the coverage status of the service type.	Field	Character	11

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13.15.4 Service Type/Co-Pay Search Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.15.5 Service Type/Co-Pay Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.15.6 Service Type/Co-Pay Search Results Panel Accessibility

13.15.6.1 To Access the Service Type/Co-Pay Search Results Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	Eligibility Verification Search Results panels display.

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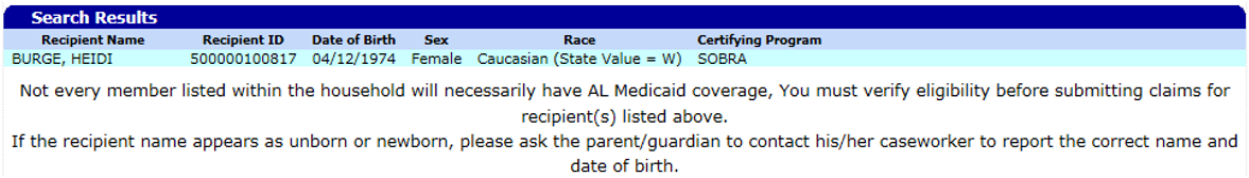
13.16 HouseHold Inquiry

13.16.1 HouseHold Inquiry Panel Narrative

The HouseHold Inquiry panel allows users to inquire on recipient records based on the payee's Medicaid number.

Navigation Path: [Eligibility] – [HouseHold Inquiry]

13.16.2 HouseHold Inquiry Panel Layout



13.16.3 HouseHold Inquiry Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Records	Displays the number of records to display per page in the Search Results list.	Combo Box	Drop Down List Box	0
Parent ID Number	Displays the parent's first 12-digits of their Medicaid identification number.	Field	Number (Integer)	12
Recipient Date of Birth	Displays the child's date of birth.	Field	Date (MM/DD/CCYY)	10

13.16.4 HouseHold Inquiry Panel Field Edit Error Codes

Field	Error Message	To Correct
Parent ID Number	Parent ID Number and Recipient Date of Birth is required for search criteria.	Enter the Parent ID Number and Recipient Date of Birth.
	Parent ID Number must be numeric.	Enter a valid parent ID.
Recipient Date of Birth	Parent ID Number and Recipient Date of Birth is required for search criteria.	Enter the Parent ID Number and Recipient Date of Birth.
	Invalid date. Format is MM/DD/YYYY.	Enter a valid date in MM/DD/CCYY format.

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13.16.5 HouseHold Inquiry Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.16.6 HouseHold Inquiry Panel Accessibility

13.16.6.1 To Access the HouseHold Inquiry Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **HouseHold Inquiry**.	HouseHold Inquiry panel displays.

13.16.6.2 To Add on the HouseHold Inquiry Panel

Step	Action	Response
1	Enter **Parent ID Number**.	
2	Enter **Recipient Date of Birth.**	
3	Select **Records** from drop down list.	Determines the number of records to display in the search results panel.
4	Click **search**.	HouseHold Inquiry Search Results panel displays.

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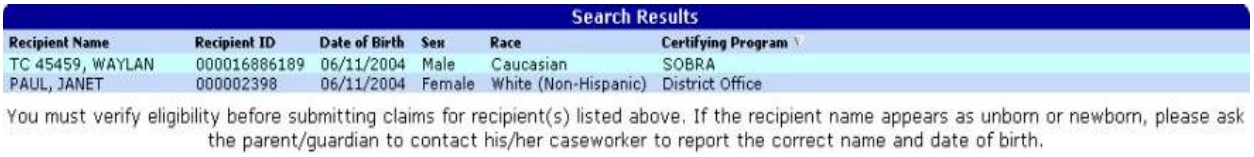
13.17 HouseHold Inquiry Search Results

13.17.6 Search Results Panel Narrative

The HouseHold Inquiry Search Results panel displays household inquiry information matching the search criteria from the HouseHold Inquiry Search panel.

Navigation Path: [Eligibility] – [HouseHold Inquiry] – [search]

13.17.1 Search Results Panel Layout



Search Results

Recipient Name	Recipient ID	Date of Birth	Sex	Race	Certifying Program
TC 45459, WAYLAN	000016886189	06/11/2004	Male	Caucasian	SOBRA
PAUL, JANET	000002398	06/11/2004	Female	White (Non-Hispanic)	District Office

You must verify eligibility before submitting claims for recipient(s) listed above. If the recipient name appears as unborn or newborn, please ask the parent/guardian to contact his/her caseworker to report the correct name and date of birth.

13.17.2 Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Certifying Program	Displays the child's eligibility category.	Field	Character	20
Date of Birth	Displays the child's date of birth.	Field	Date (MM/DD/CCYY)	10
Race	Displays the child's race.	Field	Character	15
Recipient ID	Displays the child's first 12 digits of their Medicaid identification number.	Field	Number (Integer)	12
Recipient Name	Displays the child's name in Last Name, First Name format.	Field	Character	50
Sex	Displays the child's sex.	Field	Character	7

13.17.3 Search Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.17.4 Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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13.17.5 Search Results Panel Accessibility

13.17.5.1 To Access the Search Results Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **HouseHold Inquiry**.	HouseHold Inquiry panel displays.
3	Enter search criteria and click **search**.	HouseHold Inquiry Search Results panel displays.

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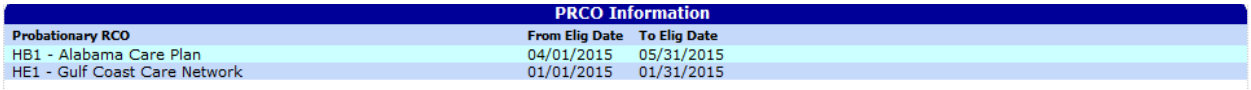
13.18 PRCO Information

13.6.1 PRCO Information Panel Narrative

The PRCO Information Panel displays Probationary Health Home region the recipient is assigned.Navigation Path: [Eligibility] – [Eligibility Verification] – [search]

13.6.2 PRCO Information Panel Layout



PRCO Information

Probationary RCO	From Elig Date	To Elig Date
HB1 - Alabama Care Plan	04/01/2015	05/31/2015
HE1 - Gulf Coast Care Network	01/01/2015	01/31/2015

13.6.3 PRCO Information Panel Descriptions

Field	Description	Field Type	Data Type	Length
From Elig Date	Displays the effective date of the PRCO.	Field	Date (MM/DD/CCYY)	10
To Elig Date	Displays the end date of the PRCO.	Field	Date (MM/DD/CCYY)	10
Probationary RCO	Description of the special condition	Field	Character	100

13.6.4 PRCO Information Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

13.6.5 PRCO Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.6.6 PRCO Information Panel Accessibility

13.6.6.1 To Access the PRCO Information Panel

Step	Action	Response
1	Click **Eligibility**.	Eligibility page opens.
2	Click **Eligibility Verification**.	Eligibility Verification panel displays.
3	Enter search criteria and click **search**.	PRCO Information panel displays.

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14. Trade Files

Trading Partners can upload batch files from directories within their personal computer (PC) or Local Area Network (LAN) to Alabama Medicaid's web server for processing. Authorized users can access the Interactive Services website to perform this function or use a software program that runs on a user's PC or server that connects to the secure website.

Another function within the Interactive Services website allows users to download batch files from Alabama Medicaid's web server to directories within their PC or LAN. Authorized users can access the Interactive Services website to perform this function or use a software program that runs on a user's PC or server that connects to the secure website. The user's site sends a request using the HTTPS protocol containing parameters that include the User ID, the associated password, and the requested transaction type.

From the Trade Files link in the Main Menu toolbar, users can access the following Sub Menu options:

- Download
- Upload

14.1 Download

14.1.1 File Download Search Narrative

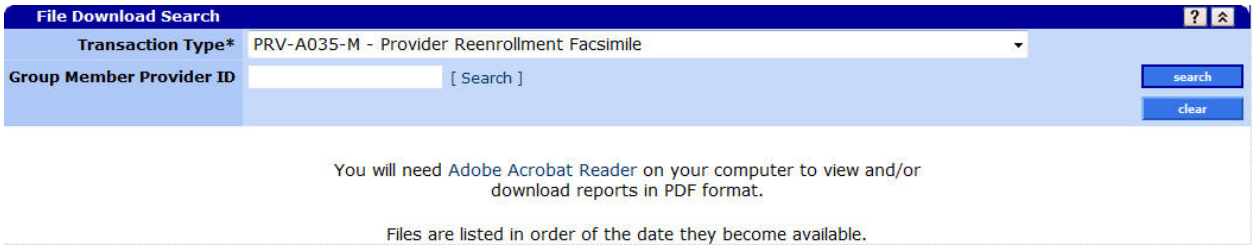
This window allows the user to download specific files from the state's secure website. The files are ordered by the date they become available, beginning with the most recent. A hyperlink is provided to allow users to download and install Adobe Acrobat Reader which is required to view an electronic Explanation of Payment (EOP).

The File Download panel allows users to download specific files from the Alabama Medicaid secure website. The user has the capability to search for files based on transaction type, and then download selected files from the available files.

Providers or clerks may use this feature to download an electronic Remittance Advice (RA) or their Managed Care Enrollment Roster in the PDF format, which requires Adobe Acrobat Reader.

Navigation Path: [Trade Files] – [Download]

14.1.2 File Download Search Layout



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14.1.3 File Download Search Field Descriptions

Field	Description	Field Type	Data Type	Length
search	This button initiates the search.	Button	N/A	0
Transaction Type	Displays the transaction type of the file to be searched.	Combo Box	Drop Down List Box	0

14.1.4 File Download Search Field Edit Error Codes

Field	Error Message	To Correct
Transaction Type	A Transaction Type is required. Please select a Transaction Type and try your search again.	Select a Transaction Type and try your search again.

14.1.5 File Download Search Extra Features

Field	Field Type
Adobe Acrobat Reader	Hyperlink to http://www.adobe.com/products/acrobat/readstep2.html.

14.1.6 File Download Search Accessibility

14.1.6.1 To Access the File Download Search Panel

Step	Action	Response
1	Click **Trade Files**.	Trade Files page opens.
2	Click **Download**.	File Download Search panel opens.

14.1.6.2 To Add on the File Download Search Panel

Step	Action	Response
1	Select **Transaction Type** from drop down list.	
2	Click **search**.	Current Files Available for Download panel displays.

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14.2 Current Files Available for Download

14.2.1 Current Files Available for Download Panel Narrative

The Current Files Available for Download panel displays the files available for download that match the search criteria from the Download panel.

Navigation Path: [Trade Files] – [Download] – [search]

14.2.2 Current Files Available for Download Panel Layout

Trading Partner Download Panel Layout

Files are listed in order of the date they become available.

Current Files Available for Download

File Name	Transaction Type	Date Available	Date Downloaded
4923_4916_405EB6C1_271X12BATCH_37468_100000003.271	Eligibility Response	09/26/2007	09/26/2007
4832_4826_F590B421_271X12BATCH_36203_100000003.271	Eligibility Response	09/20/2007	Has Not Been Downloaded
4644_4640_E5D8B07B_271X12BATCH_34422_100000003.271	Eligibility Response	09/14/2007	Has Not Been Downloaded
4608_4596_039B859B_271X12BATCH_34132_100000003.271	Eligibility Response	09/13/2007	Has Not Been Downloaded
3794_3788_1229DA7B_271X12BATCH_29929_100000003.271	Eligibility Response	09/08/2007	Has Not Been Downloaded
3796_3790_4ADDB291_271X12BATCH_29931_100000003.271	Eligibility Response	09/08/2007	Has Not Been Downloaded
3795_3789_6B6ABEE0_271X12BATCH_29930_100000003.271	Eligibility Response	09/08/2007	Has Not Been Downloaded
2404_2371_7C950CC2_271X12BATCH_22058_100000003.271	Eligibility Response	08/22/2007	Has Not Been Downloaded
2283_2268_B2DD0397_271X12BATCH_20886_100000003.271	Eligibility Response	08/17/2007	Has Not Been Downloaded
2282_2267_86E4116A_271X12BATCH_20872_100000003.271	Eligibility Response	08/17/2007	Has Not Been Downloaded

1 2 Next >

Provider Download Panel Layout

Current Reports Available for Download

File Name	Transaction Type	Provider ID	Payee ID	Report Date
EOP146766.10132011.pdf	Remittance Advice	1477685717	100000009	10/13/2011
EOP146325.10112011.pdf	Remittance Advice	1477685717	100000009	10/11/2011
EOP145910.10062011.pdf	Remittance Advice	1477685717	100000009	10/06/2011
EOP145191.09292011.pdf	Remittance Advice	1477685717	100000009	09/29/2011
EOP143858.09212011.pdf	Remittance Advice	1477685717	100000009	09/21/2011
EOP143059.09152011.pdf	Remittance Advice	1477685717	100000009	09/15/2011
EOP131684.05122011.pdf	Remittance Advice	1477685717	100000009	05/12/2011

14.2.3 Current Files Available for Download Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Date Available	Displays the date the file became available for download.	Field	Date (MM/DD/CCYY)	10
Date Downloaded	Displays the date the file was downloaded.	Field	Date (MM/DD/CCYY)	10
File Name	Displays the name of the file available for download.	Field	Alphanumeric	50
Payee ID	Displays the Payee ID for the Remittance Advice.	Field	Character	10
Provider ID	Displays the individual Provider ID for the Remittance Advice.	Field	Character	10
Report Date	Date the Remittance Advice is generated.	Field	Date (MM/DD/CCYY)	10
Transaction Type	Displays the file type.	Field	Alphanumeric	20

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14.2.4 Current Files Available for Download Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

14.2.5 Current Files Available for Download Panel Extra Features

Field	Field Type
No extra features found for this panel.	

14.2.6 Current Files Available for Download Panel Accessibility

14.2.6.1 To Access the Current Files Available for Download Panel

Step	Action	Response
1	Click **Trade Files**.	Trade Files page opens.
2	Click **Download**.	File Download Search panel opens.
3	Select a transaction type and click **search**.	Current Files Available for Download panel displays.

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14.3 Upload

14.3.1 File Upload Panel Narrative

The Upload panel allows the user to upload HIPAA compliant files to the Alabama Medicaid secure web server. A Trading Partner has the capability to view all the files uploaded to the Alabama Medicaid secure web server. This option is not available under a Provider logon.

Navigation Path: [Trade Files] – [Upload]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

14.3.2 File Upload Panel Layout

14.3.3 File Upload Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Browse	This button allows the user to navigate their hard drive to select a local file they wish to upload.	Button	N/A	0
upload	This button initiates the upload process.	Button	N/A	0
Transaction Type	Displays a type of transaction that is being transmitted.	Combo Box	Drop Down List Box	0
Save As Filename	Displays the name the user wishes to name the uploaded file. This overrides the selected file name.	Field	Alphanumeric	50
Upload File	Allows the user to select the file they wish to upload.	Field	Character	50

14.3.4 File Upload Panel Field Edit Error Codes

Field	Error Message	To Correct
Upload	Please select a file to upload.	Click on <browse> button to select a file to upload onto the server.

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Field	Error Message	To Correct
	File is either invalid or has 0 bytes size. Please validate file and upload again.	File selected for upload is empty. Select a non-empty or correct file name.
Transaction Type	Transaction Type is required.	Select a Transaction Type.

14.3.5 File Upload Panel Extra Features

Field	Field Type
No extra features found for this panel.	

14.3.6 File Upload Panel Accessibility

14.3.6.1 To Access the File Upload Panel

Step	Action	Response
1	Click **Trade Files**.	Trade Files page opens.
2	Click **Upload**.	File Upload panel opens.

14.3.6.2 To Add on the File Upload Panel

Step	Action	Response
1	Click **Browse**.	Allows the user to navigate their hard drive to select a local file to upload.
2	Select **Transaction Type** from drop down list.	Identifies the type of file being uploaded.
3	Enter **Save as filename**.	Overrides the selected file name.
4	Click **upload**.	Uploads file and Uploaded Files panel displays.

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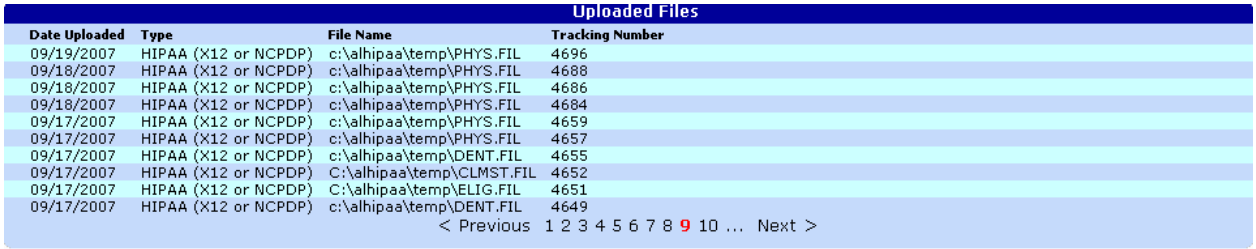
14.4 Uploaded Files

14.4.1 Uploaded Files Panel Narrative

The Uploaded Files panel allows users to view files that have been uploaded to the Alabama Medicaid secure website using the File Upload panel.

Navigation Path: [Trade Files] – [Upload – [click on upload]

14.4.2 Uploaded Files Panel Layout



Uploaded Files

Date Uploaded	Type	File Name	Tracking Number
09/19/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4696
09/18/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4688
09/18/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4686
09/18/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4684
09/17/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4659
09/17/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\PHYS.FIL	4657
09/17/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\DENT.FIL	4655
09/17/2007	HIPAA (X12 or NCPDP)	C:\alhipaa\temp\CLMST.FIL	4652
09/17/2007	HIPAA (X12 or NCPDP)	C:\alhipaa\temp\ELIG.FIL	4651
09/17/2007	HIPAA (X12 or NCPDP)	c:\alhipaa\temp\DENT.FIL	4649

< Previous 1 2 3 4 5 6 7 8 9 10 ... Next >

14.4.3 Uploaded Files Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Date Uploaded	Displays the date the file was uploaded.	Field	Date (MM/DD/CCYY)	10
File Name	Displays the name of the file that was uploaded.	Field	Alphanumeric	30
Tracking Number	Displays the tracking number used to identify and track the uploaded file.	Field	Number (Integer)	15
Type	Displays the type of file that was uploaded.	Field	Alphanumeric	25

14.4.4 Uploaded Files Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

14.4.5 Uploaded Files Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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14.4.6 Uploaded Files Panel Accessibility

14.4.6.1 To Access the Uploaded Files Panel

Step	Action	Response
1	Click **Trade Files**.	Trade Files page opens.
2	Click **Upload**.	File Upload panel opens.
3	Click **Browse**.	Allows the user to navigate their hard drive to select a local file to upload.
4	Select **Transaction Type** from drop down list.	Identifies the type of file being uploaded.
5	Enter **Save as filename**.	Overrides the selected file name.
6	Click **upload**.	Uploads file and Uploaded Files panel displays.

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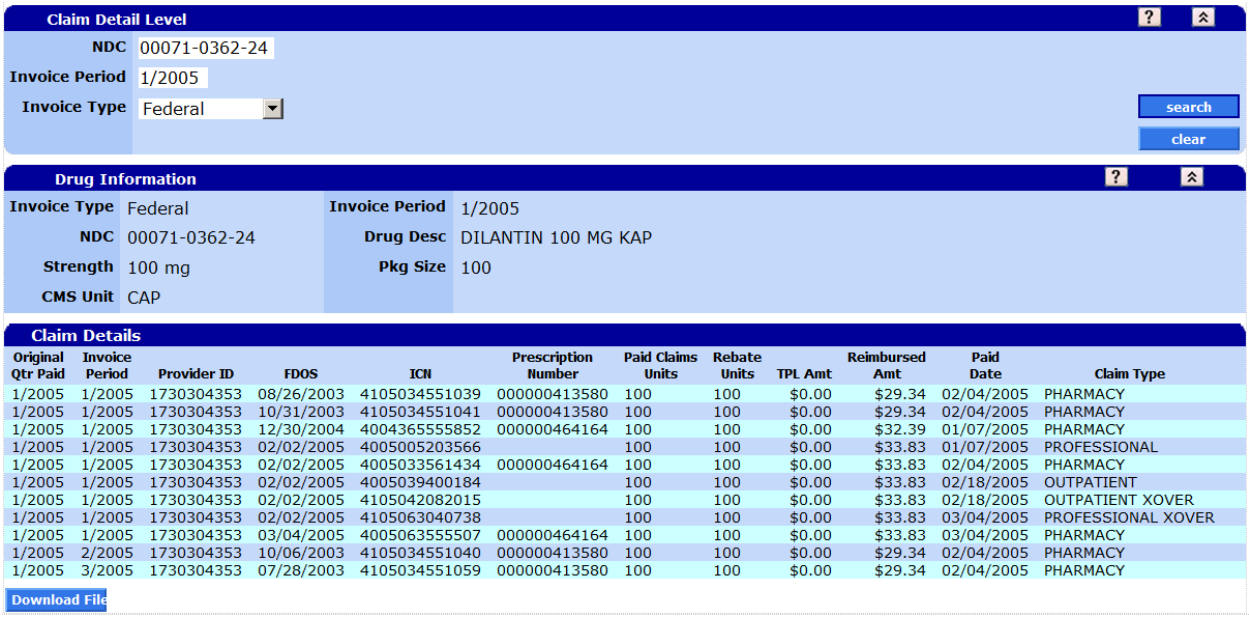
14.5 Claim Level Detail

14.5.1 Claim Level Detail Panel Narrative

This panel is to provide Drug Rebate Information on a Web Portal. The information will be accessed by Drug Manufacturers. The information to be provided will include Drug Rebate Invoices and Drug Rebate Related Claims data.

Navigation Path: [Trade Files] – [Claim Level Detail]

14.5.2 Claim Level Detail Panel Layout



Claim Detail Level

NDC: 00071-0362-24
Invoice Period: 1/2005
Invoice Type: Federal

search
clear

Drug Information

Invoice Type	Federal	Invoice Period	1/2005
NDC	00071-0362-24	Drug Desc	DILANTIN 100 MG KAP
Strength	100 mg	Pkg Size	100
CMS Unit	CAP		

Claim Details

Original Qtr Paid	Invoice Period	Provider ID	FDOS	ICN	Prescription Number	Paid Claims Units	Rebate Units	TPL Amt	Reimbursed Amt	Paid Date	Claim Type
1/2005	1/2005	1730304353	08/26/2003	4105034551039	000000413580	100	100	$0.00	$29.34	02/04/2005	PHARMACY
1/2005	1/2005	1730304353	10/31/2003	4105034551041	000000413580	100	100	$0.00	$29.34	02/04/2005	PHARMACY
1/2005	1/2005	1730304353	12/30/2004	4004365555852	000000464164	100	100	$0.00	$32.39	01/07/2005	PHARMACY
1/2005	1/2005	1730304353	02/02/2005	4005005203566		100	100	$0.00	$33.83	01/07/2005	PROFESSIONAL
1/2005	1/2005	1730304353	02/02/2005	4005033561434	000000464164	100	100	$0.00	$33.83	02/04/2005	PHARMACY
1/2005	1/2005	1730304353	02/02/2005	4005039400184		100	100	$0.00	$33.83	02/18/2005	OUTPATIENT
1/2005	1/2005	1730304353	02/02/2005	4105042082015		100	100	$0.00	$33.83	02/18/2005	OUTPATIENT XOVER
1/2005	1/2005	1730304353	02/02/2005	4105063040738		100	100	$0.00	$33.83	03/04/2005	PROFESSIONAL XOVER
1/2005	1/2005	1730304353	03/04/2005	4005063555507	000000464164	100	100	$0.00	$33.83	03/04/2005	PHARMACY
1/2005	2/2005	1730304353	10/06/2003	4105034551040	000000413580	100	100	$0.00	$29.34	02/04/2005	PHARMACY
1/2005	3/2005	1730304353	07/28/2003	4105034551059	000000413580	100	100	$0.00	$29.34	02/04/2005	PHARMACY

Download File

14.5.3 Claim Level Detail Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	This button clears all the search criteria fields.	Button	N/A	0
Download File	This button allows end users to download an excel spreadsheet file of the Claim Level Detail search results.	Button	N/A	0
Search	Search for NDC in a user given Invoice Period and Invoice Type by the user.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Invoice Type	The Invoice Type code which pertains to the Drug Rebate programs, such as Federal or Supplemental.	Combo Box	Drop Down List Box	0
CMS Unit	Indicates a product's unit of measure, as supplied on the Centers for Medicare and Medicaid Services' (CMS, formerly HCFA) quarterly update. These units represent the standard measurements used by CMS for determining rebate quantities.	Field	Character	3
Claim Type	The type of claim that was submitted for this NDC.	Field	Character	50
Drug Desc	Contains the name that appears on the package label provided by the manufacturer. This column is populated for all products, brand and generic.	Field	Character	35
FDOS	The date on which the drug was dispensed.	Field	Date (MM/DD/CCYY)	8
ICN	The transaction control number for the claim.	Field	Number	13
Invoice Period	Invoice Period - It is in Q/CCYY format. Q indicates the quarter when the claims billed on the invoice were paid, and CCYY is a four digit year for the invoice period.	Field	Number	5
NDC	National Drug Code (NDC) of the drug invoiced. This field comprises the five digit labeler code, four digit product code, and the two digit package size code	Field	Number	11
Original Qtr Paid	Original Qtr Paid is the Original Quarter Paid. It is in a format of Q/CCYY, which quarter (Q) is the	Field	Number	5

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Field	Description	Field Type	Data Type	Length
	quarter of the invoice period and CCYY is a four digit year for the invoice period.			
Paid Claim Units	Total units dispensed for an NDC for a given quarter.	Field	Number	13
Paid Date	The date that was paid for this NDC.	Field	Date (MM/DD/CCYY)	8
Pkg Size	This field contains the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc.	Field	Number	11
Prescription Number	The prescription number for the drug dispensed.	Field	Character	7
Provider ID	Uniquely identify a provider.	Field	Number	9
Rebate Unit	Total units rebate given for an NDC for a given quarter.	Field	Number	13
Reimbursed Amt	Total dollar reimbursed to providers for a specific claim.	Field	Number	11
Strength	The Drug Strength Description (STR) is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.	Field	Character	60
TPL Amt	Third Party Liability Amount	Field	Number	11

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14.5.4 Claim Detail Level Panel Field Edit Error Codes

Field	Error Message	To Correct
Download File	Unable to find information on this NDC.	Enter a valid NDC.
	You are not allowed to search by this NDC.	Enter a NDC under this user account.
Invoice Period	The Invoice Period is required (in Q/CCYY).	Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010)
	Invoice Period must be 5 digits if entered (in Q/CCYY).	Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010)
	Invoice Period must be numeric (in Q/CCYY).	Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010)
	Format: Q/CCYY; Quarter (Q) must be 1, 2, 3, or 4.	Enter Invoice Period in the format of Q/CCYY. (e.g. - The third quarter of 2010 needs to be entered in as 3/2010)
NDC	You are not allowed to search by this NDC.	Enter a NDC code that is under this user account.
	An 11 digit NDC Code is required.	Enter an 11 digit (numeric) NDC code.
	NDC must be numeric, please enter a valid NDC.	Enter an 11 digit (numeric) NDC code.

14.5.5 Claim Level Detail Panel Extra Features

Field	Field Type
No extra features found for this panel.	

14.5.6 Claim Level Detail Panel Accessibility

14.5.6.1 To Access the Claim Level Detail Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Trade Files** and click **Claim Level Detail**.	Claim Level Detail panel displays.

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14.6 Forms Panel Overview

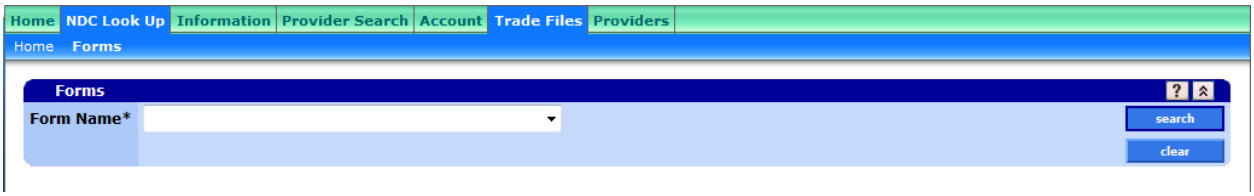
14.6.1 Forms Panel Narrative

The Forms panel is available through the secure Provider web portal and allows end users to perform a search for and complete the following LTC forms necessary for the submission of medical history records: Hospice, LTC, IP Psychiatric, PEC Bed and Swing Bed and Psychiatric Retrospective Review records for review.

Upon completion of the forms, supporting medical history record articles will be uploaded or faxed directly into Feith.

Navigation Path: [Trade Files] – [Forms]

14.6.2 Forms Panel Layout



14.6.3 Forms Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all the search criteria fields.	Button	N/A	0
Form Name	Displays the names of the Form to be searched. Valid options include: • LTC - Hospice Records • LTC - LTC Records • LTC - PEC/Swing Bed Records • LTC - Psychiatric/Retrospective Review Records	Combo Box	Character	0
search	This button initiates the search.	Button	N/A	0

14.6.4 Forms Panel Field Edit Error Codes

The form functionality itself is that of Feith. It resides within the Web Portal in this panel. The error messages below are those of the Feith form functionality and not that of the Web Portal.

Form	Field	Error Message	Corrective Action
All	Medicaid ID	"Medicaid ID" is a required field	Enter Medicaid ID.

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Form	Field	Error Message	Corrective Action
	Recipient First Name	"Recipient First Name" is a required field	Enter Recipient First Name.
	Recipient Last Name	"Recipient Last Name" is a required field	Enter Recipient Last Name.
	Provider ID	"Provider ID" is a required field	Enter Provider ID.
	Provider First Name	"Provider First Name" is a required field	Enter Provider First Name.
	Provider Last Name	"Provider Last Name" is a required field	Enter Provider Last Name.
	Provider Mailing Address Line 1	"Mailing Address" is a required field	Enter Provider Mailing Address.
	Provider City	"City" is a required field	Enter Provider City.
	Provider Zip Code	"Zip" is a required field	Enter Provider Zip Code.
	Provider Contact Telephone Number	"Phone" is a required field	Enter Provider Telephone number.
	Provider Email Address	"Email" is a required field	Enter Provider Email address.
	Medicaid ID	Please enter a valid Medicaid ID.	Enter a valid Medicaid ID. A valid Medicaid ID is 13 digits and numeric in value.
	Provider ID	Please enter a valid Provider ID.	Enter a valid Provider ID. A valid Provider Id is 6-13 digits and can be alphanumeric in value.
	Zip Code	Please enter a valid zip code.	Enter a valid zip code. A valid zip code includes 5 digit zip or zip plus four.
	To upload a document in PDF format:	File "XXXX.xlsx" has an invalid extension.	Upload a PDF document for submission
PEC / Swing Bed Records and Psychiatric Retrospective Records	Type of Record Submitting	“Type of Record Submitting” is a required field	Select a Type of Record from the drop down listing.
Psychiatric Retrospective Records	Source of Admission	“Source of Admission” is a required field	Select a Source of Admission from the drop down listing.

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14.6.5 Forms Panel Extra Features

Field	Feature
To upload documentation in PDF format	The name of the document being uploaded is displayed on the screen for the user.
All Fields	Field validations are in place to alert the user of miskeyed information. See Error Codes listing above.
Barcode	Beneath the barcode on the generated coversheet, the unique Record ID is present for the user.
Print Friendly View	The Print Friendly View button removes the confirmation message for a clean print view of the fax coversheet.
Confirmation Message	The "Your form was submitted successfully." Message is displayed following successful creation of fax coversheet and upload of documentation.

14.6.6 Forms Panel Accessibility

14.6.6.1 To Access the Forms Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Trade Files** and click **Forms.**	Forms panel displays.

14.6.6.2 To Submit a Form or Fax Medical Records

Step	Action	Response
1	Select **Form Name** from drop down list.	
2	Click **search**.	Selected form displays.
3	Complete all fields. **Please Note:** Record ID is auto generated and requires no action by the user.	Failure to complete required fields will result in error. Please refer to Error Codes listing above for corrective action.
4	To upload documentation, press the Browse button and select required documentation in PDF format.	Document will be uploaded upon form submission.
5	Press the **Submit** button.	Form will be successfully saved along with any supporting documentation uploaded. User is automatically taken to Fax Coversheet page for printing and retention.
6	Select the **Print Friendly View button**.	Print the barcode coversheet or save as a PDF and retain for records in the event additional documentation is required.

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Step	Action	Response
7	Fax required medical records documentation with barcode coversheet on top to (334) 215-7416. • Do not fax double sided pages. • Do not fax multiple sets of records at the same time. Each fax should be sent separately. • The bar code cover sheet is required for each fax submission. A fax submission cannot be processed without the bar coded cover sheet. DO NOT place anything on the bar code on the cover sheet or alter it in any manner.	Successful transmission of medical records.

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15. Prior Authorization

The Prior Authorization features allow users to search for or submit prior authorizations via the Interactive Services website.

From the Prior Authorization link in the Main Menu toolbar, users can access the following Sub Menu options:

- Search
- Submit
- Submit New

15.1 Prior Authorization Search

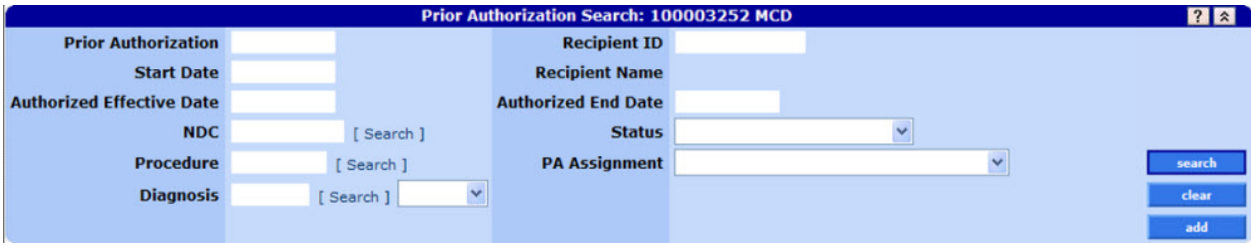
15.1.1 Prior Authorization Search Panel Narrative

The Prior Authorization panel allows users to search for prior authorizations and determine their status. The user has the capability to view the details and status of each prior authorization submitted or start a new prior authorization.

The corresponding prior authorization search results appear on the Prior Authorization panel in a list of ten prior authorizations per page. This list contains summary information about the prior authorization. The prior authorization number is hyperlinked to the prior authorization Submit panel for review. The prior authorization wizard process, used to submit a new prior authorization request, can be initiated by clicking the add button.

Navigation Path: [Prior Authorization] – [Search]

15.1.2 Prior Authorization Search Panel Layout



15.1.3 Prior Authorization Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button initiates adding a new prior authorization.	Button	N/A	0
clear	This button clears all the search criteria fields.	Button	N/A	0
search	This button initiates the query.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Authorized Effective Date	The date the PA becomes active for claims processing.	Field	Date (MM/DD/CCYY)	8
Authorized End Date	The date the PA is no longer active for claims processing.	Field	Date (MM/DD/CCYY)	8
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
ICD Version	This field has no label. It is used to identify which ICD Version of the Diagnosis code needs to be used in the search criteria. Valid values are BLANK, ICD-9 and ICD-10.	Combo Box	Drop Down List Box	0
NDC	Displays the National Drug Code used to identify a specific drug.	Field	Alphanumeric	11
PA Assignment	Displays the type of the prior authorization request. Refer to section 15.1.1 for details on PA Assignment Codes.	Combo Box	Drop Down List Box	0
Prior Authorization	Displays the number assigned to identify a specific Prior Authorization request.	Field	Alphanumeric	10
Procedure	Displays the code to uniquely identify a procedure.	Field	Alphanumeric	9
Recipient ID	Displays the recipient who received the service.	Field	Alphanumeric	13
Recipient Name	Displays the recipient name. (Read-Only)	Field	Alphanumeric	40
Start Date	Displays the date the prior authorization was added.	Field	Date (MM/DD/CCYY)	10
Status	Displays the status of the prior authorization.	Combo Box	Drop Down List Box	0

15.1.4 Prior Authorization Search Panel Field Edit Error Codes

Field	Error Message	To Correct
ICD Version	Diagnosis code required if ICD Version is not blank.	Enter a diagnosis code or select “BLANK” for the ICD Version.
Prior Authorization	Prior Authorization is not valid.	Enter a valid Prior Authorization number.
Recipient ID	Recipient ID is not valid.	Enter a valid Recipient ID.
	Recipient ID or Prior Authorization is required.	Enter either a Recipient ID or a Prior Authorization number.

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15.1.5 Prior Authorization Search Panel Extra Features

Field	Field Type
Recipient Name	Read-only field displays after Recipient ID field populated.

15.1.6 Prior Authorization Search Panel Accessibility

15.1.6.1 To Access the Prior Authorization Search Panel

Step	Action	Response
1	Click **Prior Authorization**.	Prior Authorization page displays.
2	Click **Search**.	Prior Authorization Search panel displays.

15.1.6.2 To Search on the Prior Authorization Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields: **Prior Authorization** number, **Start Date**, **Authorized Effective Date**, **NDC** or click [Search] to select from list, **Procedure** or click [Search] to select from list, **Diagnosis** or click [Search] to select from list, **Recipient ID**, **Authorized End Date**, **Status** and/or **PA Assignment**.	Clicking [Search] activates the NDC, Procedure, and/or Diagnosis Search panel(s). Refer to Chapter 14 for additional information regarding these pop-up panels.
2	Click **search**.	Clicking search displays the Prior Authorization Search panel.

NOTE:

"No rows found" indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the HPE Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

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15.2 Prior Authorization Search Results

15.2.1 Search Results Panel Narrative

The Prior Authorization Search Results panel displays records that match the search criteria from the Prior Authorization Search panel.

This panel displays the prior authorization information that matched the search criteria.

Navigation Path: [Prior Authorization] – [Search] – [search]

15.2.2 Search Results Panel Layout

Search Results

Prior Authorization	Recipient ID	Last Name	First Name	Authorized Eff Date	Authorized End Date	Status	PA Assignment	Start Date	Procedure	NDC	ICD Version	Diagnosis
50091	5000	SH	JO	0	0	Evaluation	SURGICAL	04/17/2009				
50101	5000	SH	JO	0	0	Evaluation	SURGICAL	05/25/2010	D2951			
50102	5000	SH	JO	0	0	Evaluation	SURGICAL	09/08/2010	0002F			
50101	5000	SH	JO	0	0	Evaluation	SURGICAL	05/25/2010	D2951			
50101	5000	SH	JO	0	0	Evaluation	MEDICAL CARE	05/25/2010	D2951			
50111	5000	SH	JO	0	0	Evaluation	DME - PURCHASE	04/28/2011	0006F		9	V874678
50121	5000	SH	JO	0	0	Evaluation	MEDICAL CARE	04/12/2012	0001F			
50096	5000	SH	JO	0	0	Evaluation	DENTAL CARE	03/19/2009			9	0020
50096	5000	SH	JO	0	0	Evaluation	DENTAL CARE	03/18/2009	D2951		9	0011
50091	5000	SH	JO	0	0	Evaluation	DENTAL CARE	04/15/2009				

1 2 Next >

15.2.3 Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Authorized Eff Date	The date the PA becomes active for claims processing.	Field	Date (MM/DD/CCYY)	8
Authorized End Date	The date the PA is no longer active for claims processing.	Field	Date (MM/DD/CCYY	8
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
First Name	Displays the first name of the recipient.	Field	Character	13
ICD Version	Indicates ICD Version of the Diagnosis code.	Field	Character	1
Last Name	Displays the last name of the recipient.	Field	Character	15
NDC	Displays the National Drug Code used to uniquely identify a drug.	Field	Alphanumeric	11
PA Assignment	Displays the type of prior authorization request.	Field	Alphanumeric	20
Prior Authorization	Displays the prior authorization number. Clicking the link will direct user to the Prior Authorization Detailed Info Display panel.	Field	Alphanumeric	10

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Field	Description	Field Type	Data Type	Length
Procedure	Displays the code to uniquely identify a procedure.	Field	Alphanumeric	5
Recipient ID	Displays the Recipient's first 12-digits of their Medicaid identification number, for who received the service.	Field	Alphanumeric	12
Start Date	Displays the date the prior authorization was added.	Field	Date (MM/DD/CCYY)	10
Status	Displays the Prior Authorization current status.	Field	Alphanumeric	11
Next	Displays the link to the next page of search results.	Hyperlink	N/A	0
Previous	Displays the link to the previous page of search results.	Hyperlink	N/A	0

15.2.4 Search Results Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

15.2.5 Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

15.2.6 Search Results Panel Accessibility

15.2.6.1 To Access the Search Results Panel

Step	Action	Response
1	Click **Prior Authorization**.	Prior Authorization page displays.
2	Click **Search**.	Prior Authorization Search panel displays.
3	Enter search criteria and click **search**.	Prior Authorization Search Results panel displays.

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15.3 Prior Authorization Submit

15.3.1 Prior Authorization Submit Panel Narrative

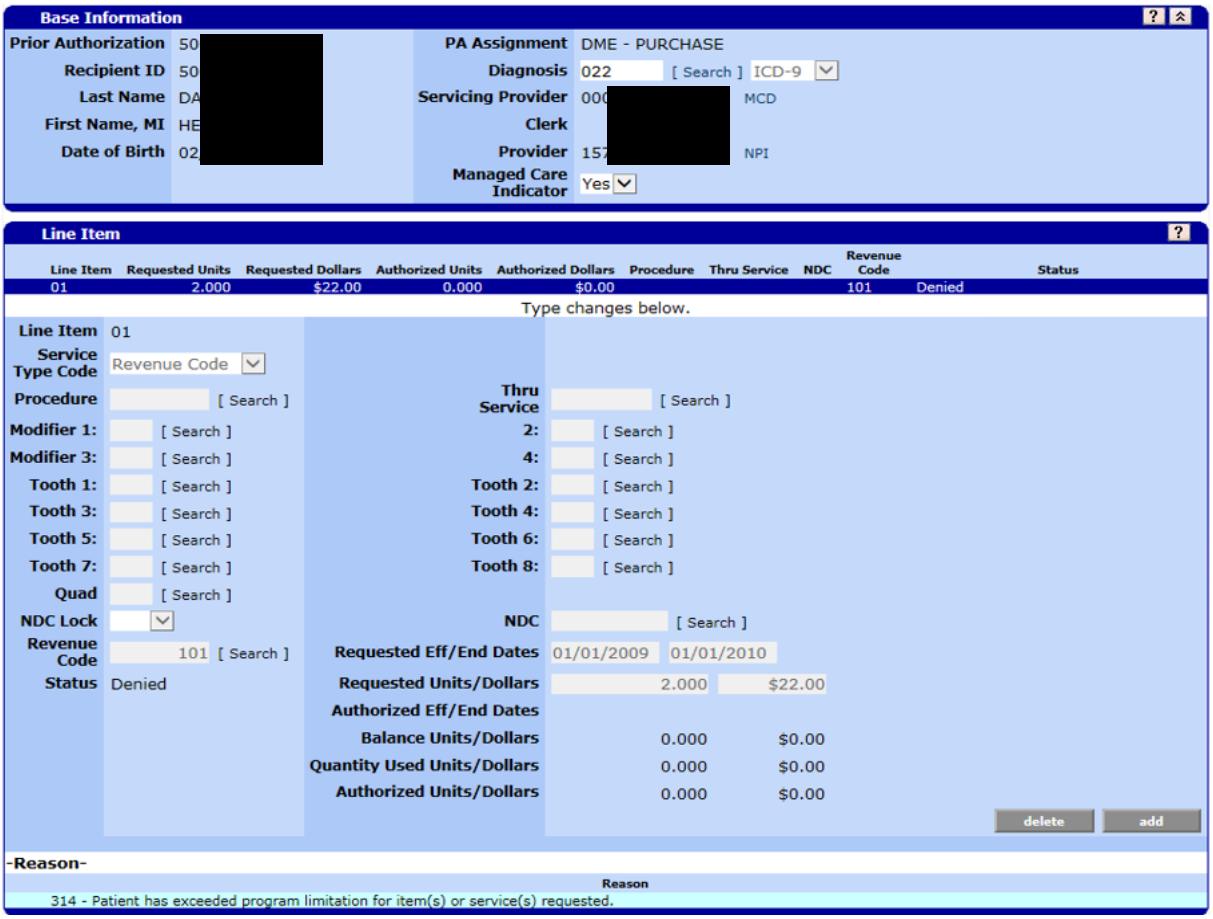
The Prior Authorization Submit panel allows users to update a prior authorization (PA) using the web application. The user has the capability to review/update existing PAs. Users can also view/update the notes provided for the PA. However, only the requesting provider is permitted to view/update a prior authorization request.

Navigation Path: [Prior Authorization] – [Search] - [search] - [select row in search results]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the prior authorization is not considered complete until those fields have been completed with the appropriate data.

15.3.2 Prior Authorization Submit Panel Layout



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15.3.3 Prior Authorization Submit Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button is used to add data to a panel.	Button	N/A	0
Analyst Remarks Description	Displays the remarks text entered by the analyst. This information is printed on the PA Notice.	Field	Character	500
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
delete	This button removes the record.	Button	N/A	0
save	This button saves current operation and re-submits the request to Medicaid.	Button	N/A	0
Authorized Eff/End Dates	Displays the requested prior authorization start and stop date for the line item. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Authorized Units/Dollars	Displays the units and/or dollar amount authorized for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14

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Field	Description	Field Type	Data Type	Length
Balance Units/Dollars	Displays the units and/or dollar amount balance for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
Clerk	Displays the clerk that entered the prior authorization. Defaulted to clerk that is logged in. Consist of User Name and First and Last Name. (Read-Only)	Field	Alphanumeric	130
Control Number	Displays the attachment/paperwork identifier (E.G. Document Control Number).	Field	Character	80
Date Entered [Notes List]	Displays the date that the PA note was entered. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date of Birth	Displays the date of birth of the recipient. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Description	Displays the free form text for the internal text (clinical note).	Field	Character	900
Description [Attachment Panel]	Displays the free form text for the attachment/paperwork.	Field	Character	80
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
First Name, MI	Displays the first name and middle initial of the recipient on the header. (Read-Only and defaulted on header panel.)	Field	Character	15
ICD Version	This field has no label and is read only. It is used to identify which ICD Version of Diagnosis code will be saved. Value of ICD Version will not be saved in the table.	Combo Box	Drop Down List Box	0
Last Name	Displays the last name of the recipient. (Read-Only and defaulted on header panel.)	Field	Character	15
Line Item	Displays the line items (or details) of a prior authorization record. (Read-Only)	Field	N/A	2
Line Item [Attachment Panel]	Displays the line number of the Prior Authorization attachment form text entered. It is used to uniquely identify rows of attachment form text that may have been entered for the same prior authorization.	Field	N/A	2

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Field	Description	Field Type	Data Type	Length
Managed Care Indicator	Displays whether a recipient participates in Managed care.	Combo Box	Drop Down List Box	0
Modifier 1	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 2	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 3	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 4	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
NDC	Displays the NDC. Dynamic field that appears when 'NDC' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	11
NDC Lock	Displays the drop down list to indicate National Drug Code Lock. Valid values: P - GCN, T - GC3, N – NDC.	Combo Box	Drop Down List Box	0
PA Assignment	Displays the type of prior authorization request. (Read-Only)	Combo Box	Drop Down List Box	0
Prior Authorization	Displays the number assigned to identify a specific Prior Authorization request. (Read-Only)	Field	Number (Integer)	10
Procedure	Displays the procedure code. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	6
Provider	Displays the requesting/prescribing provider for the prior authorization. (Read-Only. Defaulted from login provider.)	Field	Alphanumeric	10
Quad	Displays the tooth quadrant. Dynamic field that appears when Procedure is selected from the Service Type Code drop down list.	Field	Alphanumeric	3

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Field	Description	Field Type	Data Type	Length
Quantity Used Units/Dollars	Displays the units and/or dollar amount used for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
Reason	Displays the denial reasons. Read only field that appears when a 'Line Item' is selected from the 'Line Item' list.	Field	Alphanumeric	500
Recipient ID	Displays the recipient's Medicaid identification number. (Read-Only)	Field	Number (Integer)	13
Report Type	Displays the code describing the type of attachment/paperwork.	Combo Box	Drop Down List Box	0
Requested Eff/End Dates	Displays the requested Prior Authorization start and stop date for the line item.	Field	Date (MM/DD/CCYY)	10
Requested Units/Dollars	Displays the number of units and/or the dollar amount requested for the Prior Authorization line item service.	Field	Number (Decimal)	14
Revenue Code	Displays the revenue code. Dynamic field that appears when 'Revenue Code' is selected from the 'Service Type Code' drop down list.	Field	Number (Integer)	4
Service Type Code	Displays the drop down list to indicate the service type code.	Combo Box	Drop Down List Box	0
Servicing Provider	Displays the servicing provider. Servicing Provider is also referred to as the Performing, Rendering or Billing provider. (Read-Only)	Field	Alphanumeric	10
Status	Displays the status of the prior authorization line item. (Read-Only). Default to Evaluation.	Combo Box	Drop Down List Box	0
Thru Service	Displays the thru procedure code, used to represent a range of procedure codes. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	6
Tooth 1	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2

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Field	Description	Field Type	Data Type	Length
Tooth 2	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 3	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 4	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 5	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 6	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 7	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 8	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Transmission	Displays the code defining timing, transmission method or format of attachment/paperwork.	Combo Box	Drop Down List Box	0

15.3.4 Prior Authorization Submit Panel Field Edit Error Codes

Field	Error Message	To Correct
add	Exceeded maximum number of Line Items.	Enter a prior authorization with 26 detail lines or less.
save	Cannot save any changes when a line item has a status outside of Evaluation!	PA record cannot be updated if any of the line items are no longer in an Evaluation status.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the datatype as documented in the field descriptions above. Number fields must only contain digits 0 - 9;

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Field	Error Message	To Correct
		date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 – 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Description	Description is required.	Enter data in the Description box.
Diagnosis	Diagnosis contains an invalid value.	Enter a valid Diagnosis Code.
Modifier 1	Modifier 1 is not valid.	Enter a valid Modifier Code
Modifier 2	Modifier 2 is not valid.	Enter a valid Modifier code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Modifier 3	Modifier 3 is not valid.	Enter a valid Modifier Code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Modifier 4	Modifier 4 is not valid.	Enter a valid Modifier Code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Procedure	Procedure Code is required.	Enter a valid procedure code.
	Procedure Code is not valid.	Enter a valid procedure code.
Quad	Quad is not valid.	Enter a valid Quadrant Code.
Report Type	A valid Type is required.	Select a valid Report Type.
Requested Eff/End Dates	Requested Eff Date is required.	Enter a valid Requested Effective Date.
	Requested Eff Date must be less than or equal to Requested End Date.	Ensure Requested Effective Date is less than or equal to the Requested End Date .
	Requested Eff Date must be greater than or equal to 01/01/1900.	Enter a Requested Effective Date that is greater than or equal to 01/01/1900.
	Requested Eff Date must be less than or equal to 12/31/2299.	Enter a Requested Effective Date that is less than or equal to 12/31/2299.
	Requested End Date is required.	Enter a valid Requested End Date.
	Requested End Date must be greater than or equal to 01/01/1900.	Enter a Requested End Date that is greater than or equal to 01/01/1900.
	Requested End Date must be less than or equal to 12/31/2299.	Enter a Requested End Date that is less than or equal to 12/31/2299.

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Field	Error Message	To Correct
	Requested Effective Dates invalid for Diagnosis ICD version selected, please correct.	If Diagnosis code has a version as ICD-9 the Required Effective date should be Less than or Equal to the ICD-9 Diagnosis End Date. If Diagnosis code has a version as ICD-10 the Required Effective date should be Greater than or Equal to the ICD-10 Diagnosis Implementation Date. The ICD-9 Diagnosis End Date and ICD-10 Diagnosis Implementation Date are published on the CMS Web site.
Requested Units/Dollars	Requested Dollars must be greater than or equal to 0.00.	Ensure that this field is greater than or equal to zero.
	Requested Dollars must be less than or equal to 9999999.99.	Ensure the requested amount is not greater than $9,999,999.99.
	Requested Units must be greater than or equal to 0.000.	Ensure that this field is greater than or equal to zero.
	Requested Units must be less than or equal to 9999999.999.	Ensure the units requested are not greater than 9,999,999.999.
	Either Requested Units or Requested Dollars is required.	Enter a value in either the Requested Dollars or Requested Units fields.
Revenue Code	Revenue Code is not valid.	Enter a valid Revenue Code.
	Revenue Code is required.	Enter a valid Revenue Code.
Service Type Code	Service Type Code is required.	Select a valid Service Type Code.
	Service Type Code must be one of the following values: Empty, 1 = Revenue Code, 2 = Procedure Code.	A PA with the 'Service Type Code' of 'NDC Code' cannot be updated. Only an authorized clerk at HPE or HID may update a PA with an NDC service type.
Thru Service	Thru Service is not valid.	Enter a valid procedure code for the Thru Service.
Tooth 1	Tooth is not valid.	Enter a valid Tooth number.
Tooth 2	Tooth 2 is not valid.	Enter a valid Tooth number.
Tooth 3	Tooth 3 is not valid.	Enter a valid Tooth number.
Tooth 4	Tooth 4 is not valid.	Enter a valid Tooth number.
Tooth 5	Tooth 5 is not valid.	Enter a valid Tooth number.
Tooth 6	Tooth 6 is not valid.	Enter a valid Tooth number.
Tooth 7	Tooth 7 is not valid.	Enter a valid Tooth number.
Tooth 8	Tooth 8 is not valid.	Enter a valid Tooth number.

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Field	Error Message	To Correct
Transmission	A valid Transmission Code is required.	Select a valid Transmission Code.

15.3.5 Prior Authorization Submit Panel Extra Features

Field	Field Type
No extra features found for this page/panel.	

15.3.6 Prior Authorization Submit Panel Accessibility

15.3.6.1 To Access the Prior Authorization Submit Panel

Step	Action	Response
1	Click **Prior Authorization**.	Prior Authorization page displays.
2	Click **Search**.	Prior Authorization Search panel displays.
3	Enter search criteria and click **search**.	Prior Authorization Search Results panel displays.
4	Click line item from search results panel.	Prior Authorization Submit panel displays.

15.3.6.2 To Add on the Prior Authorization Submit Panel

Step	Action	Response
1	Click **add** in Line Item section.	Activates fields for entry of data or selection from lists.
2	Select a **Service Type Code** from the drop down list.	
3	If applicable, enter a **Procedure** or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	If applicable, enter a **Modifier 1**, **Modifier 2**, **Modifier 3** or **Modifier 4** code, or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
5	If applicable, enter a **Tooth 1**, **Tooth 2**, **Tooth 3**, **Tooth 4**, **Tooth 5**, **Tooth 6**, **Tooth 7** or **Tooth 8** code, or click [Search] to select from list.	Clicking [Search] activates the Tooth Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
6	If applicable, enter a **Quad** or click [Search] to select from list.	Clicking [Search] activates the Quadrant Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	If applicable, enter **Revenue Code** or click [Search] to select from list.	Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.

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Step	Action	Response
8	If applicable, enter a **Thru Service** procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
9	Enter **Requested Eff Dates** date.	
10	Enter **Requested End Dates** date.	
11	Enter **Requested Units** number.	
13	Enter **Requested Dollars** amount.	
14	Click **add** in Notes section.	Activates fields for entry of data or selection from lists.
15	Enter **Description**.	
16	Click **add** in Attachments section.	Activates fields for entry of data or selection from lists.
17	Enter **Control Number**.	
18	Select **Transmission** from drop down list.	
19	Select **Report Type** from drop down list.	
20	Enter **Description**.	
21	Click **save**.	Prior Authorization information saved and re-sent to Medicaid for further review.

15.3.6.3 To Update on the Prior Authorization Submit Panel

Step	Action	Response
1	Select item from list.	
2	Click in field(s) to update and perform update.	
3	Click **save**.	Prior Authorization information saved and re-sent to Medicaid for further review.

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15.4 Prior Authorization Submit - Base Information Panel

15.4.1 Prior Authorization Submit - Base Information Panel Narrative

The Prior Authorization Submit - Base Information panel allows users to enter base information for a new prior authorization.

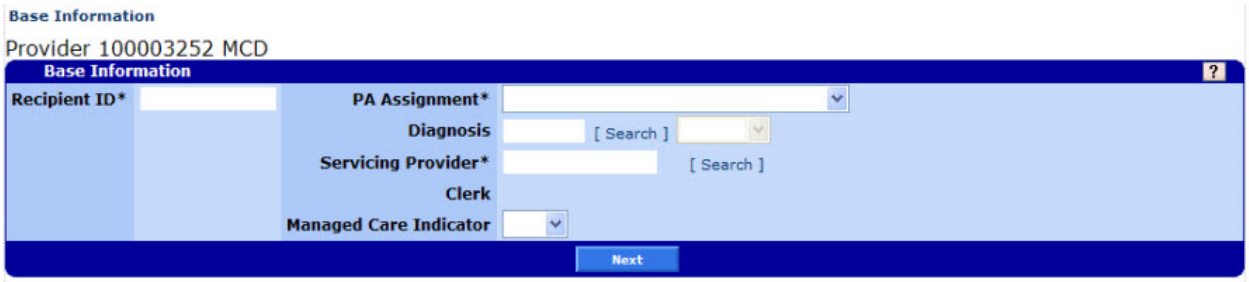
The Base Information panel is the first of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] – [New] OR [Prior Authorization - Search] – [add]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the prior authorization is not considered complete until those fields have been completed with the appropriate data.

15.4.2 Prior Authorization Submit - Base Information Panel Layout



15.4.3 Prior Authorization Submit - Base Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
New	This button is used to add a new PA request.	Button	N/A	0
Next	This button redirects the user to the next panel for the prior authorization new submit process.	Button	N/A	0
Clerk	Displays the clerk that entered the prior authorization. (Read-Only)	Field	Alphanumeric	8
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7

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Field	Description	Field Type	Data Type	Length
ICD Version	This field has no label and is read only. It is used to identify which ICD Version of Diagnosis code will be saved. Value of ICD Version will not be saved in the table.	Combo Box	Drop Down List Box	0
Managed Care Indicator	Displays whether a recipient participates in the Managed Care program.	Combo Box	Drop Down List Box	0
PA Assignment	Displays the type of prior authorization request.	Combo Box	Drop Down List Box	0
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
Servicing Provider	Displays the servicing provider. Servicing Provider is also referred to as the Performing, Rendering or Billing provider.	Field	Alphanumeric	10

15.4.4 Prior Authorization Submit - Base Information Panel Field Edit Error Codes

Field	Error Message	To Correct
PA Assignment	PA Assignment is required.	Select a PA Assignment.
Recipient ID	Recipient ID is required.	Enter a valid recipient ID.
	Recipient ID contains an Invalid number.	Enter a valid 13 digit Recipient ID.
	The Check Digit Number is not Valid for this recipient.	Enter the correct check digit for the recipient.
	Recipient ID must be 13 Digits with a valid Check Digit Number.	Enter a valid 13 digit Recipient ID.
	Recipient ID is not current, resubmit with their current Medicaid ID.	Enter the recipient's current ID that usually begins with 500.
Servicing Provider	Servicing Provider is Required.	Enter a valid servicing provider ID.

15.4.5 Prior Authorization Submit - Base Information Panel Extra Features

Field	Field Type
NPI or MCD	Hyperlink appears after the Servicing Provider field is populated with a valid NPI number. The NPI or MCD link indicates the provider number type displayed in the main panel: National Provider Identification (NPI) or Medicaid (MCD) number. Clicking NPI or MCD displays the Provider ID / Number panel, from which users can switch the provider number displayed from NPI to MCD.

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Field	Field Type
Based on the User ID to NPI number association, the requesting/prescribing NPI number is automatically inserted as part of the prior authorization request. To submit a prior authorization request using a different NPI number, access the Switch Provider panel.	

15.4.6 Prior Authorization Submit - Base Information Panel Accessibility

15.4.6.1 To Access the Prior Authorization Submit - Base Information Panel

Step	Action	Response
1	Click **Prior Authorization**.	Prior Authorization page displays.
2	Click **New**, or click **Search** and then **add**.	Base Information panel displays.

15.4.6.2 To Add on the Prior Authorization Submit - Base Information Panel

Step	Action	Response
1	Enter **Recipient ID**.	
2	Select **PA Assignment** from drop down list.	
3	Enter **Diagnosis** or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Enter **Servicing Provider**.	
5	Select **Managed Care Indicator** from drop down list.	
6	Click **Next**.	Line Item panel displays.

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15.5 Prior Authorization Submit - Line Item Panel

15.5.1 Prior Authorization Submit - Line Item Panel Narrative

The Line Item panel allows users to enter multiple line items for a new prior authorization.

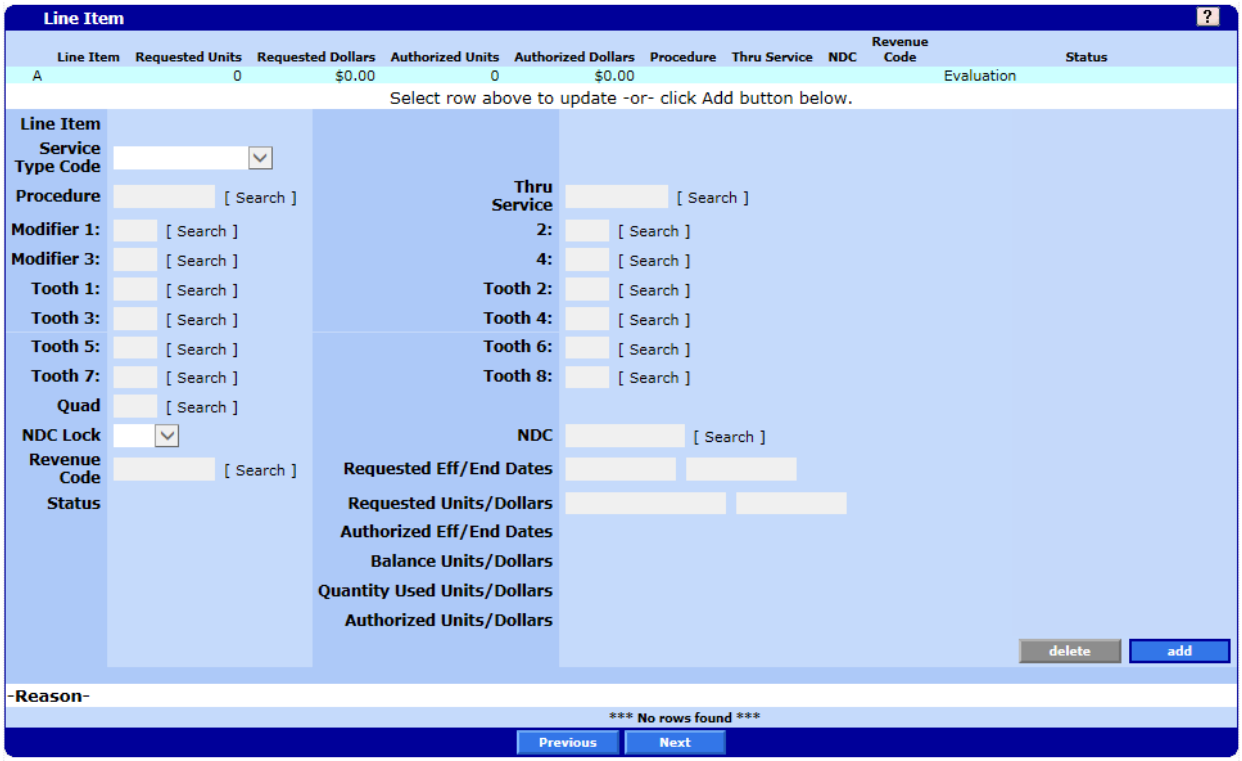
The Line Item panel is the second of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] – [New] – [click on Next from the Base Information panel]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the prior authorization is not considered complete until those fields have been completed with the appropriate data.

15.5.2 Prior Authorization Submit - Line Item Panel Layout



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15.5.3 Prior Authorization Submit - Line Item Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button adds detail lines.	Button	N/A	0
Authorized Eff/End Dates	Displays the requested prior authorization start and stop date for the line item. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Authorized Units/Dollars	Displays the units and/or dollar amount authorized for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
Balance Units/Dollars	Displays the units and/or dollar amount balance for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
delete	This button is used to remove detail lines.	Button	N/A	0
Line Item	Displays the line items (or details) of a prior authorization record. (Read-Only)	Field	Number (Integer)	2
Modifier 1	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 2	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 3	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Modifier 4	Displays a procedure code modifier. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
NDC	Displays the NDC. Dynamic field that appears when 'NDC' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	11
NDC Lock	Displays the drop down list to indicate National Drug Code Lock. Valid values: P - GCN, T - GC3, N – NDC.	Combo Box	Drop Down List Box	0
New	This button is used to add a new PA request.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Next	This button redirects the user to the next panel for the prior authorization new submit process.	Button	N/A	0
Previous	This button redirects the user to the previous panel in prior authorization new submit process.	Button	N/A	0
Procedure	Displays the procedure code. Dynamic field that appears when ‘Procedure’ is selected from the ‘Service Type Code’ drop down list.	Field	Alphanumeric	6
Quad	Displays the tooth quadrant. Dynamic field that appears when ‘Procedure’ is selected from the ‘Service Type Code’ drop down list.	Field	Alphanumeric	3
Quantity Used Units/Dollars	Displays the units and/or dollar amount used for the prior authorization line item service. (Read-Only)	Field	Number (Decimal)	14
Reason	Displays the denial reasons. Dynamic field that appears when a ‘Line Item’ is selected from the ‘Line Item’ list.	Field	Alphanumeric	500
Requested Eff/End Dates	Displays the requested Prior Authorization start and stop date for the line item.	Field	Date (MM/DD/CCYY)	10
Requested Units/Dollars	Displays the number of units and/or the dollar amount requested for the Prior Authorization line item service.	Field	Number (Decimal)	14
Revenue Code	Displays the revenue code. Dynamic field that appears when ‘Revenue Code' is selected from the ‘Service Type Code’ drop down list.	Field	Number (Integer)	4
Service Type Code	Displays the drop down list to select the service type code.	Combo Box	Drop Down List Box	0
Status	Displays the status of the prior authorization line item. (Read-Only). Default to Evaluation.	Combo Box	Drop Down List Box	0
Thru Service	Displays the thru procedure code, used to represent a range of procedure codes. Dynamic field that appears when ‘Procedure’ is selected from the ‘Service Type Code’ drop down list.	Field	Alphanumeric	6

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Field	Description	Field Type	Data Type	Length
Tooth 1	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 2	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 3	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 4	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 5	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 6	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 7	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2
Tooth 8	Displays the tooth number. Dynamic field that appears when 'Procedure' is selected from the 'Service Type Code' drop down list.	Field	Alphanumeric	2

15.5.4 Prior Authorization Submit - Line Item Panel Field Edit Error Codes

Field	Error Message	To Correct
add	Exceeded maximum number of Line Items.	Enter a prior authorization with 26 detail lines or less.
All fields	Invalid number / Invalid date / Invalid character data / Invalid alphanumeric data.	Ensure that the field matches the datatype as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character

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Field	Error Message	To Correct
		fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 – 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
Line Item	A duplicate detail line item exist for this PA. Verify and make corrections as needed.	Esure that there are not duplicated line items.
Modifier 1	Modifier 1 is not valid.	Enter a valid Modifier code.
Modifier 2	Modifier 2 is not valid.	Enter a valid Modifier code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Modifier 3	Modifier 3 is not valid.	Enter a valid Modifier Code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Modifier 4	Modifier 4 is not valid.	Enter a valid Modifier Code.
	Duplicate Modifier on same Line Item.	Ensure a duplicate modifier is not on the same PA line item.
Procedure	Procedure Code is required.	Enter a valid procedure code.
	Procedure Code is not valid.	Enter a valid procedure code.
Quad	Quad is not valid.	Enter a valid Quadrant Code.
Requested Eff /End Dates	Requested Eff Date is required.	Enter a valid Requested Effective Date.
	Requested Eff Date must be less than or equal to Requested End Date.	Ensure Requested Effective Date is less than or equal to the Requested End Date
	Requested Eff Date must be greater than or equal to 01/01/1900.	Enter a Requested Effective Date that is greater than or equal to 01/01/1900.
	Requested Eff Date must be less than or equal to 12/31/2299.	Enter a Requested Effective Date that is less than or equal to 12/31/2299.
	Requested End Date is required.	Enter a valid Requested End Date.
	Requested End Date must be greater than or equal to 01/01/1900.	Enter a Requested End Date that is greater than or equal to 01/01/1900.
	Requested End Date must be less than or equal to 12/31/2299.	Enter a Requested End Date that is less than or equal to 12/31/2299.
	Requested Effective Dates invalid for Diagnosis ICD version selected, please correct.	If Diagnosis code has a version as ICD-9 the Required Effective date should be Less than or Equal to the ICD-9 Diagnosis End Date. If Diagnosis code has a version as ICD-10 the

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Field	Error Message	To Correct
		Required Effective date should be Greater than or Equal to the ICD-10 Diagnosis Implementation Date. The ICD-9 Diagnosis End Date and ICD-10 Diagnosis Implementation Date are published on the CMS Web site.
Requested Units/Dollars	Requested Dollars must be greater than or equal to 0.00.	Ensure that this field is greater than or equal to zero.
	Requested Dollars must be less than or equal to 9999999.99.	Ensure the requested amount is not greater than $9,999,999.99.
	Requested Units must be greater than or equal to 0.000.	Ensure that this field is greater than or equal to zero.
	Requested Units must be less than or equal to 9999999.999.	Ensure the units requested are not greater than 9,999,999.999.
	Either Requested Units or Requested Dollars is required.	Enter a value in either the Requested Dollars or Requested Units fields.
Revenue Code	Revenue Code is not valid.	Enter a valid Revenue Code.
	Revenue Code is required.	Enter a valid Revenue Code.
Service Type Code	Service Type Code is required.	Select a valid Service Type Code.
Thru Service	Thru Service is not valid.	Enter a valid procedure code for the Thru Service.
Tooth 1	Tooth is not valid.	Enter a valid Tooth number.
Tooth 2	Tooth 2 is not valid.	Enter a valid Tooth number.
Tooth 3	Tooth 3 is not valid.	Enter a valid Tooth number.
Tooth 4	Tooth 4 is not valid.	Enter a valid Tooth number.
Tooth 5	Tooth 5 is not valid.	Enter a valid Tooth number.
Tooth 6	Tooth 6 is not valid.	Enter a valid Tooth number.
Tooth 7	Tooth 7 is not valid.	Enter a valid Tooth number.
Tooth 8	Tooth 8 is not valid.	Enter a valid Tooth number.

15.5.5 Prior Authorization Submit - Line Item Panel Extra Features

Field	Field Type
Reason	Selecting a ‘Line Item’ from the ‘Line Item’ list activates the read only Reason Panel.
Service Type Code	Selecting “Procedure Code” from the Service Type Code drop down list option activates the Procedure Code fields.

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Field	Field Type
	Selecting “Revenue Code” from the Service Type Code drop down list option activates the Revenue Code fields.

15.5.6 Prior Authorization Submit - Line Item Panel Accessibility

15.5.6.1 To Access the Prior Authorization Submit - Line Item Panel

Step	Action	Response
1	Click **Prior Authorization**.	Prior Authorization page displays.
2	Click **New**.	Base Information panel displays.
3	Click **Next**.	Line Item panel displays.

15.5.6.2 To Add on the Prior Authorization Submit - Line Item Panel

Step	Action	Response
1	Select a **Service Type Code** from the drop down list.	
2	Enter a **Procedure** or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
3	Enter a **Modifier 1**, **Modifier 2**, **Modifier 3** or **Modifier 4** code, or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
4	Enter a **Tooth 1**, **Tooth 2**, **Tooth 3**, **Tooth 4**, **Tooth 5**, **Tooth 6**, **Tooth 7** or **Tooth 8** code, or click [Search] to select from list.	Clicking [Search] activates the Tooth Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
5	Enter a **Quad** or click [Search] to select from list.	Clicking [Search] activates the Quadrant Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
6	Enter **Revenue Code** or click [Search] to select from list.	Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	Enter a **Thru Service** procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
8	Enter **Requested Eff Dates** date.	
9	Enter **Requested End Dates** date.	
10	Enter **Requested Units** number.	
11	Enter **Requested Units** dollar amount.	

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Step	Action	Response
12	Click **add** in Line Item section to add another service line and repeat steps 1 thru 11.	Activates fields for entry of data or selection from lists.
13	Click **Next**.	Notes panel displays.

15.5.6.3 To Update on the Prior Authorization Submit - Line Item Panel

Step	Action	Response
1	Select item from list.	
2	Click in field(s) to update and perform update.	
3	Click **Next**.	Notes panel displays.

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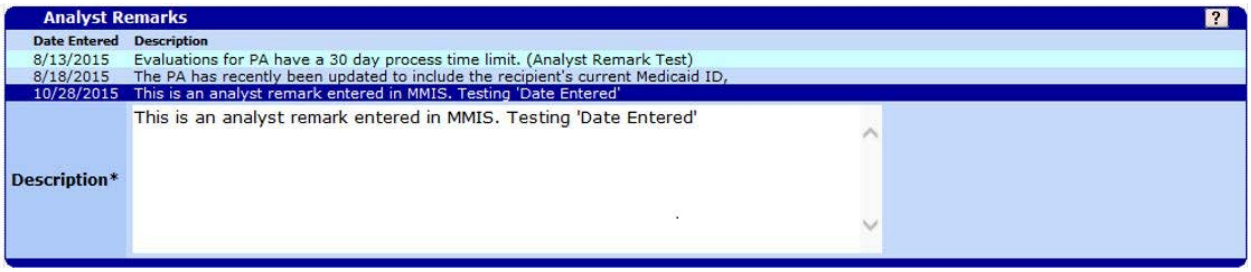
15.6 Prior Authorization Submit New – Analyst Remarks Panel

15.6.1 Prior Authorization Submit New – Analyst Remarks Panel Narrative

The Prior Authorization Submit New – Analyst Remarks panel allows users to review analyst remarks entered for a prior authorization.

15.6.2 Prior Authorization Submit New – Analyst Remarks Panel Layout



15.6.3 Prior Authorization Submit New – Analyst Remarks Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Description	The remarks text entered by the analyst. This information is printed on the PA Notice.	Field	Character	500

15.6.4 Prior Authorization Submit New – Analyst Remarks Panel Field Edit Error Codes

Field	Error Message	To Correct
No Field Edit Error Codes found for this panel.		

15.6.5 Prior Authorization Submit New – Analyst Remarks Panel Extra Features

Field	Field Type
No extra features found for this panel.	

15.6.6 Prior Authorization Submit – Analyst Remarks Panel Accessibility

15.6.6.1 To Access the Prior Authorization Submit – Analyst Remarks Panel

Step	Action	Response
1	Click **Prior Authorization**.	Prior Authorization page displays.
2	Click **Search**.	Prior Authorization Search panel displays.

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Step	Action	Response
3	Enter search criteria and click **search**.	Prior Authorization Search Results panel displays.
4	Click line item from search results panel.	Prior Authorization Analyst Remarks panel displays.

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15.7 Prior Authorization Submit New – Notes Panel

15.7.6 Prior Authorization Submit New – Notes Panel Narrative

The Prior Authorization Submit New – Notes panel allows users to enter multiple clinical notes for a new prior authorization.

The Prior Authorization Submit New – Notes panel is the third of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] - New – [click on Next from the Line Item panel]

NOTE:

This panel is for informational purposes only. It does not permit a user to attach an electronic file for submission to Alabama Medicaid. If attachment information is included, please print and attach the PA response to the required attachments. Mail these attachments to HPE, Attention to: PA Unit. Address: PO Box 244032, Montgomery, AL 36124.

15.7.7 Prior Authorization Submit New – Notes Panel Layout

15.7.8 Prior Authorization Submit New – Notes Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button adds a new note record.	Button	N/A	0
delete	This button deletes a note record.	Button	N/A	0
New	This button is used to add a new PA request.	Button	N/A	0
Next	This button redirects the user to the next panel for the prior authorization new submit process.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Previous	This button redirects the user to the previous panel in prior authorization new submit process.	Button	N/A	0
Date Entered [List]	Displays the date that the prior authorization note was entered.	Field	Date (MM/DD/CCYY)	10
Description	Displays the free form text for the internal text (clinical note).	Field	Character	540
Line Item [List]	Displays the line item of the prior authorization.	Field	Number (Integer)	2

15.7.9 Prior Authorization Submit New – Notes Panel Field Edit Error Codes

Field	Error Message	To Correct
Description	Description is required.	Enter data in the notes Description box.

15.7.10 Prior Authorization Submit New – Notes Panel Extra Features

Field	Field Type
No extra features found for this panel.	

15.7.11 Prior Authorization Submit New – Notes Panel Accessibility

15.7.11.1 To Access the Prior Authorization Submit New – Notes Panel

Step	Action	Response
1	Click **Prior Authorization**.	Prior Authorization page displays.
2	Click **New**.	Base Information panel displays.
3	Click **Next**.	Line Item panel displays.
4	Click **Next**.	Notes panel displays.

15.7.11.2 To Add on the Prior Authorization Submit New – Notes Panel

Step	Action	Response
1	Click **add**.	Activates fields for entry of data or selection from lists.
2	Enter **Description**.	
3	Click **save** or **Next**.	Notes information saves and/or Attachments panel displays.

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15.7.11.3 To Update on the Prior Authorization Submit New – Notes Panel

Step	Action	Response
1	Select item from list.	
2	Click in field(s) to update and perform update.	
3	Click **save** or **Next**.	Notes information saves and/or Attachments panel displays.

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15.8 Prior Authorization Submit - Attachments

15.8.1 Prior Authorization Submit - Attachments Panel Narrative

The Prior Authorization Submit - Attachments panel allows users to enter multiple, internal attachments for a new prior authorization.

The Prior Authorization Submit - Attachments panel is the last of four steps in the prior authorization wizard process, used to submit a new prior authorization.

Navigation Path: [Prior Authorization] - New – [click on Next from the Notes panel]

15.8.2 Prior Authorization Submit - Attachments Panel Layout

15.8.3 Prior Authorization Submit - Attachments Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button adds a new note record.	Button	N/A	0
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
delete	This button deletes a note record.	Button	N/A	0
new	This button is used to add a new PA request.	Button	N/A	0
save	This button saves current operation and submits the request to Medicaid.	Button	N/A	0
Control Number	Displays the attachment/paperwork identifier (e.g. Document Control Number).	Field	Character	80
Description	Displays the free form text for the attachment/paperwork.	Field	Character	80

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Field	Description	Field Type	Data Type	Length
Line Item	Displays the line number of the prior authorization attachment form text entered. It is used to uniquely identify rows of attachment form text that may have been entered for the same prior authorization.	Field	Number (Integer)	3
Report Type	Displays the code describing the type of attachment/paperwork.	Combo Box	Drop Down List Box	0
Transmission Code	Displays the code defining timing, transmission method or format of attachment/paperwork.	Combo Box	Drop Down List Box	0

15.8.4 Prior Authorization Submit - Attachments Panel Field Edit Error Codes

Field	Error Message	To Correct
Report Type	A valid Type is required.	Select a valid Report Type.
Transmission Code	A valid Transmission Code is required.	Select a valid Transmission Code.

15.8.5 Prior Authorization Submit - Attachments Panel Extra Features

Field	Field Type
No extra features found for this panel.	

15.8.6 Prior Authorization Submit - Attachments Panel Accessibility

15.8.6.1 To Access the Prior Authorization Submit - Attachments Panel

Step	Action	Response
1	Click **Prior Authorization**.	Prior Authorization page displays.
2	Click **New**.	Base Information panel displays.
3	Click **Next**.	Line Item panel displays.
4	Click **Next**.	Notes panel displays.
5	Click **Next**.	Attachments panel displays.

15.8.6.2 To Add on the Prior Authorization Submit - Attachments Panel

Step	Action	Response
1	Click **add**.	Activates fields for entry of data or selection from lists.

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Step	Action	Response
2	Enter **Control Number**.	
3	Select **Transmission** from drop down list.	
4	Select **Report Type** from drop down list.	
5	Enter **Description**.	
6	Click **save**.	Attachments information saves.

15.8.6.3 To Update on the Prior Authorization Submit - Attachments Panel

Step	Action	Response
1	Select item from list.	
2	Click in field(s) to update and perform update.	
3	Click **save**.	Attachments information saved.

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16. Provider Maintenance

16.1 Provider Maintenance Panel Overview

16.1.1 Provider Maintenance Panel Narrative

The Provider Maintenance panel contains links to information at the provider level. This panel is utilized as a navigation tool to access provider related panels such as the Provider Payer Information panel and Provider Location Contact Information panel. This panel is inquiry only.

Navigation Path: [Provider] – [ProviderMaintenance]

16.1.2 Provider Maintenance Panel Layout

16.1.3 Provider Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Provider Maintenance panels.	Button	N/A	0
Provider Location Contract Information	Link to Provider Location Information Panel.	Hyperlink	N/A	0
Provider Payer Information	Link to Provider Payer Information Panel.	Hyperlink	N/A	0
Save	Allows the user to save a record on the Provider Maintenance panels.	Button	N/A	0

16.1.4 Provider Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

16.1.5 Provider Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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16.1.6 Provider Maintenance Panel Accessibility

16.1.6.1 To Access the Provider Maintenance Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click **ProviderMaintenance**.	Provider Maintenance panel displays.

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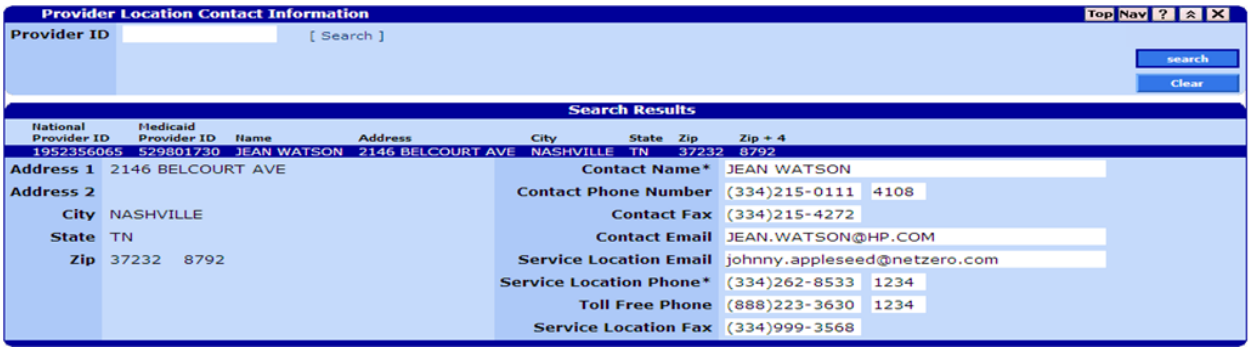
16.2 Provider Location Contact Information Panel Overview

16.2.1 Provider Location Contact Information Panel Narrative

Provider Location Contact Information panel allows providers to submit updates to specific information such as contact information.

Navigation Path: [Provider] – [Provider Maintenance] – [Click on Hyperlink Provider Location Contact Information]

16.2.2 Provider Location Contact Information Panel Layout



16.2.3 Provider Location Contact Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address 1	First line of the provider's address.	Field	Character	30
Address 2	Second line of the provider's address.	Field	Character	30
City	City related to the provider's address.	Field	Character	15
Clear	Clears all data applied to a panel.	Button	N/A	0
Contact E-mail	Contact person's e-mail address attached with provider address.	Field	Character	50
Contact Fax	Contact person's fax number attached with provider address.	Field	Numeric (Integer)	10
Contact Name	Name of the Primary Contact attached with provider address	Field	Character	50
Contact Phone Number	Contact person's phone number attached with provider address.	Field	Numeric (Integer)	10
Provider ID	Provider ID of the Provider.	Field	Character	15

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Field	Description	Field Type	Data Type	Length
Search	Performs search based on criteria entered and displays search results within the pop up search panel. Selecting the desired result returned populates the main panel with the corresponding data.	Button	N/A	0
Service Location Email	Email address for the provider's service location.	Field	Character	50
Service Location Phone Number	Phone number for the provider's service location.	Field	Numeric (Integer)	10
Service Location Fax Number	Fax number for the provider's service location.	Field	Numeric (Integer)	10
State	State of the provider's address.	Field	Character	2
Toll Free Phone	Toll free phone+4 numbers associated to the provider's address.	Field	Character	10
Zip	Zip +4 of the provider's address.	Field	Numeric (Integer)	9

16.2.4 Provider Location Contact Information Panel Field Edit Error Codes

Field	Error Message	To Correct
All Fields	Enter a valid value.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 – 9. Email addresses must be in the format XXXXX@xxx.xxx Fields must be completely filled in.
Contact Name	Contact Name is Required	Enter the Contact Name.
Service Location Phone	Service Location Phone is required.	Enter the phone number for the Service Location.

16.2.5 Provider Location Contact Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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16.2.6 Provider Location Contact Information Panel Accessibility

16.2.6.1 To Access the Provider Location Contact Information Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click **ProviderMaintenance**.	Provider Maintenance panel displays.
3	Click on **Provider Location Contact Information** Hyperlink.	Provider Location Contact Information panel displays.

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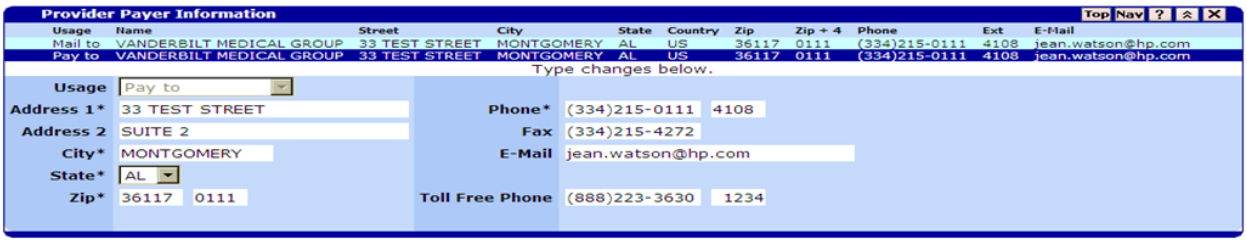
16.3 Provider Payer Information Panel Overview

16.3.1 Provider Payer Information Panel Narrative

Provider Payer Information Panel allows providers to submit updates to specific information such as address and phone number.

Navigation Path: [Provider] – [Provider Maintenance] – [Click on Hyperlink Provider Payer Information Panel]

16.3.2 Provider Payer Information Panel Layout



16.3.3 Provider Payer Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address 1	The first line of the provider address.	Field	Character	30
Address 2	The Second line of the provider address.	Field	Character	30
City	The city associated with the provider address	Field	Character	30
E-mail	The email address of the provider.	Field	Character	50
Fax	The fax number for the provider	Field	Numeric (Integer)	10
Phone	Phone+4 phone number for the provider.	Field	Numeric (Integer)	14
State	The two character state code for the provider address.	Combo Box	Drop Down List Box	2
Toll Free Phone	Toll Free Phone+4 phone number for the provider.	Field	Numeric (Integer)	14
Usage	The type of provider address.	Combo Box	Drop Down List Box	1
Zip	Zip +4 of the provider's address	Field	Character	9

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16.3.4 Provider Payer Information Panel Field Edit Error Codes

Field	Error Message	To Correct
All Fields	Enter a valid value.	Ensure that the field matches the data type as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 – 9. Email addresses must be in the format XXXXXX@xxx.xxx Fields such as phone number must be completely filled in when present.
Address 1	Address 1 is required.	Enter Address 1 information.
City	City is required.	Enter City.
State	State is required.	Enter State.
Zip	Zip is required.	Enter Zip Code.
Phone	Phone is required.	Enter Phone Number.

16.3.5 Provider Payer Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.3.6 Provider Payer Information Panel Accessibility

16.3.6.1 To Access the Provider Payer Information Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click **ProviderMaintenance**.	Provider Maintenance panel displays.
3	Click on **Provider Payer Information** Hyperlink.	Provider Payer Information panel displays.

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17. PMP Assignment

17.1 PMP Assignment Panel Narrative

This panel allows providers the capability to make Patient 1st assignments.

Navigation Path: [Provider] – [PMP Assignment]

17.1.1 PMP Assignment Panel Layout

17.1.2 PMP Assignment Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Assign	Initiates the assignment of new recipient to the PMP.	Button	N/A	0
Cancel	Cancels the transaction and clears the fields of PMP Assignment panel.	Button	N/A	0
Recipient ID	Recipient identification number.	Field	Number (Integer)	12
Recipient Name	Recipient name is displayed based on the Medicaid ID.	Field	Alphanumeric	40
[search]	Opens a new window for search based on Medicaid ID, Last Name, First Name or SSN.	Hyperlink	N/A	0
Validate	Initiates the validation for the recipient for his eligibility of Patient 1st.	Button	N/A	0

17.1.3 PMP Assignment Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Validate				
	Button	3	Unable to make PMP assignment as the requesting provider is not a Patient 1st participating provider.	The requesting provider is not a Patient 1st participating provider.

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Field	Field Type	Error Code	Error Message	To Correct
	Button	4	<Recipient Name>(RID <Medicaid ID>) already assigned to PMP, no update/changes allowed.	The requesting recipient has already been assigned to the requesting PMP provider.
	Button	5	PMP panel at contractual maximum limit, unable to assign recipient.	No more assignments can be made for the requesting provider as PMP contractual max has been reached.
	Button	6	Unable to assign recipient due to PMP Provider panel restriction placed by the Medicaid Agency, please contact the Provider Assistance Center for further assistance (800-688-7989).	Panel hold has been placed for the requesting provider by Agency or HP, please contact the Provider Assistance Center for further assistance.
	Button	7	<Recipient Name>(RID <Medicaid ID>) does not meet Distance restriction set by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.	The requested recipient does not meet the Distance restriction criteria placed by requesting provider. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Distance restriction.
	Button	8	<Recipient Name>(RID <Medicaid ID>) does not meet Age restriction set by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.	The requested recipient does not meet the Age restriction criteria placed by requesting provider. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Age restriction.
	Button	9	<Recipient Name>(RID <Medicaid ID>) does not meet Gender restriction set by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.	The requested recipient does not meet the Gender restriction criteria placed by requesting provider. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Gender restriction.
	Button	10	Unable to assign Recipient due to panel hold placed by PMP. Do you want to ignore restriction and assign the Recipient? If yes, select Assign otherwise select Cancel.	The requesting provider has placed Panel hold. The provider can ignore this message and assign the recipient, but after assignment he needs to contact the Provider Assistance Center to update his Panel hold restriction.

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Field	Field Type	Error Code	Error Message	To Correct
	Button	11	<Recipient Name>(RID <Medicaid ID>) has been previously dismissed from PMP, no update/changes allowed.	The requested recipient has been dismissed from being assigned to PMP by the requesting provider.
	Button	12	<Recipient Name>(RID <Medicaid ID>) is deceased, no update/changes allowed .	The requested recipient is dead. So no updates can be made for him.
	Button	13	<Recipient Name>(RID <Medicaid ID>) not currently eligible for PMP assignment since First Name is Unborn.	The requested recipient cannot be assigned as the first name is UNBORN.
	Button	14	Unable to make PMP assignment, please contact the Provider Assistance Center for further assistance (800-688-7989).	Due to some reason the PMP assignment cannot be done, please contact the Provider Assistance Center for further assistance.
	Button	15	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an invalid Aid Category for Patient 1st.	The requested recipient is not eligible for Patient 1st assignment.
	Button	16	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has a Patient 1st exemption.	The requested recipient is not eligible for Patient 1st assignment.
	Button	17	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient residential county invalid for Patient 1st.	The requested recipient is not eligible for Patient 1st assignment.
	Button	18	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an invalid Patient 1st aid category.	The requested recipient is not eligible for Patient 1st assignment.
	Button	19	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient is not currently eligible for Patient 1st due to benefit plan assignment.	The requested recipient is not eligible for Patient 1st assignment.

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Field	Field Type	Error Code	Error Message	To Correct
	Button	20	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient enrolled in Medicare.	The requested recipient is not eligible for Patient 1st assignment.
	Button	21	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an active HMO policy on file.	The requested recipient is not eligible for Patient 1st assignment.
	Button	22	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient is not currently eligible for Patient 1st due to special condition assignment.	The requested recipient is not eligible for Patient 1st assignment.
	Button	23	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient considered adult, Aid Category assigned not valid for Patient 1st.	The requested recipient is not eligible for Patient 1st assignment.
	Button	24	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient has an active long term care segment on file.	The requested recipient is not eligible for Patient 1st assignment.
	Button	25	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient is currently Inactive.	The requested recipient is not eligible for Patient 1st assignment.
	Button	26	<Recipient Name>(RID <Medicaid ID>) is not currently eligible for the Patient 1st program and cannot be assigned to the PMP - Recipient does not currently reside in Alabama.	The requested recipient is not eligible for Patient 1st assignment.
	Button	27	Unable to make PMP assignment as the requesting provider does not have a valid NPI on file. Please contact the Provider Assistance Center for further assistance (800-688-7989).	The requesting provider does not have a vaid NPI.

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Field	Field Type	Error Code	Error Message	To Correct
	Button	28	<Recipient Name> (RID <Medicaid ID>) does not meet Distance restriction max set by Alabama Medicaid and assignment to PMP is not allowed.	The requested recipient is not eligible for Patient 1st assignment.
	Button	29	Recipient is enrolled in a mutually-exclusive program.	Verify the MC Program.
	Button	30	Recipient does not live in an active Probationary RCO county.	Verify the recipient county.

17.1.4 PMP Assignment Panel Extra Features

Field	Field Type
No extra features found for this panel.	

17.1.5 PMP Assignment Panel Accessibility

17.1.5.1 To Access the PMP Assignment Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click PMP Assignment.	PMP Assignment panel displays.
3	Enter Recipient Medicaid ID and move the control away from the text box.	Validate button will be enabled.
4	Click on the Validate button to validate the recipient.	Respective message will be displayed and the Assign button will be enabled.
5	Click the Assign button to assign the requested recipient to the requesting provider.	Saved successfully message will be displayed.

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18. Consent Form Search

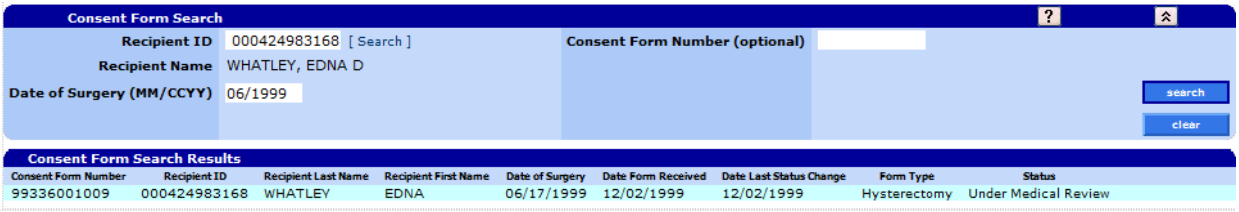
18.1 Consent Form Search Panel Overview

18.1.1 Consent Form Search Panel Narrative

This panel is available through the secure Provider web portal and allows end users to do a search for Recipient Consent Forms.

Navigation Path: [Providers] – [ConsentFormSearch]

18.1.2 Consent Form Search Panel Layout



18.1.3 Consent Form Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	This button clears all the search criteria fields.	Button	N/A	0
Date of Surgery (MM/CCYY)	This is the date of Surgery.	Field	Date (MM/CCYY)	6
Consent Form Number (optional)	This is the consent form number.	Field	Number	11
Recipient ID	Recipient Identification Number.	Field	Number	12
Name	This is the name Recipient.	Field	Character	50
Search	This button initiates the search.	Button	N/A	0

18.1.4 Consent Form Search Panel Field Edit Error Codes

Field	Error Message	To Correct
Consent Form Number (optional)	Required search criteria is Consent Form Number OR Recipient ID and Surgery Date.ddi	Enter a valid Consent Form Number.
	Consent Form Number must be 11 digits.	Enter a valid 11 digit Consent Form Number.

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Field	Error Message	To Correct
Date of Surgery (MM/CCYY)	Required search criteria is Consent Form Number OR Recipient ID and Surgery Date.	Enter a valid Date of Surgery.
	Date of Surgery is not valid, should be equal to or less than current month & year.	Enter a valid Date of Surgery in the (MM/CCYY) format.
	Date of Surgery is required to search with Recipient ID.	Enter a valid Date of Surgery.
Recipient ID	Required search criteria is Consent Form Number OR Recipient ID and Surgery Date	Enter a valid Recipient ID.
	Recipient ID is required to search with Date of Surgery.	Enter a valid Recipient ID.
	Recipient ID must be 12 digits.	Enter a valid 12 digit Recipient ID.

18.1.5 Consent Form Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

18.1.6 Consent Form Search Panel Accessibility

18.1.6.1 To Access the Consent Form Search Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Providers** and click **ConsentFormSearch**.	Consent Form Search panel displays.

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19. PMP Dismiss

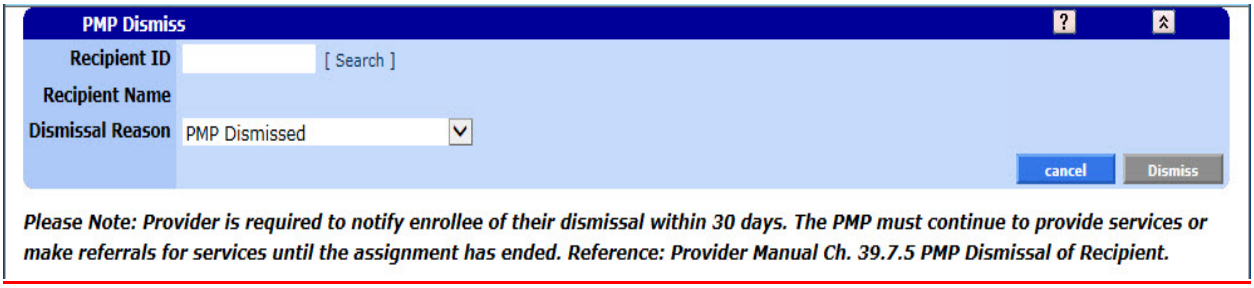
19.1 PMP Dismiss Panel Overview

19.1.1 PMP Dismiss Panel Narrative

This panel allows providers the capability to make Patient 1st assignments.

Navigation Path: [Provider] – [PMP Dismiss]

19.1.2 PMP Dismiss Panel Layout



19.1.3 PMP Dismiss Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Cancels the transaction and clears the fields of PMP Assignment panel.	Button	N/A	0
Dismiss	End the recipient assignment with the PMP provider.	Button	N/A	0
Dismissal Reason	This indicates the reason a recipient was dismissed by a specific PMP. Valid values are PMP Dismissal, Recipient Never Seen, Recipient Behavior, Non Compliance with Treatment and Other.	Field	Character	2
Recipient ID	Recipient identification number.	Field	Number (Integer)	12
Recipient Name	Recipient name is displayed based on the Medicaid ID.	Field	Alphanumeric	40
[search]	Opens a new window for search based on Medicaid ID, Last Name, First Name or SSN.	Hyperlink	N/A	0

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19.1.4 PMP Dismiss Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Dismiss	Button	1	Recipient ID <Medicaid ID> is not currently assigned to PMP. Unable to dismiss.	Recipient must be assigned to the provider to get dismissed.
	Button	2	Recipient ID <Medicaid ID> has been successfully dismissed, effective date <MM/dd/yyyy>.	Recipient was dismissed successfully.
	Button	3	<Recipient Name>(RID <Medicaid ID>) already dismissed, no update/changes required.	Recipient has been dismissed previously.
	Button	4	By selecting Ok the Recipient shall be locked out and re-assignment through the provider web portal will be unavailable. Please select Ok to continue with dismissal or Cancel.	This is a confirmation message for the provider.

19.1.5 PMP Dismiss Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.1.6 PMP Dismiss Panel Accessibility

19.1.6.1 To Access the PMP Dismiss Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click PMP Dismiss.	PMP Dismiss panel displays.
3	Enter Recipient Medicaid ID and move the control away from the text box.	Name of the recipient is displayed.
5	Click the Dismiss button to dismiss the recipient.	“By selecting Ok the Recipient shall be locked out and re-assignment through the provider web portal will be unavailable. Please select Ok to continue with dismissal or Cancel.”
6	If the provider selected OK from the popup confirmation window the recipient will be dismissed.	“Recipient ID XXXXXXXXXXXX has been successfully dismissed, effective date XX/XX/XXXX” message will be displayed.

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20. Search Pop-Up Panels

Search pop-up panels are accessed by means of a [search] hyperlink which is displayed alongside the related field. Each search window is related to a specific field and will permit a user to enter search criteria when the particular value or number is not known.

NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to check eligibility, billing restrictions and/or requirements as noted within the Alabama Medicaid Provider Manual.

The Search Pop-Up panels include the following sections:

- Search – Admission Type
- Search – Carrier Code
- Search – Condition
- Search – Diagnosis
- Search – Modifiers
- Search – NDC
- Search – Occurrence Code
- Search – Patient Status
- Search – POS
- Search – Prescriber License
- Search – Procedure
- Search – Procedure ICD-9
- Search – Provider ID
- Search – Quadrant
- Search – Revenue Code
- Search – Tooth
- Search – User Name

Navigation Path: [search] hyperlink.

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20.1 Admission Type Search

20.1.1 Admission Type Search Panel Narrative

The Admission Type Search pop-up panel allows for the search of an admission type.

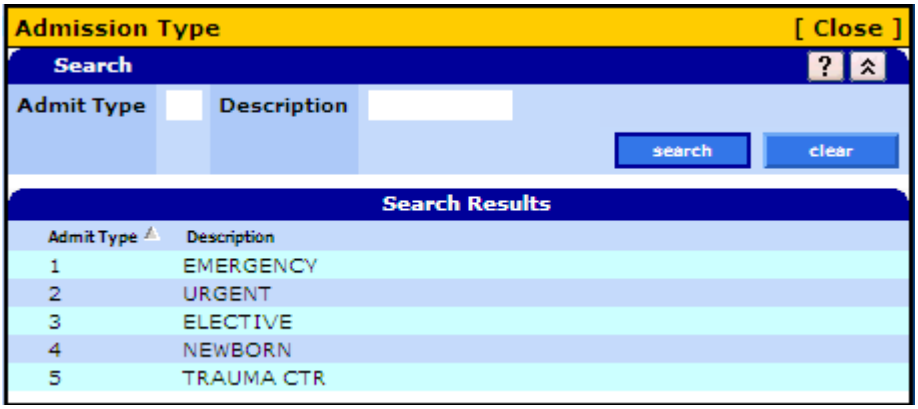
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Search]

20.1.2 Admission Type Search Panel Layout



20.1.3 Admission Type Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Admit Type	Displays the code which indicates the priority of the admission of a recipient for inpatient services.	Field	Character	1
Description	Displays the description for the priority of the admission of a recipient for inpatient services.	Field	Alphanumeric	10

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20.1.4 Admission Type Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.1.5 Admission Type Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.1.6 Admission Type Search Panel Accessibility

20.1.6.1 To Access the Admission Type Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.
3	Click **[Search]**.	Admission Type Search panel displays.

20.1.6.2 To Search on the Admission Type Search Panel

Step	Action	Response
1	Enter **Admit Type** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.2 Carrier Code Search

20.2.1 Carrier Code Search Panel Narrative

The Carrier Code Search pop-up panel allows for the search of a carrier.

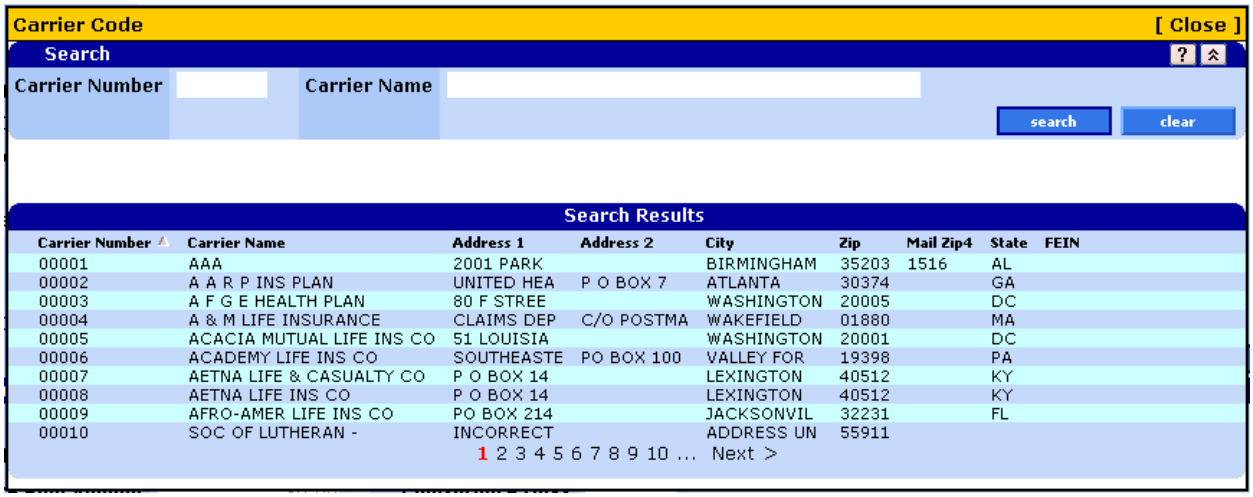
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [(Select a Dental, Institutional or Professional claim form)] – [TPL Panel] – [Search]

20.2.2 Carrier Code Search Panel Layout



20.2.3 Carrier Code Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Address 1	Displays the street address for the carrier.	Field	Character	30
Address 2	Displays the second street address for the carrier.	Field	Character	30

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Field	Description	Field Type	Data Type	Length
Carrier Name	Displays the description of the carrier code.	Field	Character	45
Carrier Number	Displays the carrier code.	Field	Number (Integer)	10
City	Displays the city for the carrier.	Field	Character	15
FEIN	Displays the Federal Employer Identification Number (FEIN) for the carrier.	Field	Number (Integer)	9
Mail Zip4	Displays the zip code + 4 for the carrier.	Field	Number (Integer)	4
State	Displays the state for the carrier.	Field	Alphanumeric	2
Zip	Displays the first 5 digits of the zip code for the carrier.	Field	Number (Integer)	5

20.2.4 Carrier Code Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.2.5 Carrier Code Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.2.6 Carrier Code Search Panel Accessibility

20.2.6.1 To Access the Carrier Code Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Select a **Dental**, **Institutional** or **Professional** claim form.	Claim panel displays.
3	Select a row or click add on the TPL panel.	TPL panel is activated, displaying the Carrier Code field.
4	Click **[Search]**.	Carrier Code Search panel displays.

20.2.6.2 To Search on the Carrier Code Search Panel

Step	Action	Response
1	Enter **Carrier Number** or **Carrier Name**.	
2	Click **search**.	

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Step	Action	Response
3	Select row from search results.	Adds search result selected to the main panel.

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20.3 Condition Search

20.3.1 Condition Search Panel Narrative

The Condition Search pop-up panel allows for the search of a condition.

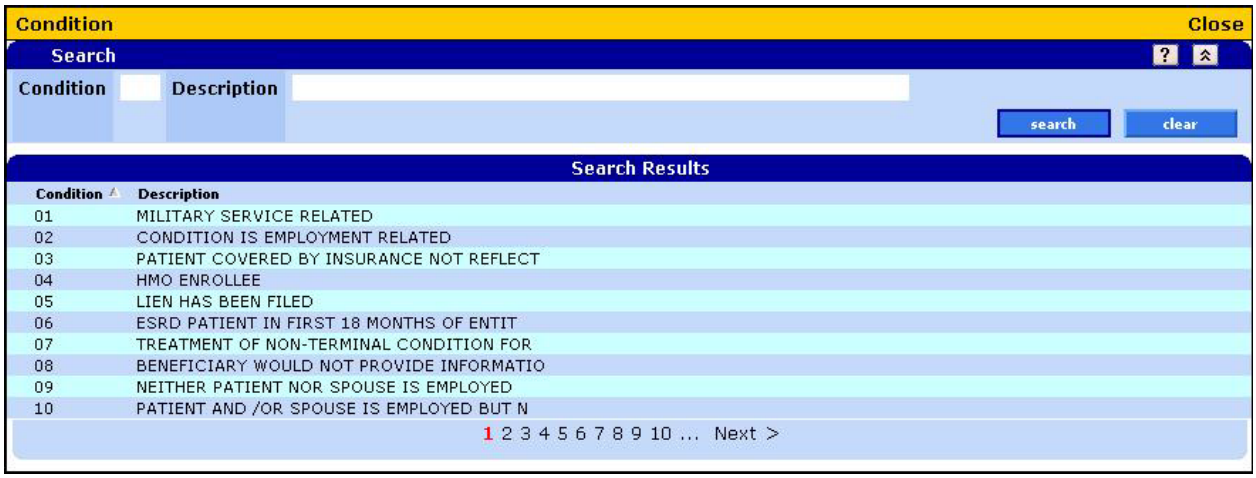
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Condition] – [Search]

20.3.2 Condition Search Panel Layout



20.3.3 Condition Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Condition	Displays the code used to identify conditions relating to a UB04 claim that may affect payer processing.	Field	Character	2
Description	Displays the description of conditions relating to a UB04 claim that may affect payer processing.	Field	Alphanumeric	40

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20.3.4 Condition Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.3.5 Condition Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.3.6 Condition Search Panel Accessibility

20.3.6.1 To Access the Condition Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.
3	Click **Condition**.	Condition panel displays.
4	Select a row or click add on the Condition panel.	Condition panel is activated, displaying the Condition field.
5	Click **[Search]**.	Condition Search panel displays.

20.3.6.2 To Add on the Condition Search Panel

Step	Action	Response
1	Enter **Condition** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.4 Diagnosis Search

20.4.1 Diagnosis Search Panel Narrative

The Diagnosis Search pop-up panel allows for the search of a diagnosis code.

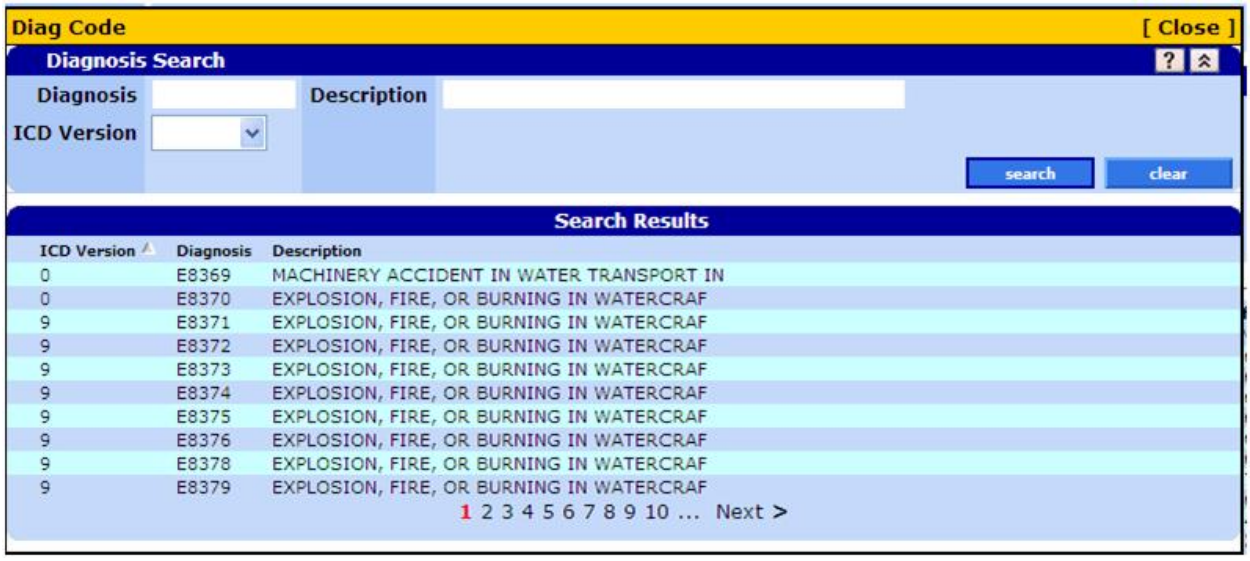
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – (Select a claim form)] – [Diagnosis Panel] – [Search] OR [Prior Authorization] – [(Select Search or New)] – [Search]

20.4.2 Diagnosis Search Panel Layout



20.4.3 Diagnosis Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the explanation of the medical condition.	Field	Alphanumeric	40

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Field	Description	Field Type	Data Type	Length
Diagnosis	Code that identifies the Diagnosis (condition requiring medical attention). Represents a medical classification of a disease or condition according to ICD-9 /ICD-10.	Field	Alphanumeric	7
ICD Version	Code to denote which version of the ICD diagnosis code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Combo Box	Drop Down List Box	1

20.4.4 Diagnosis Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.4.5 Diagnosis Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.4.6 Diagnosis Search Panel Accessibility

20.4.6.1 To Access the Diagnosis Search Panel

Step	Action	Response
1	Click **Claims** or **Prior Authorization**.	Claims or Prior Authorization page displays.
2	Click on form from the Claims or Prior Authorization page that you wish to complete.	Claim or Prior Authorization panel displays.
3	If viewing a claim form, click **Diagnosis**. If viewing a prior authorization form, proceed to step 4.	If viewing a claim form, Diagnosis panel displays.
4	Click **[Search]**.	Diagnosis Search panel displays.

20.4.6.2 To Search on the Diagnosis Search Panel

Step	Action	Response
1	Enter **Diagnosis** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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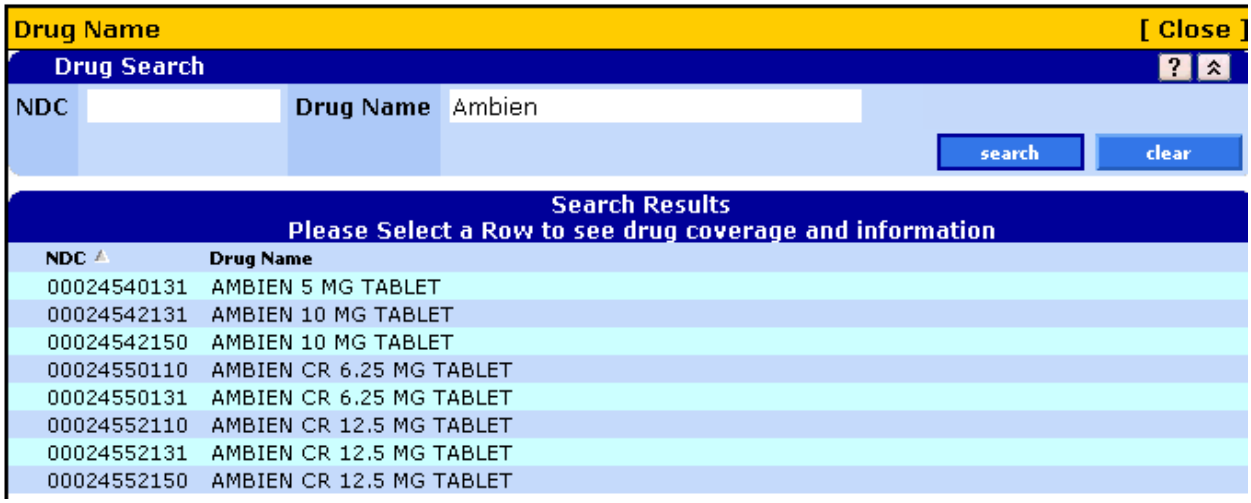
20.5 Drug Search Panel Narrative

The Drug Search panel will be displayed to allow users to search by a different NDC or Drug Name. After entering search criteria in the pop-up panel, simply select the desired result returned in the list and the Drug Information panel is populated with the related drug information.

Navigation Path: [NDC Look Up] – [Drug Name - Search]

20.5.6 Drug Search Panel Layout



20.5.7 Drug Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Drug Name	Partial or complete label name of a drug to perform a search.	Field	Alphanumeric	40
NDC	National Drug Code number to perform a search.	Field	Number (Integer)	11

20.5.8 Drug Search Panel Field Edit Error Codes

Field	Error Message	To Correct
NDC and Drug Name	Please Enter At Least One Search Criteria.	No value entered in either field.
NDC	NDC Not Found.	Invalid NDC entered.

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20.5.9 Drug Search Panel Extra Features

Field	Field Type
Pagination is provider up to 50 rows per page. A user may select any NDC record and the related drug information is displayed in the main Drug Coverage Information panel and the Drug Search Popup Panel remains open so that a user can search on another record.	

20.5.10 Drug Search Panel Accessibility

20.5.10.1 To Access the Drug Search Panel

Step	Action	Response
1	Enter search criteria and click **search**	If data returns more than 1 row then Drug Search Panel is dispalyed
2	Click on HyperLink beside Drug Name Search Button	Drug Search Panel is displayed without data for fresh search.

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20.6 Modifiers Search

20.6.1 Modifiers Search Panel Narrative

The Modifiers Search pop-up panel allows for the search of a modifier.

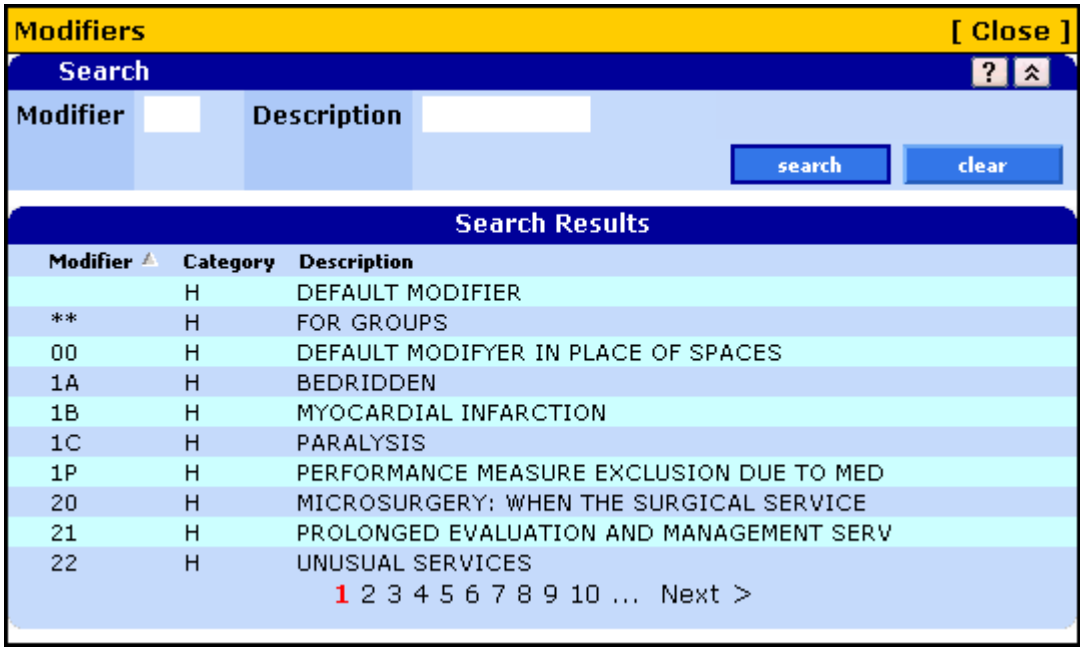
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – (Select a claim form)] – [Detail Panel] – [Search] OR [Prior Authorization] – [(Select the Search or New form)] – [Search]

20.6.2 Modifiers Search Panel Layout



20.6.3 Modifiers Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Category	Displays whether the modifier is a HCPCS modifier or an Ambulance modifier.		Alphanumeric	1
Description	Displays the short description of the modifier.	Field	Alphanumeric	40
Modifier	Displays the modifier.	Field	Character	2

20.6.4 Modifiers Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.6.5 Modifiers Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.6.6 Modifiers Search Panel Accessibility

20.6.6.1 To Access the Modifiers Search Panel

Step	Action	Response
1	Click **Claims** or **Prior Authorization**.	Claims or Prior Authorization page displays.
2	Click on form from the Claims or Prior Authorization page that you wish to complete.	Claim or Prior Authorization panel displays.
3	Click **[Search]**.	Modifiers Search panel displays.

20.6.6.2 To Search on the Modifiers Search Panel

Step	Action	Response
1	Enter **Modifier** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.7 NDC Search

20.7.1 NDC Search Panel Narrative

The NDC Search pop-up panel allows for the search of a National Drug Code (NDC).

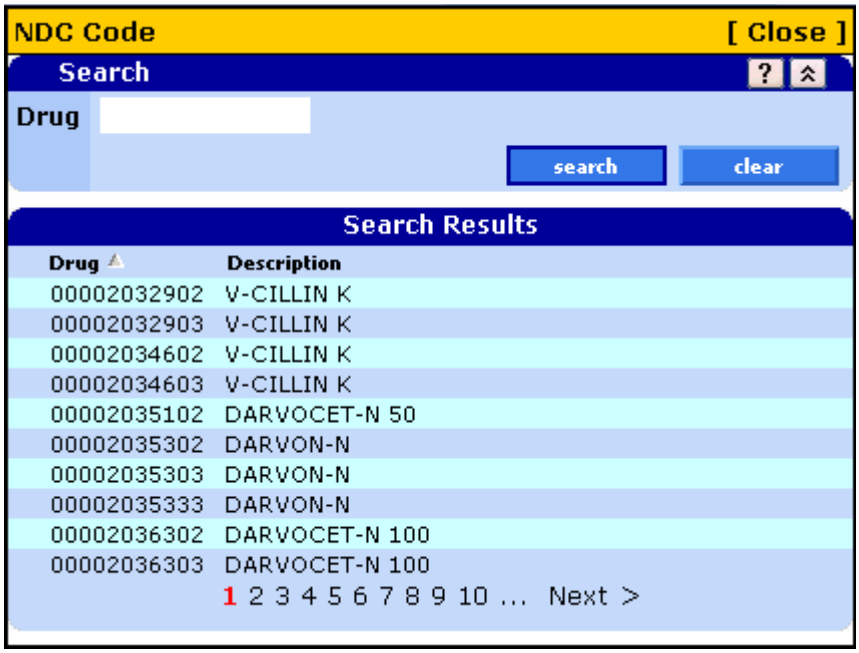
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements. For example, prior authorization, max unit, non-preferred, recipient aid category and age limitations.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Pharmacy] – [Search]

20.7.2 NDC Search Panel Layout



20.7.3 NDC Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Description	Displays the brand name of the drug. The brand name is usually the drug name appearing on the package label and frequently is a trademark. If necessary, it is edited to fit space requirements. For non-branded generic products, the description is usually the generic name.	Field	Alphanumeric	35
Drug	Displays the National Drug Code (NDC).	Field	Alphanumeric	11

20.7.4 NDC Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.7.5 NDC Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.7.6 NDC Search Panel Accessibility

20.7.6.1 To Access the NDC Search Panel

Step	Action	Response
1	Click Claims.	Claims page displays.
2	Click Pharmacy.	Pharmacy Claim panel displays.
3	Select a row or click add on the Detail panel.	Detail panel is activated, displaying the NDC Code field.
4	Click [Search].	NDC Code Search panel displays.

20.7.6.2 To Search on the NDC Search Panel

Step	Action	Response
1	Enter **Drug** code.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.8 Occurrence Code Search

20.8.1 Occurrence Code Search Panel Narrative

The Occurrence Code Search pop-up panel allows for the search of an occurrence code.

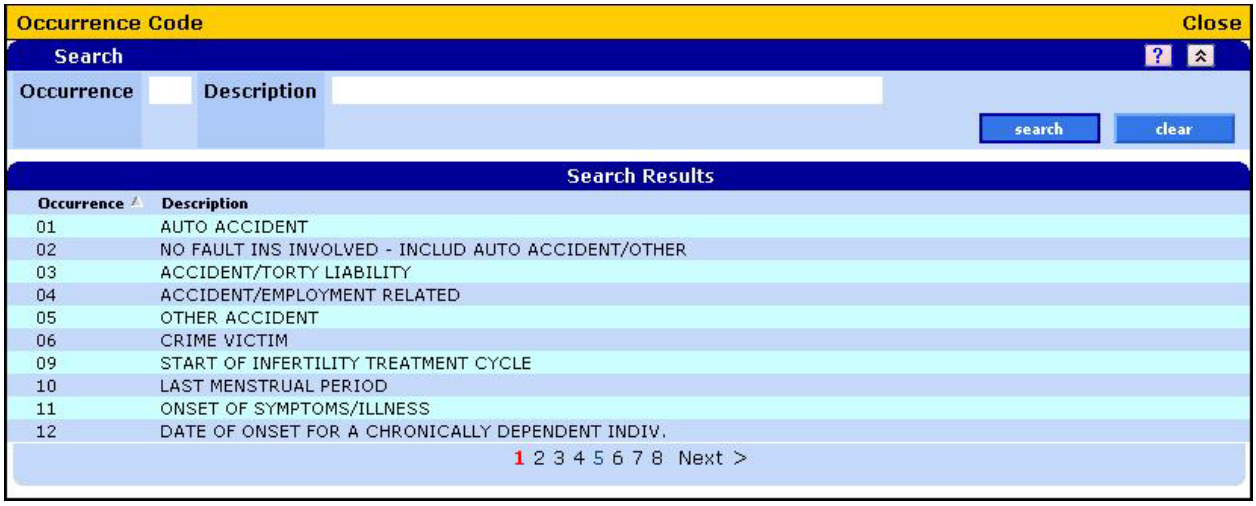
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Occurrence] – [Search]

20.8.2 Occurrence Search Panel Layout



20.8.3 Occurrence Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of a significant event relating to a particular UB04 claim that may affect payer processing occurred.	Field	Alphanumeric	50

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Field	Description	Field Type	Data Type	Length
Occurrence	Displays the code which defines a significant event relating to a particular UB04 claim that may affect payer processing.	Field	Character	2

20.8.4 Occurrence Code Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.8.5 Occurrence Code Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.8.6 Occurrence Code Search Panel Accessibility

20.8.6.1 To Access the Occurrence Code Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.
3	Click **Occurrence**.	Occurrence panel displays.
4	Select a row or click add on the Occurrence panel.	Occurrence panel is activated, displaying the Occurrence Code field.
5	Click **[Search]**.	Procedure Search panel displays.

20.8.6.2 To Search on the Occurrence Code Search Panel

Step	Action	Response
1	Enter **Occurrence** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.9 Patient Status Search

20.9.1 Patient Status Search Panel Narrative

The Patient Status Search pop-up panel allows for the search of a patient status code.

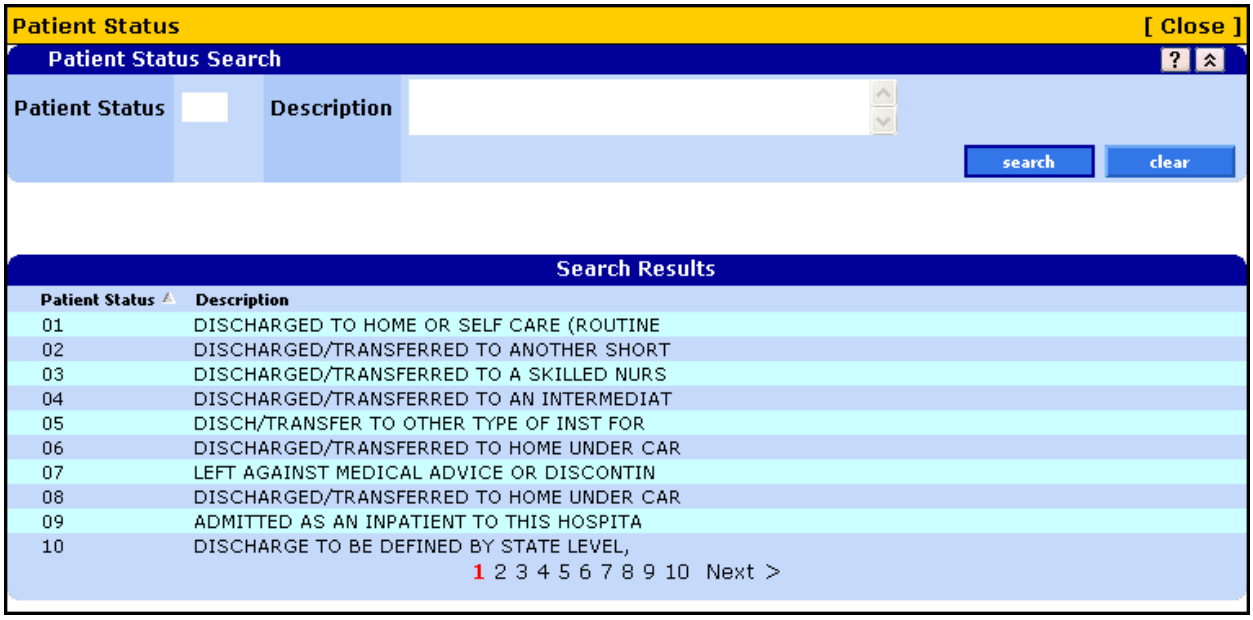
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Search]

20.9.2 Patient Status Search Panel Layout



20.9.3 Patient Status Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Description	Displays the description of the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Alphanumeric	80
Patient Status	Displays the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Character	2

20.9.4 Patient Status Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.9.5 Patient Status Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.9.6 Patient Status Search Panel Accessibility

20.9.6.1 To Access the Patient Status Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.
3	Click **[Search]**.	Patient Status Search panel displays.

20.9.6.2 To Search on the Patient Status Search Panel

Step	Action	Response
1	Enter **Patient Status** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.10 POS Search

20.10.1 POS Search Panel Narrative

The POS Search pop-up panel allows for the search of a Place of Service (POS).

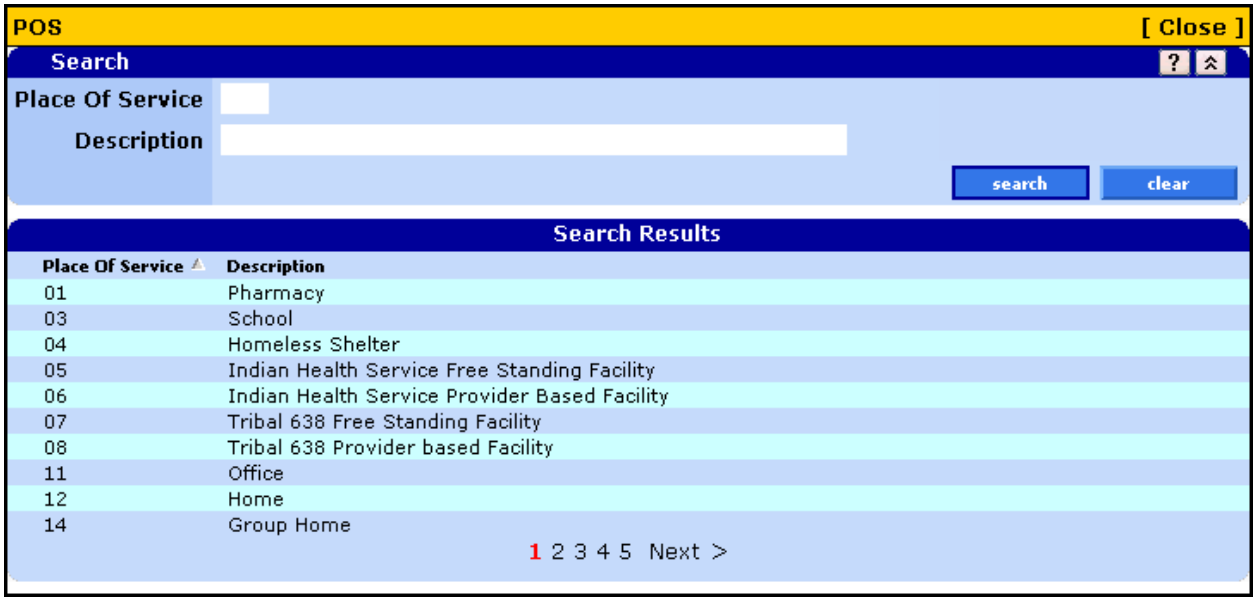
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [(Dental or Professional)] – [Search] OR [Prior Authorization – (Select the Search or New form)] – [Search]

20.10.2 POS Search Panel Layout



20.10.3 POS Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Description	Displays the description of the location where the medical assistance service was performed.	Field	Alphanumeric	50
Place Of Service	Displays the location code where the medical assistance service was provided.	Field	Character	2

20.10.4 POS Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.10.5 POS Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.10.6 POS Search Panel Accessibility

20.10.6.1 To Access the POS Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Dental** or **Professional**.	Dental or Professional Claim panel displays.
3	Click **[Search]**.	POS Search panel displays.

20.10.6.2 To Search on the POS Search Panel

Step	Action	Response
1	Enter **Place Of Service** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.11 Prescriber License Search

20.11.1 Prescriber License Search Panel Narrative

The Prescriber License Search pop-up panel allows for the search of a prescriber license number.

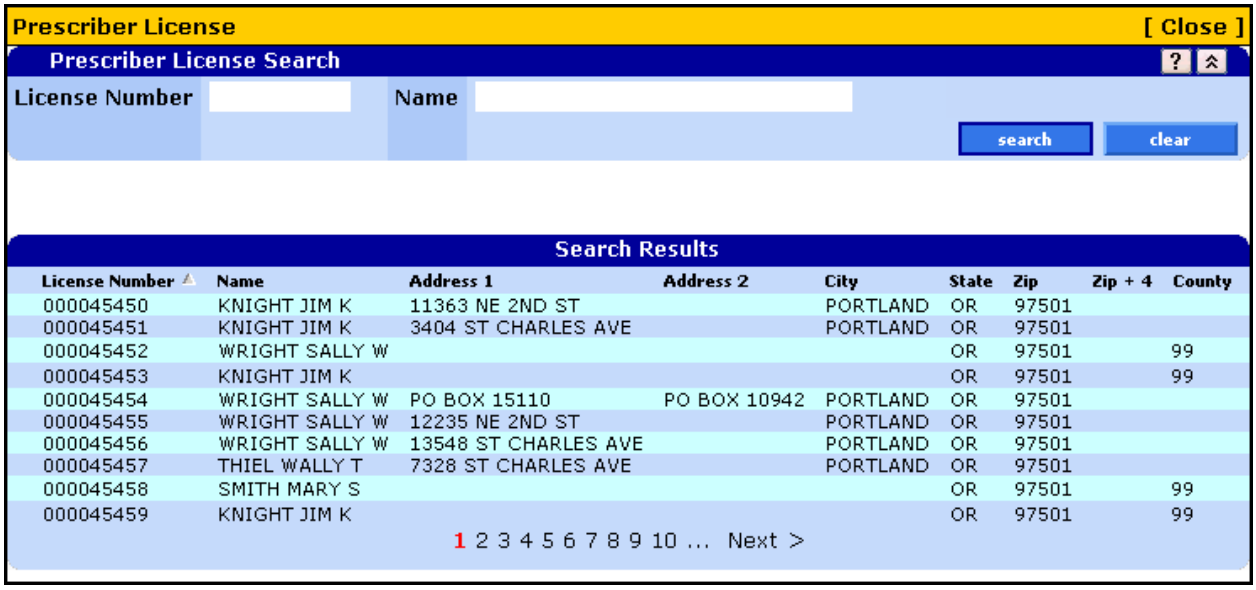
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Pharmacy] – [Search]

20.11.2 Prescriber License Search Panel Layout



20.11.3 Prescriber License Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Address 1	Displays the provider's primary address.	Field	Alphanumeric	40

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Field	Description	Field Type	Data Type	Length
Address 2	Displays the provider's secondary address.	Field	Alphanumeric	20
City	Displays the provider's city.	Field	Alphanumeric	20
County	Displays the provider's county code.	Field	Alphanumeric	2
License Number	Displays the provider's state license number.	Field	Character	10
Name	Displays the name of the provider who is issued the license number.	Field	Alphanumeric	50
State	Displays the provider's state.	Field	Alphanumeric	2
Zip	Displays the provider's zip code.	Field	Number (Integer)	5
Zip + 4	Displays the provider's zip + 4.	Field	Number (Integer)	4

20.11.4 Prescriber License Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.11.5 Prescriber License Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.11.6 Prescriber License Search Panel Accessibility

20.11.6.1 To Access the Prescriber License Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Pharmacy**.	Pharmacy Claim panel displays.
3	Click **[Search]**.	Prescriber License Search panel displays.

20.11.6.2 To Search on the Prescriber License Search Panel

Step	Action	Response
1	Enter **License Number** or **Name**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.12 Procedure Search

20.12.1 Procedure Search Panel Narrative

The Procedure Search pop-up panel allows for the search of a procedure code.

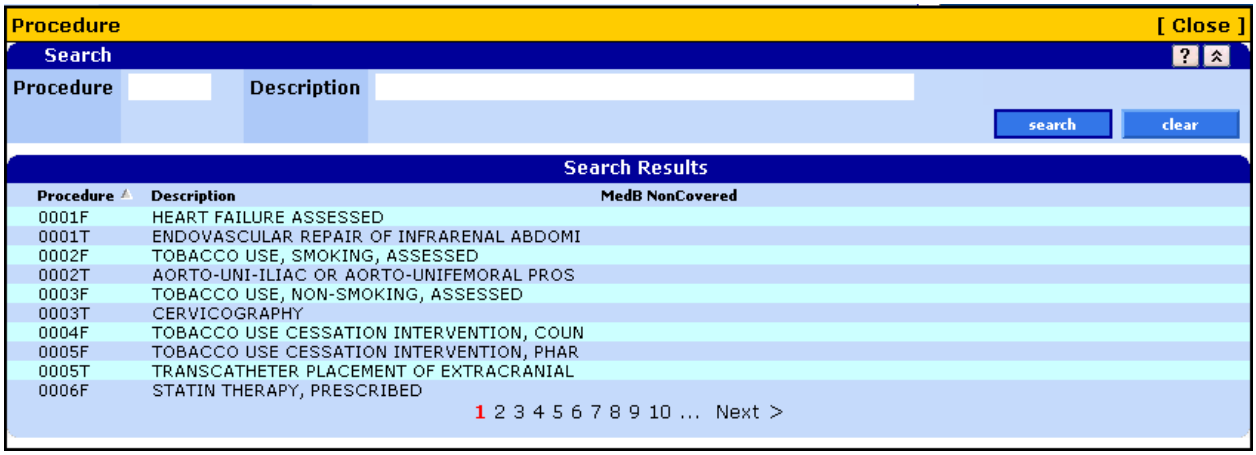
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements. For example, this includes prior authorization, max unit, recipient aid category and age limitations.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [(Dental or Professional)] – [Search] OR [Prior Authorization – (Select Search or New)] – [Search]

20.12.2 Procedure Search Panel Layout



20.12.3 Procedure Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of the procedure.	Field	Alphanumeric	40
Procedure	Displays the code for the procedure.	Field	Alphanumeric	6

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20.12.4 Procedure Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.12.5 Procedure Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.12.6 Procedure Search Panel Accessibility

20.12.6.1 To Access the Procedure Search Panel

Step	Action	Response
1	Click **Claims** or **Prior Authorization**.	Claims or Prior Authorization page displays.
2	Click on form from the Claims or Prior Authorization page that you wish to complete.	Claim or Prior Authorization panel displays.
3	Click **[Search]**.	Procedure Search panel displays.

20.12.6.2 To Search on the Procedure Search Panel

Step	Action	Response
1	Enter **Procedure** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.13 Procedure ICDSearch

20.13.1 Procedure ICD Search Panel Narrative

The Procedure ICD Search pop-up panel allows for the search of an ICD surgical procedure code.

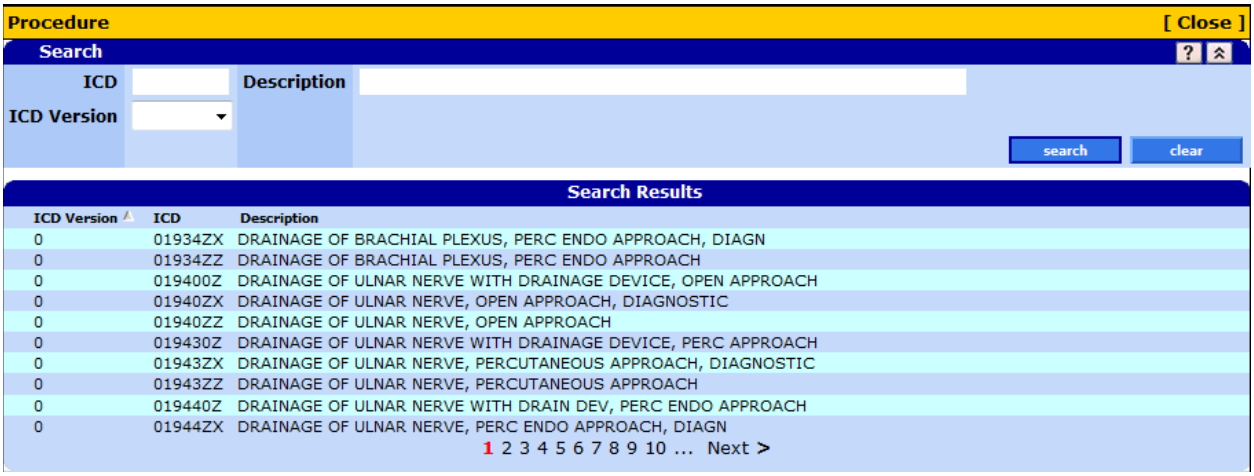
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Procedure] – [Search]

20.13.2 Procedure ICD Search Panel Layout



20.13.3 Procedure ICD Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the Medical Description of surgical or diagnostic procedure.	Field	Alphanumeric	60
ICD	Displays the code which indicates a specific, surgical or diagnostic procedure.	Field	Character	7

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Field	Description	Field Type	Data Type	Length
ICD Version	Code to denote which version of the ICD procedure code set is being referenced. The valid values will be '9' for ICD-9 and '0' for ICD-10.	Field	Character	1

20.13.4 Procedure ICD Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.13.5 Procedure ICD Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.13.6 Procedure ICD Search Panel Accessibility

20.13.6.1 To Access the Procedure ICD Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Click **Institutional**.	Institutional Claim panel displays.
3	Click **Procedure**.	Procedures panel displays.
4	Select a row or click add on the Procedure panel.	Procedure panel is activated, displaying the Procedure field.
5	Click **[Search]**.	Procedure ICD Search panel displays.

20.13.6.2 To Search on the Procedure ICD Search Panel

Step	Action	Response
1	Enter **ICD** code or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.14 Provider ID Search

20.14.1 Provider ID Search Panel Narrative

The Provider ID Search pop-up panel allows for the search of a specific service location for a provider. This search applies to Rendering, Referring, Operating, Attending and Servicing Provider ID fields.

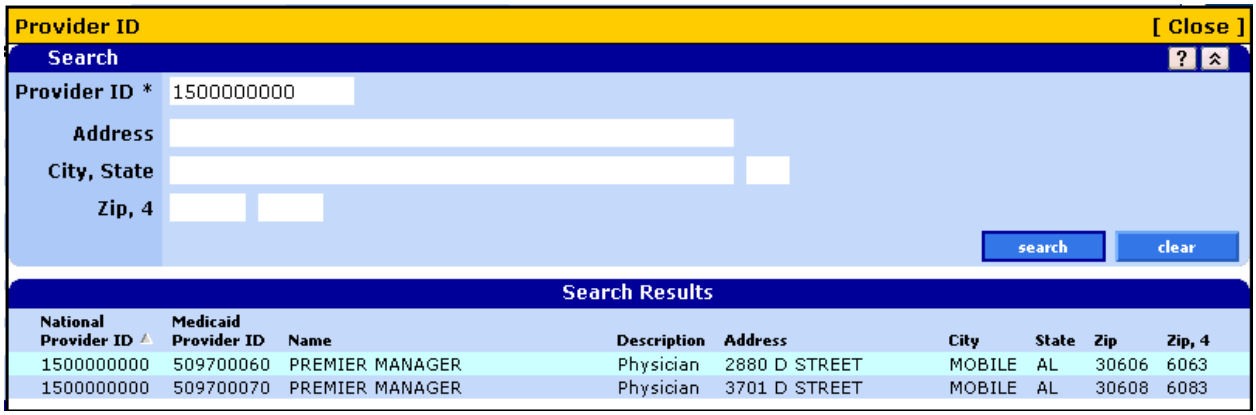
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] - (Select a Dental, Institutional or Professional claim form)] – [Search] OR [Prior Authorization] – [New]

20.14.2 Provider ID Search Panel Layout



20.14.3 Provider ID Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Address	Displays the provider's primary address.	Field	Alphanumeric	40
City	Displays the provider's city.	Field	Alphanumeric	20
Description	Displays the provider's type description.	Field	Alphanumeric	20
Name	Displays the provider's name.	Field	Alphanumeric	40

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Field	Description	Field Type	Data Type	Length
Medicaid Provider ID	Displays the Medicaid number of the provider.	Field	Alphanumeric	9
National Provider ID	Displays the national identification number of the provider.	Field	Alphanumeric	10
Provider ID *	Displays the identification number of the provider.	Field	Alphanumeric	10
State	Displays the provider's state.	Field	Alphanumeric	2
Zip, 4	Displays the provider's zip code plus 4.	Field	Number (Integer)	5

20.14.4 Provider ID Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.14.5 Provider ID Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.14.6 Provider ID Search Panel Accessibility

20.14.6.1 To Access the Provider ID Search Panel

Step	Action	Response
1	Click **Claims**.	Claims page displays.
2	Select a **Dental**, **Institutional,** Professional claim form or **Prior Authorization** and then **New**.	Claim panel displays or Prior Authorization New panel displays.
3	Click **[Search]**.	Provider ID Search panel displays.

20.14.6.2 To Search on the Provider ID Search Panel

Step	Action	Response
1	Enter **Provider ID, Address, City, State** or **Zip + 4**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.15 Quadrant Search

20.15.1 Quadrant Search Panel Narrative

The Quadrant Search pop-up panel allows for the search of a tooth quadrant which is used for prior authorizations to identify the area of the mouth where services will be performed.

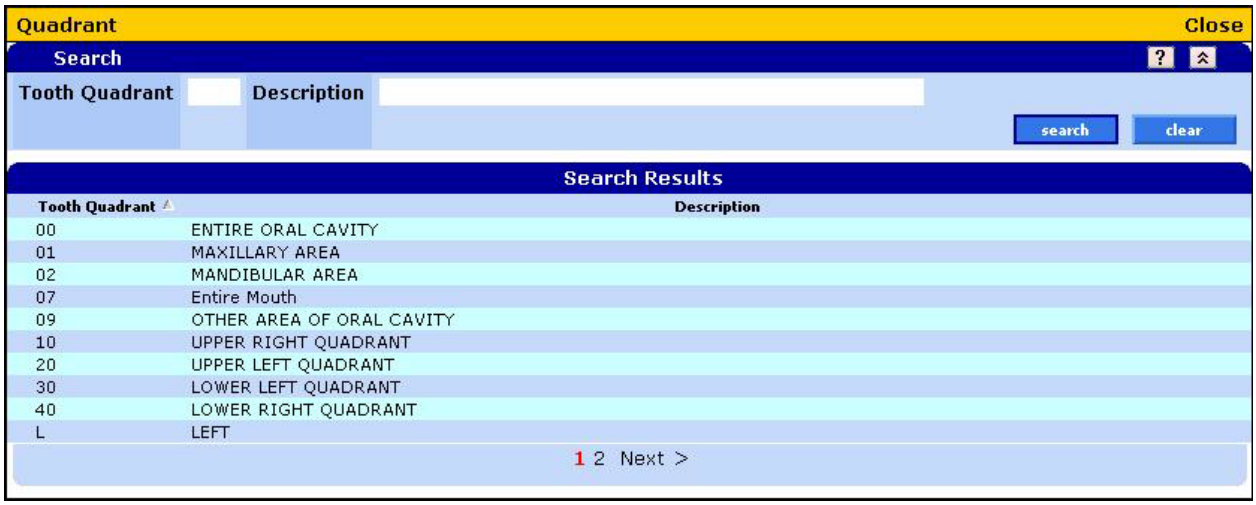
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Prior Authorization] – [New] – [click on Next from the Base Information panel] – [Search]

20.15.2 Quadrant Search Panel Layout



20.15.3 Quadrant Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	Clears the search criteria fields.	Button	N/A	0
search	Search button initiates the search results.	Button	N/A	0
Description	Displays the tooth quadrant code description.	Field	Alphanumeric	50
Tooth Quadrant	Displays the corresponding tooth quadrant code.	Field	Alphanumeric	3

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20.15.4 Quadrant Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.15.5 Quadrant Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.15.6 Quadrant Search Panel Accessibility

20.15.6.1 To Access the Quadrant Search Panel

Step	Action	Response
1	Click **Claims** or **Prior Authorization**.	Claims or Prior Authorization page displays.
2	Click **Prior Authorization** and then **New**. If viewing the Prior Authorization New panel, click **Next**.	Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays.
3	Click **[Search]**.	Quadrant Search panel displays.

20.15.6.2 To Search on the Quadrant Search Panel

Step	Action	Response
1	Enter **Tooth Quadrant** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.16 Revenue Code Search

20.16.1 Revenue Code Search Panel Narrative

The Revenue Code Search pop-up panel allows for the search of a revenue code.

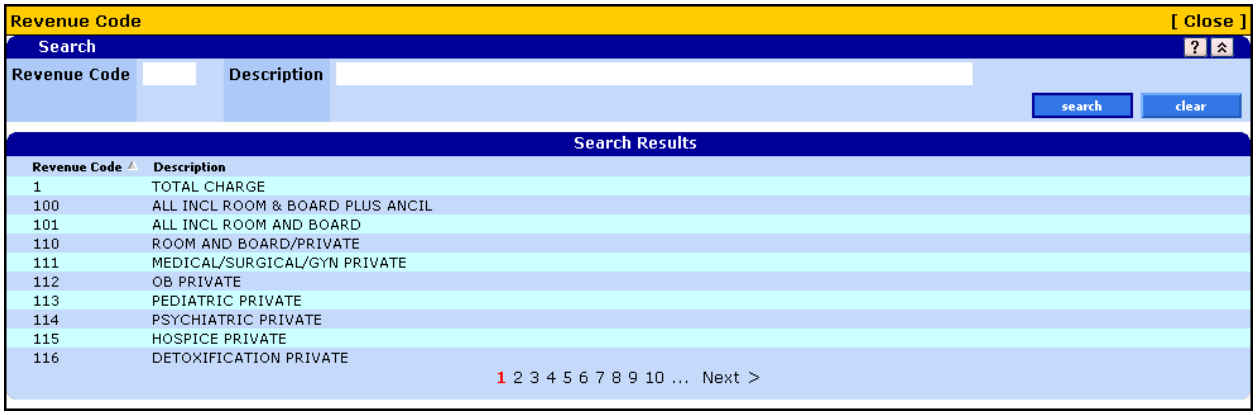
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel is populated with the corresponding data.

Navigation Path: [Claims] – [Institutional] – [Search] OR [Prior Authorization – New] – [click on Next from the Base Information panel] – [Search]

20.16.2 Revenue Code Search Panel Layout



20.16.3 Revenue Code Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search results.	Button	N/A	0
Description	Displays the specific accommodation or ancillary service.	Field	Alphanumeric	70
Revenue Code	Displays the revenue codes of specific accommodation or ancillary service.	Field	Number	4

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20.16.4 Revenue Code Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.16.5 Revenue Code Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.16.6 Revenue Code Search Panel Accessibility

20.16.6.1 To Access the Revenue Code Search Panel

Step	Action	Response
1	Click **Claims** or **Prior Authorization**.	Claims or Prior Authorization page displays.
2	Click **Institutional**, or **Prior Authorization** and then **New**. If viewing the Prior Authorization New panel, click **Next**.	Institutional Claim or Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays.
3	Click **[Search]**.	Revenue Code Search panel displays.

20.16.6.2 To Search on the Revenue Code Search Panel

Step	Action	Response
1	Enter **Revenue Code** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.17 Tooth Search

20.17.1 Tooth Search Panel Narrative

The Tooth Search pop-up panel allows for a search of a valid tooth number.

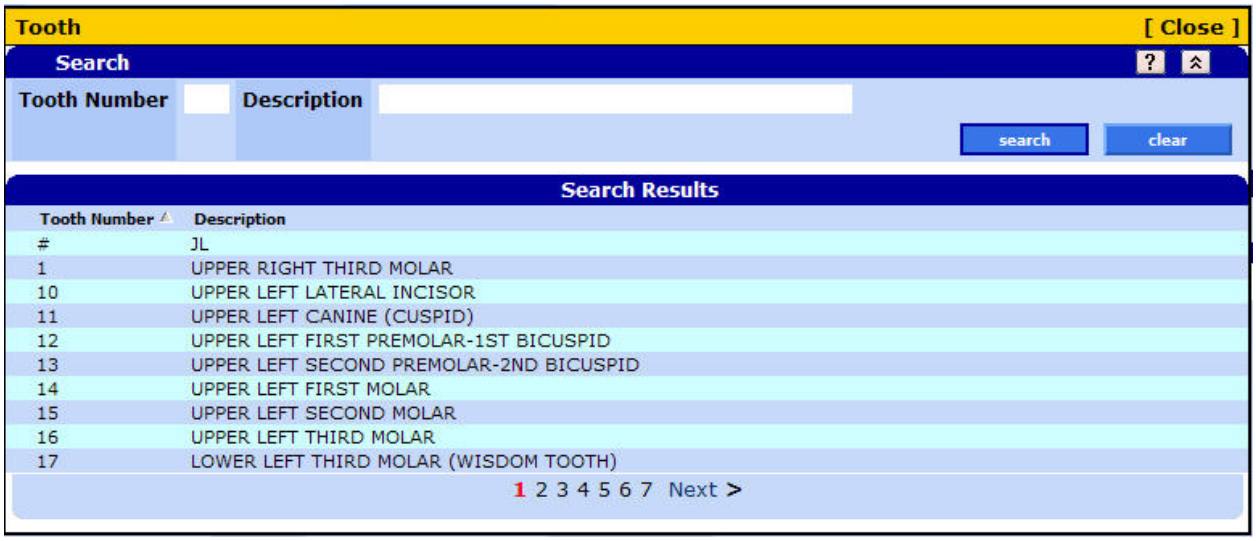
NOTE:

This information is pulled from the HPE claims processing system. However, a match based on search criteria does not guarantee payment. Therefore, providers must continue to consult the Alabama Medicaid Provider Manual for billing restrictions and/or requirements.

After entering search criteria in the pop-up panel, simply select the desired result returned and the main panel will be populated with the corresponding data.

Navigation Path: [Prior Authorization] – [New] – [click on Next from the Base Information panel] – [Search]

20.17.2 Tooth Search Panel Layout



20.17.3 Tooth Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of the tooth number.	Field	Alphanumeric	40
Tooth Number	Displays the correspondent tooth number.	Field	Character	2

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20.17.4 Tooth Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

20.17.5 Tooth Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.17.6 Tooth Search Panel Accessibility

20.17.6.1 To Access the Tooth Search Panel

Step	Action	Response
1	Click **Prior Authorization**.	Prior Authorization page displays.
2	Click **New**.	Base Information panel displays.
3	Click **Next**.	Line Item panel displays.
4	Click **[Search]**.	Tooth Search panel displays.

20.17.6.2 To Search on the Tooth Search Panel

Step	Action	Response
1	Enter **Tooth Number** or **Description**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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20.18 User Name Search

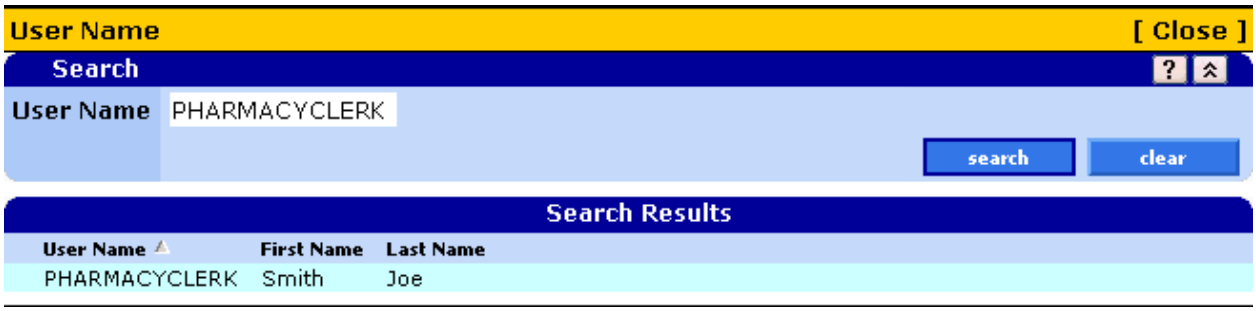
20.18.1 User Name Search Panel Narrative

The User Name Search panel allows users to search for another user or clerk. The user can then select the desired user or clerk from the corresponding search results.

The User Name Search panel allows a provider or billing agent to identify an existing user so they may associate that ID to their billing NPI number, granting the clerk permission to act as their NPI number when submitting claims, prior authorization requests, etc.

Navigation Path: [Account] – [Clerk Maintenance] - [Search]

20.18.2 User Name Search Panel Layout



20.18.3 User Name Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search results.	Button	N/A	0
First Name	Displays the first name of the user.	Field	Character	50
Last Name	Displays the last name of the user.	Field	Character	50
User Name	Displays the login identification of the user.	Field	Alphanumeric	20

20.18.4 User Name Search Panel Field Edit Error Codes

Field	Error Message	To Correct
No field edits found for this panel.		

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20.18.5 User Name Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.18.6 User Name Search Panel Accessibility

20.18.6.1 To Access the User Name Search Panel

Step	Action	Response
1	Click **Account**.	Account page opens.
2	Click **Clerk Maintenance**.	Clerk Maintenance panel opens.
3	Click **add clerk**.	Activates the Clerk Maintenance panel.
4	Click **[Search]**.	Activates the User Name Search panel.

20.18.6.2 To Search on the User Name Search Panel

Step	Action	Response
1	Enter **User Name**.	
2	Click **search**.	
3	Select row from search results.	Adds search result selected to the main panel.

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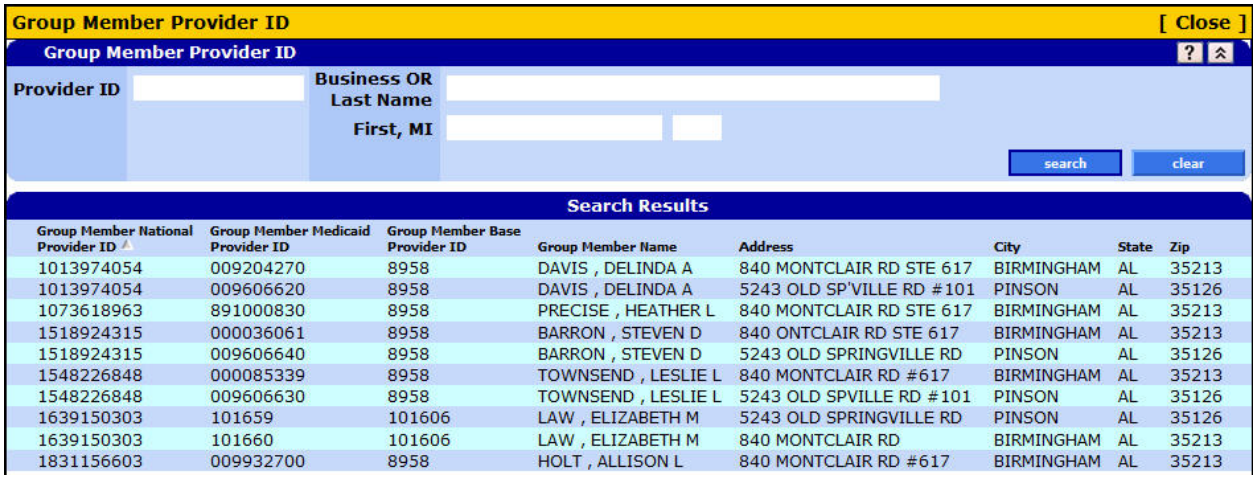
20.19 Group Member Provider ID Search

20.19.1 Group Member Provider ID Search Panel Narrative

The Group Member Provider ID Search panel allows users to search for group members enrolled under the Group Provider. The user can then select the desired Group Member from the corresponding search results.

20.19.2 Group Member Provider ID Search Panel Layout



Group Member National Provider ID	Group Member Medicaid Provider ID	Group Member Base Provider ID	Group Member Name	Address	City	State	Zip
1013974054	009204270	8958	DAVIS , DELINDA A	840 MONTCLAIR RD STE 617	BIRMINGHAM	AL	35213
1013974054	009606620	8958	DAVIS , DELINDA A	5243 OLD SP'VILLE RD #101	PINSON	AL	35126
1073618963	891000830	8958	PRECISE , HEATHER L	840 MONTCLAIR RD STE 617	BIRMINGHAM	AL	35213
1518924315	000036061	8958	BARRON , STEVEN D	840 ONTCLAIR RD STE 617	BIRMINGHAM	AL	35213
1518924315	009606640	8958	BARRON , STEVEN D	5243 OLD SPRINGVILLE RD	PINSON	AL	35126
1548226848	000085339	8958	TOWNSEND , LESLIE L	840 MONTCLAIR RD #617	BIRMINGHAM	AL	35213
1548226848	009606630	8958	TOWNSEND , LESLIE L	5243 OLD SPVILLE RD #101	PINSON	AL	35126
1639150303	101659	101606	LAW , ELIZABETH M	5243 OLD SPRINGVILLE RD	PINSON	AL	35126
1639150303	101660	101606	LAW , ELIZABETH M	840 MONTCLAIR RD	BIRMINGHAM	AL	35213
1831156603	009932700	8958	HOLT , ALLISON L	840 MONTCLAIR RD #617	BIRMINGHAM	AL	35213

20.19.3 Group Member Provider ID Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address	Display the primary address of Group Member Provider.	Field	Alphanumeric	30
Business or Last Name	Displays the Group Member Provider's Business or last name.	Field	Character	50
City	Displays city of Group Member Provider.	Field	Character	30
clear	This button clears the search criteria fields.	Button	N/A	0
First ,MI	Displays the Group Member Provider's first name, Middle Initial.	Field	Character	50
Group Member Base Provider ID	Displays Group Member Provider's Base Provider Identification Number.	Field	Alphanuemric	15
Group Member Name	Last Name, First Name and Middle Initial of Group Member Provider	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Group Member National Provider ID	Displays the Group Member Provider's National Provider Identification Number.	Field	Alphanuemric	15
Group Member Medicaid Provider ID	Displays the Group Member Provider's Medicaid Provider Identification Number.	Field	Alphanuemric	15
Provider ID	Displays the Group Member Provider's Provider ID.	Field	Alphanumeric	15
search	This button initiates the search results.	Button	N/A	0
State	Displays the Group Member Provider's state.	Field	Character	2
Zip	Displays the Group Member Provider's zip.	Field	Numeric	5

20.19.4 Group Member Provider ID Search Panel Field Edit Error Codes

Field	Error Message	To Correct
First ,MI	Business OR Last Name is required when searching on First and/or MI.	Please Enter Business OR Last Name.

20.19.5 Group Member Provider ID Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

20.19.6 Group Member Provider ID Search Panel Accessibility

20.19.6.1 To Access the Group Member Search Panel

Step	Action	Response
1	Click **Trade Files - Download**	File Download Search Panel opens.
2	Select "**PRV-A035 - M-Provider Reenrollment Facsimile** from dropdown	"Group Member Provider ID" Field is displayed.
3	Click **[Search]**.	Opens "Group Member Provider ID Search" pop-up search.

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20.19.6.2 To Search on the Group Member Search Panel

Step	Action	Response
1	Click **search**.	
2	Select row from search results.	Adds search result selected to the main panel.

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21. Help

The EMC Helpdesk is available to providers and vendors to answer questions, or to address any problems which may occur while using the Interactive Services website. Providers may contact the EMC Helpdesk for help with the following issues:

- Initial User ID and Password
- Password Resets
- Connectivity Problems

The EMC Helpdesk can be contacted through one of the following sources:

Phone	Mail	Email
1(800) 456-1242 1(334) 215-4272 (fax)	Hewlett Packard Enterpris(HPE) Attn: EMC Helpdesk 301 Technacenter Drive Montgomery, AL 36117	AlabamaSystemsEMC@hpe.com

NOTE:

The EMC Helpdesk can be reached Monday through Friday, 7:00 a.m. to 8:00 p.m. (CST); 9:00 a.m. to 5:00 p.m. on Saturdays; and 9:00 a.m. to 5:00 p.m. on all holidays.

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