Alabama Medicaid Agency

DXC.technology

Provider Electronic Solutions User Guide

HIPAA Compliant

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1

1 Introducing Provider Electronic Solutions

Thank you for using Hewlett Packard Enterprise *Provider Electronic Solutions*. This software supports the processing of Health Insurance Portability and Accountability Act (HIPAA) ready transactions.

The HIPAA ready forms available for billing and inquiring Alabama Medicaid include the following: 837 Dental, 837 Institutional Inpatient/Outpatient, 837 Institutional Nursing Home, 837 Professional, 278 Prior Authorization, 270 Eligibility Request, 276 Claim Status Request, NCPDP Pharmacy and Pharmacy Reversal, and RX Eligibility. Providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information

Provider Electronic Solutions is available at no charge to Alabama Medicaid providers. This user manual is designed to augment the online help that accompanies the *Provider Electronic Solutions* software. It also provides installation procedures and a contact number for the DXC Technology Electronic Media Claims (EMC) Help Desk, whose commitment is to assist Alabama Medicaid providers with electronic eligibility verification, claim status inquiry, prior authorization request and claims submission.

Chapter 1, Introducing *Provider Electronic Solutions*, is comprised of three sections:

- *What You Need to Know to Use Provider Electronic Solutions*, provides definitions for important electronic claims submission, eligibility verification, prior authorization and claim status concepts.
- *How to Use this Manual*, describes the contents of the user manual.
- *Where to Get Help*, provides a contact list for the EMC Help Desk and other DXC Technology personnel who can assist you with claims-related questions.

1.1 What You Need to Know to Use *Provider Electronic Solutions*

Below are some terms and concepts that will enhance your ability to use *Provider Electronic Solutions*:

Submitting through Batch

Batch submission refers to sending groups of eligibility verification, claim status, prior authorization requests or claims to DXC Technology. A batch may contain one record or many records. These transactions are sent to the DXC Technology system via our public-Internet website. DXC Technology processes the batches of transactions and returns a response to the website. Providers may retrieve their responses through the *Provider Electronic Solutions* application.

Using a Personal Computer

Provider Electronic Solutions operates in a Microsoft® Windows™ environment. The software is user-friendly and features point-and-click functionality and online help, just like other Windows applications.

To use *Provider Electronic Solutions*, you should have basic knowledge about personal computers (PC) and be able to navigate in Microsoft Windows. Specifically, you should know how to:

- Use a mouse, drop down menus, and navigation buttons.
- Toggle between open windows on your desktop.
- Determine some information about your PC's hard drive and be able to distinguish between a hard drive and a disk (or CD) drive. For instance, you should have a good idea about how much Random Access Memory (RAM) you have, and especially how much disk space (space available on your hard drive) you have. Chapter 2, 'Installing *Provider Electronic Solutions*', describes archiving, file retention, and other subjects that impact your PC's available space.
- Access the Windows Control Panel. Section 2.5, 'Setting up Personal Options', provides a brief description of how to use the Control Panel to research information about your modem.
- Determine a file and path name as necessary. The path name refers to a specific drive (for instance, your hard drive, CD-ROM drive, or 3 ½" diskette drive) and folders within those drives, if applicable.

Your Microsoft Windows user guide should give you information about these topics if you aren't already familiar with them.

Internet Access

Since *Provider Electronic Solutions* submits batch transactions through the public Internet, your PC must have a method of connecting to the Web. An Internet Service Provider (ISP) can provide this connection through a dial-up modem, digital subscriber line (DSL) or a Cable link. Optionally, DXC Technology provides a Remote Access Server (RAS) to gain access to this web site only. Your computer can dial into the RAS using a Modem,   RAS is now a toll-free service. An Internet browser will also be required to maintain your security identification number and password. The DXC Technology software is written to work best using the Internet Explorer Browser. This software is available to download from the Alabama Medicaid homepage at **http://www.medicaid.alabama.gov** and from the Help Option on the secure HIPAA web site.

Using a Modem

Your modem may be part of your PC, or attached to your PC. Regardless, it must also be attached to a working phone line. Section 2.5, Setting Up Personal Options, describes how to set up *Provider Electronic Solutions* with your modem information.

Provider Electronic Solutions User Manual versus the Alabama Medicaid Provider Manual

This user manual describes: how to install and set up *Provider Electronic Solutions*, how to navigate in *Provider Electronic Solutions*, how to establish lists to suit your business needs, how to complete the required and optional fields on the electronic forms, how to submit transactions, and how to produce reports. **It does not provide program-specific**

information. The user manual describes how to complete the electronic claim forms correctly to enable you to submit claims that pay correctly.

Providers should review Part I of the *Alabama Medicaid Provider Manual*, plus the appropriate program chapter in Part II of the manual, for program-specific and claims filing instructions. For instance, the *Provider Electronic Solutions User Manual* will not provide instructions on submitting claims with third party denials, or inform the user which recipient aid categories allow for full Medicaid coverage, or whether a particular procedure code requires prior authorization. Refer to the *Alabama Medicaid Provider Manual* for this information.

NOTE:

If you did not receive a copy of the *Alabama Medicaid Provider Manual,* contact DXC Technology Provider Relations at 1 (800) 688-7989 or download a copy of the manual from the Alabama Medicaid homepage at **http://www.medicaid.alabama.gov/**

1.2 How to Use This Manual

This manual is comprised of the following chapters:

	Chapter Title	***Contents***
1.	Introducing *Provider Electronic Solutions*	Describes what you need to know to use *Provider Electronic Solutions*, how to use the user manual, and who to contact if you have questions.
2.	Installing *Provider Electronic Solutions*	Covers equipment requirements, getting a copy of PES, installation procedures, setting up personal options, installing software updates, and other maintenance options such as archiving and database recovery.
3.	Getting Around	Describes general navigation concepts and provides an overview of the online help feature.
4.	Customizing PES	Provides instructions on how to complete certain lists required for transmission, as well as how to use the lists options.
5.	Verifying Eligibility	Provides instructions for submitting batch eligibility verification requests.
6.	Submitting 837 Dental Claims	Provides instructions on entering claims in the electronic Dental Claim form and submitting the dental claims via a web server or diskette.
7.	Submitting NCPDP Pharmacy Claims	Provides instructions on entering Pharmacy claims in the electronic NCPDP Pharmacy form and submitting the NCPDP Pharmacy claims through web server or diskette.
8.	Submitting 837 Professional Claims	Provides instructions for entering claims in the electronic 837 Professional claim form and submitting the 837 Professional claims via a web server or diskette.
9.	Submitting 837 Institutional Inpatient Claims	Provides instructions for entering claims in the electronic 837 Institutional Inpatient claim form and submitting the 837 Institutional Inpatient claims via a web server or diskette.
10.	Submitting 837 Institutional Outpatient Claims	Provides instructions for entering claims in the electronic 837 Institutional Outpatient claim form and submitting the 837 Institutional Outpatient claims via a web server or diskette.
11.	Submitting 837 Institutional Nursing Home Claims	Provides instructions for entering claims in the electronic 837 Institutional Nursing Home claim form and submitting the 837 Institutional Nursing Home claims via a web server or diskette.
12.	Submitting Claim Reversals	Provides instructions for entering reversals or adjustments in the electronic claim forms and submitting the request via a web server or diskette.

	Chapter Title	***Contents***
13.	Viewing Response files	Provides instructions on how to receive an electronic response to the claims submitted via web server or diskette.
14.	Generating Reports	Provides instructions on how to generate a summary or detailed report based on the options from the reports screen.
15.	Submitting 278 Prior Authorization request	Provides instructions for entering a request in the electronic 278 Prior Authorization request form and submitting the 278 Prior Authorization request via a web server or diskette.
16.	Submitting 276 Claim Status request	Provides instructions for entering a request in the electronic 276 Claim Status request form and submitting the 276 Claim Status request via a web server or diskette.
17.	Connecting to the Web Server	Provides instructions for connecting to the web server to keep your password updated accordingly. These instructions include connecting through an ISP (Internet Service Provider) or through RAS (Remote Access Server).

Many of the manual chapters feature step-by-step instructions accompanied by illustrations. Throughout the manual, note boxes are used to draw the reader's attention to important concepts.

1.3 Where to get Help

Provider Electronic Solutions features extensive, field-level online help available by pressing <F1>. Certain windows feature a **Help** button which accesses field level help. Field level help means that you can position your cursor in a field you are unfamiliar with, press <F1> or the **Help** button, if applicable, and read the online help to determine the usage of that field. DXC Technology provides a user manual on CD-ROM and online help to ensure access to as much information as possible about *Provider Electronic Solutions*.

If you still have questions, or if you encounter difficulty using *Provider Electronic Solutions* or dialing into the DXC Technology system, contact the Electronic Media Claims (EMC) Help Desk at 1 (800) 456-1242. The Help Desk staff is available from 7:00 a.m. to 8:00 p.m., Monday through Friday, excluding holidays. In addition, pharmacy providers may access the EMC Help Desk from 9:00 a.m. to 5:00 p.m. on Saturdays, including holidays.

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2 Installing HIPAA Provider Electronic Solutions

This chapter covers equipment requirements, instructions on obtaining a copy of *Provider Electronic Solutions*, installation procedures, setting up personal options, installing software upgrades, and other maintenance options such as archiving and database recovery.

2.1 Equipment Requirements

Before installing *Provider Electronic Solutions*, you must ensure you have the proper equipment. *Provider Electronic Solutions* is designed to operate on a personal computer with the following equipment requirements:

Minimum	**Recommended**
• Microsoft Internet Explorer Version 6.0	• Microsoft Internet Explorer Version 6.0
• Pentium III	• Pentium IV
• Windows 2000 (service pack 4 or higher)	• Windows XP
• 256 Megabytes RAM	• 512 Megabytes RAM
• 1024 x 768 Resolution	• 1024 x 768 Resolution
• 56K Baud Rate modem (required only for dial-up transmission)	• 56K+ Baud Rate modem (required only for dial-up transmission)
• CD/ROM drive	• Printer with 8pt MS Sans Serif font (Optional)
• 100 Megabytes free Hard Drive space	
• Dial-Up Networking (If user has no ISP, Internet Service Provider)	

NOTE:

Providers who wish to install *Provider Electronic Solutions* on a Local Area Network (LAN) or configuration other than a stand-alone personal computer should contact the Hewlett Packard Enterprise Electronic Media Claims (EMC) Help Desk at 1 (800) 456-1242 for instructions.

2.2 Getting a Copy of *Provider Electronic Solutions*

You can receive a copy of the software in several media. Use the table below to determine the best media for you.

Media	***How to Get it***
CD/ROM	Contact the EMC Help Desk at 1 (800) 456-1242. DXC Technology will send you one CD/ROM with accompanying documentation.
Zip™ file	Download from the Alabama Medicaid website at **http://www.medicaid.alabama.gov** Please note that the downloading process may take a long time due to the size of the application file and your connection speed.

When you receive the CD/ROM, store it in a safe place. In the event the program and files are damaged or deleted while on your PC, you must re-install *Provider Electronic Solutions* from the CD/ROM.

NOTE:

Please note that upgrade versions of the software, as described in Section 2.6, Installing Software Upgrades, do not replace a full installation. You must re-install *Provider Electronic Solutions* if the files or programs are damaged or deleted. Contact the EMC Help Desk at 1 (800) 456-1242 for assistance.

2.3 Installation Procedures

You should install your *Provider Electronic Solutions* software only once, unless the software is damaged while on your PC.

Updated versions of the software contain enhancements to the application. These updated releases may be downloaded from the Alabama Medicaid website at http://www.medicaid.alabama.gov/content/7.0_Providers/7.8_PES_Software.aspx. See Section 2.6, Installing Software Updates, for more information.

The installation procedures vary slightly depending on the way you received the software (CD/ROM or Zip file, as described above). This section describes installation procedures from CD, and installation procedures from a Zip file (downloaded from the Web).

2.3.1 Installing from CD

NOTE:

Providers are strongly encouraged to exit all other Windows programs before running the setup program. This includes MS Word, e-mail systems, or other applications.

This section provides step-by-step instructions for installing *Provider Electronic Solutions* on a PC running at least Windows 2000.

Windows 2000/XP has some special installation instructions. DXC Technology can fax or email a copy of the instructions upon request. Contact the EMC Helpdesk at 1-800-456-1242 for Windows 2000/XP installation instructions.

Installing from Provider Manual CD

Step 1 Place the *Alabama Medicaid Provider Manual CD* into your CD drive. Double-click on the My Computer icon on your desktop. Double-Click on your CD-ROM drive.

Step 2 Double-Click on the PES folder. Double-Click on PES_setup.exe. Click Next.

Step 3 The setup window should now be displayed. Choose the type of installation to be executed.

Step 4 Choose the default setup type (Typical) unless you have contacted the EMC Help Desk for instructions on workstation setup.

NOTE:
Typical – Installs all the files, **including** the database. This installation is used to install the software to a stand-alone PC, or to initially install the software to a network server. Most installations will be typical installations. **Workstation** – Used to add the software to additional PCs that are connected to a network server, where all users share a database. This installation type does not load the database files to the PC; however, it does allow for sharing the database files that were installed to the network.

Step 5 Click ‘Next’ to continue. The Choose Destination Location window displays.

Step 6 Click ‘Next’ to choose the default destination folder (recommended) or click Browse to select another destination folder. Then click ‘Next’ to advance the setup program. The following message displays:

Please note the database destination folder for future WORKSTATION setups.

Step 7 Click ‘OK’ to access the Setup Complete window. Click ‘Finish’ to complete setup.

The setup program creates an icon on your desktop for AL DXC Technology *Provider Electronic Solutions*. To access the application, double-click on the icon. The AL DXC Technology *Provider Electronic Solutions* window displays.

Double-click on the AL DXC Technology *Provider Electronic Solutions* icon. For information on the Upgrade icon that also displays in the *Provider Electronic Solutions* window, see Section 2.6, Installing Software Updates.

2.3.2 Installing from a Zip File

NOTE:
Providers are strongly encouraged to exit all other Windows programs before running the setup program. This includes MS Word, e-mail systems, or other applications.

These instructions assume you are familiar with your Web browser and have used it to access the Internet to download information.

Access the Alabama Medicaid homepage at the following address:

http://www.medicaid.alabama.gov

Step 1 Click on the 'Providers' link

Step 2 Click on the Provider Electronic Solutions Software link. The *Provider Electronic Solutions* Software Specifications page displays.

Step 3 Review the information on the page. Use the scroll bar to move down the page, until you see the Provider Electronic Solutions Full Install.

Step 4 Your browser may ask you if you want to open the application or save it to disk. Choose "Save it to Disk" then click on 'OK' button to choose a directory on your hard drive. Please note this application is too large to fit on a 3.5" diskette. If you choose not to save it to your hard drive, you must have a Zip drive, CD/ROM Write-Once-Read-Many (WORM) recorder, or some other method for saving large files.

Step 5 Wait while the Zip file downloads. The download time varies depending on your Internet connection, your PC's processing speed, and other factors. When the download is complete, access the Zip file through Windows Explorer or File Manager if your download screen closes and continue to step 7, if not continue to step 6.

Step 6 After the download has completed, the download box will ask if you wish to OPEN, OPEN FOLDER, or CLOSE. Choose 'OPEN'. A new box will appear.

Step 7 Double click on "setup.exe" (a blue computer icon may be displayed.) Wait until the Setup Screen Welcome window displays.

Step 8 Click NEXT after reviewing the text in the window.

Step 9 Choose the default setup type (Typical) unless you have contacted the EMC Helpdesk for instructions on workstation setup. Click 'NEXT' to continue. The Choose Destination Location window should now be displayed.

NOTE:

Typical – Installs all the files, including the database. This installation is used to install the software to a stand-alone PC, or to initially install the software to a network server. Most installations will be typical installations.

Workstation – Used to add the software to additional PCs that are connected to a network server, where all users share a database. This installation type does not load the database files to the PC; however, it does allow for sharing the database files that were installed to the network.

Step 10 Click 'Next' to choose the default destination folder (recommended) or click Browse to select another destination folder. Then click 'Next' to advance the setup program. The following message displays:

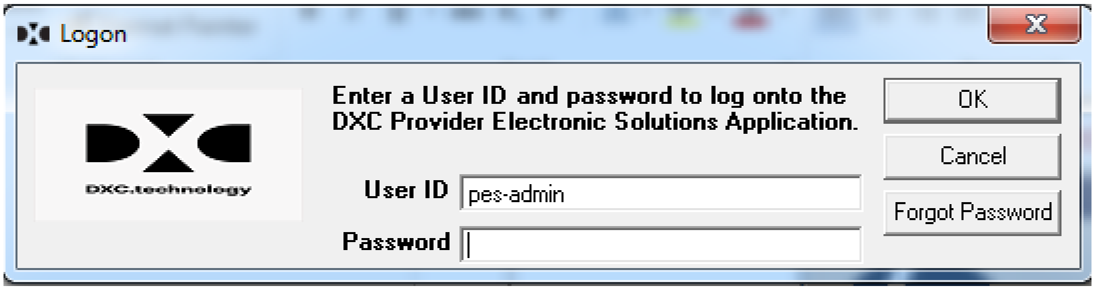
Please note the database destination folder for future WORKSTATION setups.

Step 11 Click 'OK' to access the Setup Complete window. Click 'Finish' to complete setup.

2.4 Accessing the Application

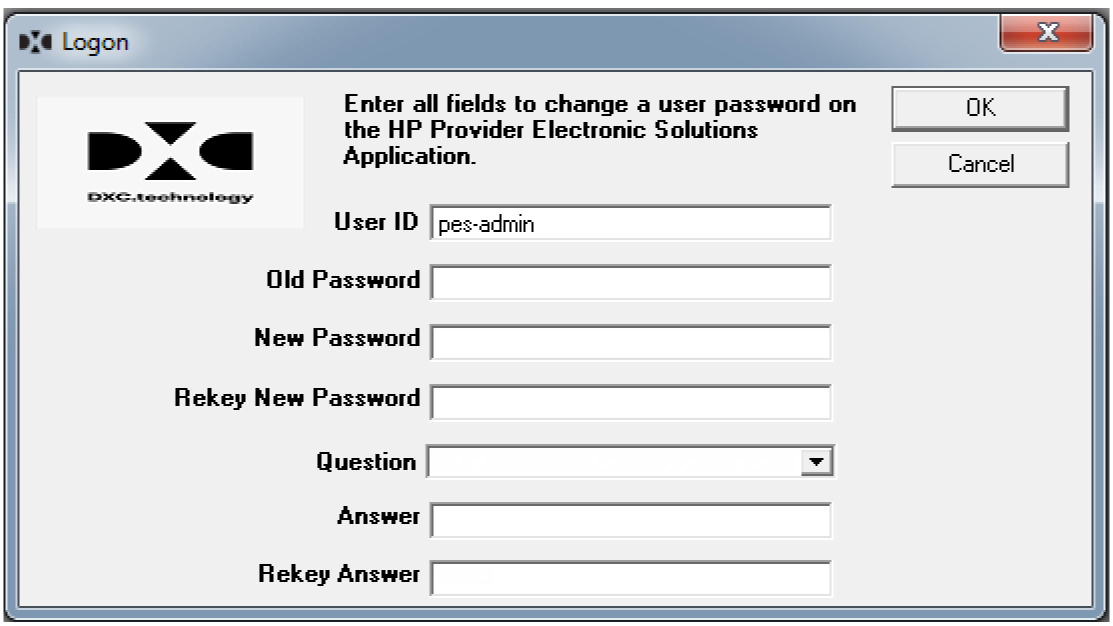
To access the application, perform the following steps:

Step 1 Double click the application folder from the desktop and then select *DXC Technology Provider Electronic Solutions* ***or*** Select the **Start** button on the bottom left-hand corner of your screen, then go to Programs and select AL *DXC Technology Provider Electronic Solutions*.



Step 2 Once the Logon Screen appears enter the default user password which is: **eds-pes** (The default user ID should remain as: pes-admin.) Click OK.

Step 3 The first time you log on, a Password Expired Box will appear, click 'OK'.



Step 4 The Logon Screen will prompt you to change your password. Fill in the information as stated below:

a. Type the old password, **eds-pes** in the Old Password field.

b. Type your new password in the New Password field. Your new password must be a minimum of five alphanumeric characters. **PLEASE STORE YOUR NEW PASSWORD IN A SAFE PLACE IN CASE IT IS FORGOTTEN**.

c. Retype your new password in the Rekey New Password field.

d. Choose a question as your security question in the event you lose or misplace your new password.

e. Enter and re-enter the answer to your security question in the designated fields. Click ‘OK’ to continue.

Step 5 The Logon Status Box will appear, indicating that your password was successfully updated. Click ‘OK’.

2.5 Setting Up Personal Options

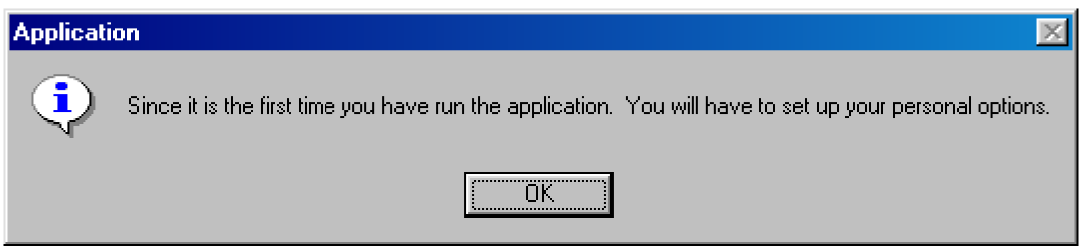
NOTE:

The *Provider Electronic Solutions* software requires that you have a trading partner and web ID in order to submit electronic claims to Alabama Medicaid. To obtain a trading partner ID, please complete the trading partner ID request form, which can be obtained from the AL Links page at https://www.medicaid.alabamaservices.org/ALPortal. If you need assistance, call 1 (800) 456-1242. **You will not be able to use *Provider Electronic Solutions* to submit batch transactions without this information**.

To use *Provider Electronic Solutions*, you must set up your personal options, including the following:

- Modem type and location (unless you use a separate connection device)
- If not connected through an ISP (Internet Service Provider) you must make modifications to install the RAS dial-up connection
- Logon IDs and passwords, as provided to you by the EMC Help Desk

When you access the *Provider Electronic Solutions* for the first time, the following message displays:



Click ‘OK’ to access the Options window. You can also access this window by selecting Tools>>Options from the menu bar at the top of the *Provider Electronic Solutions* application window.

The Options window contains seven tabs and four main buttons. These are described below:

Tabs

Tab	***Usage***
Batch	Use this tab to set up a trading partner ID, web logon ID, password to log onto the Medicaid website, and the requester’s contact information.

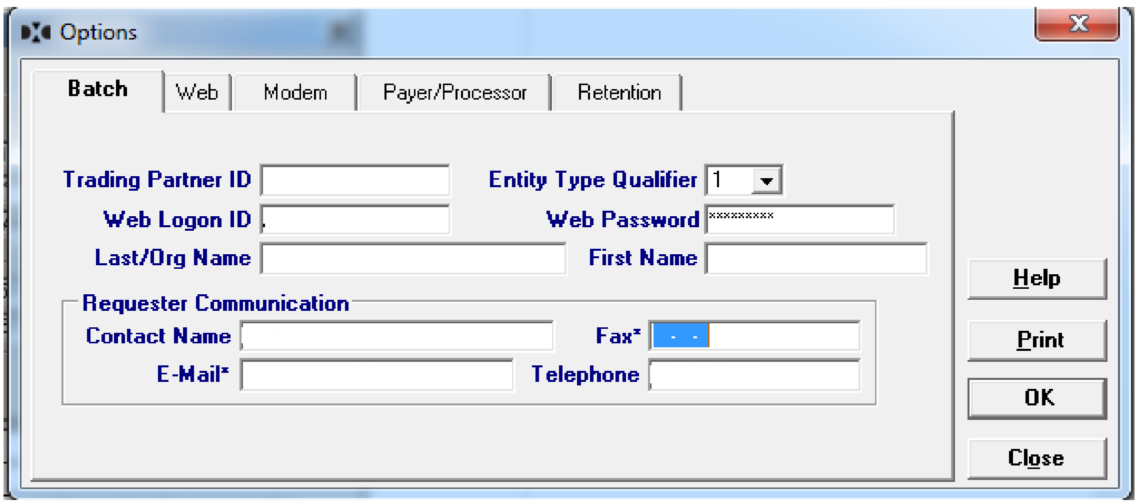
Tab	*Usage*
Web	Use this tab to configure how to connect to the Medicaid website for claim submission.
Modem	Use this tab to set up modem information, such as modem type and communication port.
Payer/Processor	Use this tab to access your system's payer/processor information.
Retention	Use this tab to establish retention settings for archive days, batch information, verification information, logs, and password expiration.

Buttons

Button	*Usage*
Help	Use this button to access the online help for the field currently being accessed.
Print	Use this button to print options selected for all of the tabs.
OK	Use this button to save and close the information added or modified.
Close	Use this button to close the Options window.

2.5.1 Batch Tab

Users access the Batch tab to enter a trading partner ID, web logon ID, password and the requesters contact information. A sample Options window displaying the Batch tab is pictured below:

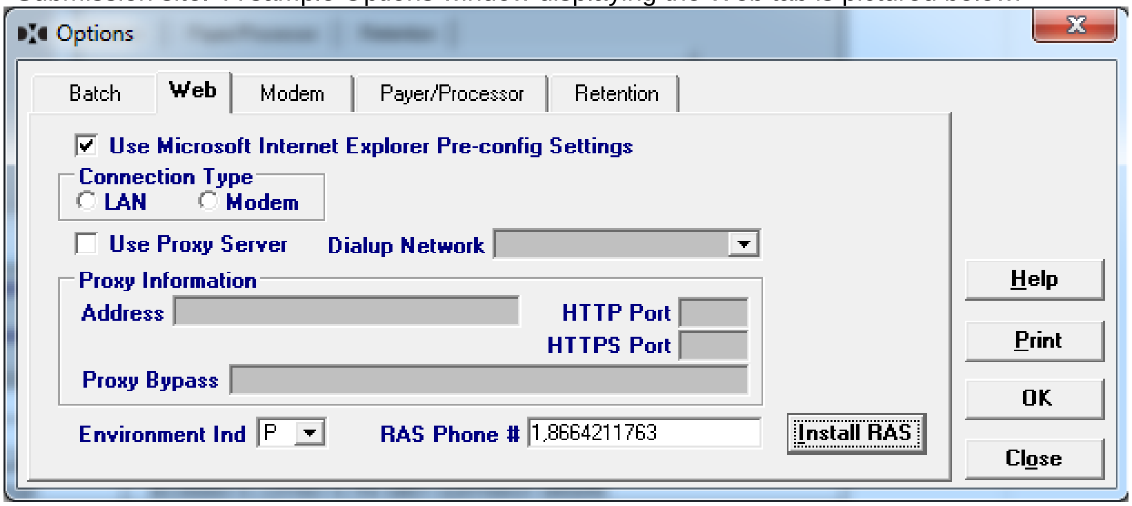


Field	*Guidelines*
Trading Partner ID	If you have used the software previously, continue using the same trading partner ID. If you need a new trading partner ID, complete the trading Partner request form, which can be obtained from the AL Links page at https://www.medicaid.alabamaservices.org/ALPortal or contact the EMC Helpdesk at 1 (800) 456-1242 for assistance.
Entity Type Qualifier	Choose the best value to indicate if this request comes from a person or non-person. A non-person would refer to a group or facility. A person would indicate an individual billing provider.
Web Logon ID	If you have used the software previously, continue using the same web logon ID. If you need a new web logon ID contact the EMC Helpdesk at 800-456-1242.
Web Password	Enter your password for your web logon ID. Please refer to chapter 17 on updating your password. You must complete that process before continuing.
Last/Org Name	If billing as an individual provider, enter the last name of the physician. If billing as an organization or group, enter the facility's name.

Field	***Guidelines***
First Name	If billing as an individual provider, enter the first name of the physician.
Requester – Contact Name	Enter the name of the software's user for contact purposes.
Requester – Fax	Enter the fax number of the software's user. This field is **optional**.
Requester – E-mail	Enter the e-mail address of the software's user. This field is **optional**.
Requester – Telephone	Enter the telephone number of the software's user.

2.5.2 Web Tab

Users access the Web tab to modify their method of connection to the Medicaid Submission site. A sample Options window displaying the Web tab is pictured below:

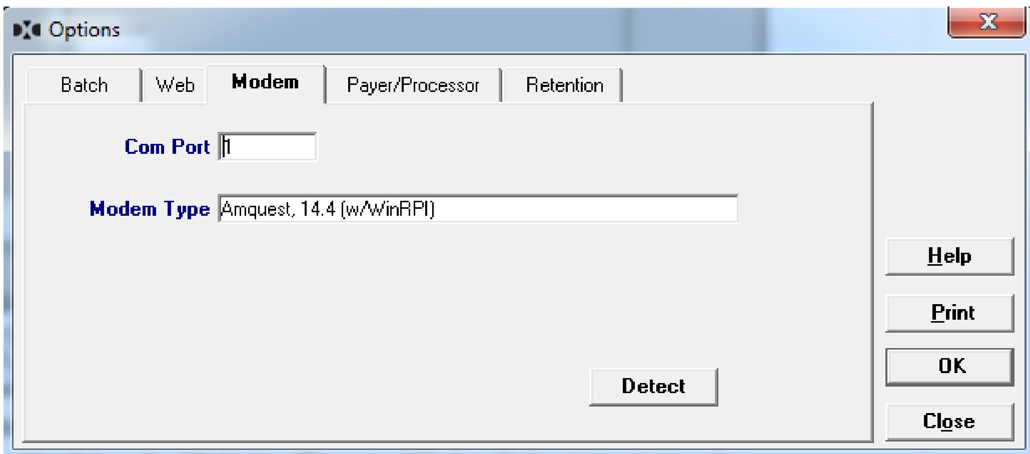


Field	***Guidelines***
Use Microsoft IE Pre-config Settings	If checked, the pre-config settings within your Internet Explorer will be accessed to connect to the batch submission website.
Connection Type	If the Internet Explorer Pre-config Settings option is **not** checked, you must choose either LAN or Modem to identify how the PC connects to the Internet.
Use Proxy Server	If the Internet Explorer Pre-config Settings option is **not** checked and your Internet access is filtered through a Proxy Server check this setting.
Dialup Network	If you choose the Modem Connection Type, you must select one of the Dialup Networks from the drop-down box. If you do not have an option listed, follow the instructions for the Install RAS button.
Proxy Information – Address	To obtain the address of your proxy server right-click on the Internet Explorer icon and left-click on properties. Click on the Connections tab and enter the LAN Settings to obtain the proxy address.
HTTP Port	To obtain the HTTP Port of your proxy server right-click on the Internet Explorer icon and left-click on properties. Click on the Connections tab and enter the LAN Settings. Click on Advanced and review the Port information for HTTP:
HTTPS Port	To obtain the HTTPS Port, follow the instructions above under HTTP Port and enter the Secure port number in this field.
Proxy Bypass	The Proxy Bypass information is found on the same window as the HTTP and HTTPS ports in the Exceptions text area.
Environment Ind	Choose the best value to indicate if the submission is Production or Test. Remember, if you have your indicator as Test your claims will not be paid.
RAS Phone #	If you use a dialup modem, enter 1,8664211763, If your phone service requires additional dialing features you may adjust this number to add those features. Such as dialing a '9' to get an outside line would be entered as: 9,1,8664211763.

Field	Guidelines
Install RAS	If you choose to use a dial-up modem to connect to Medicaid, you must choose a Dialup Network option provided. If you have no option provided, press the Install RAS button and the option AL RAS will be available to you. **NOTE:** Due to a delay in installing RAS, the user may have to click on the 'LAN' option and then back to the 'Modem' option for the RAS Dial-up Network to display.

2.5.3 Modem Tab

Users access the Modem tab to establish connection between the modem and the *Provider Electronic Solutions* application. A sample Options window displaying the Modem tab is pictured below:



Click on the 'Detect' button to determine your modem type. The information displays in the Modem Type field. Perform the following to determine the communications port associated with your modem:

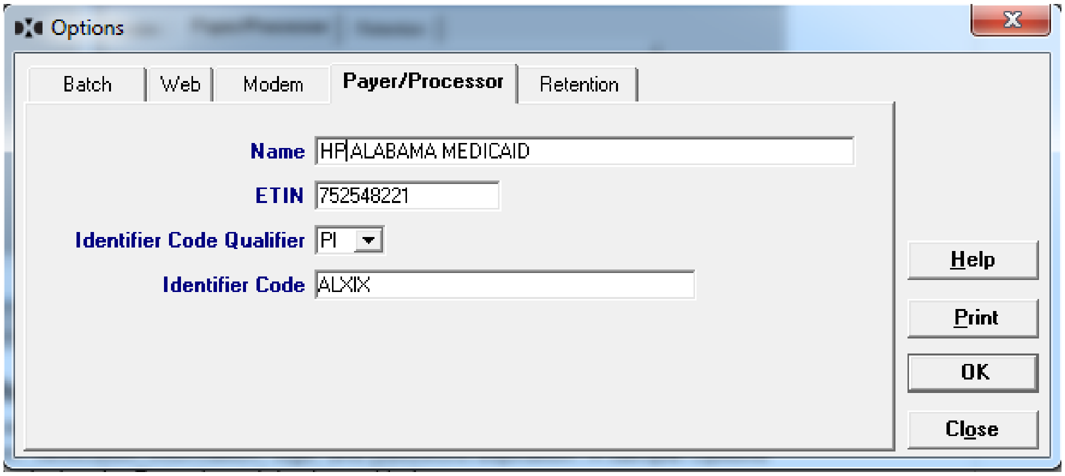
Step 1 Click on the 'Start' button, then choose Settings>>Control Panel.

Step 2 Double-click on the 'Modem' or 'Phone and Modem Options' to review modem information, including the communications port.

Step 3 Enter the communications port information in the Com Port field and continue to the Interactive tab.

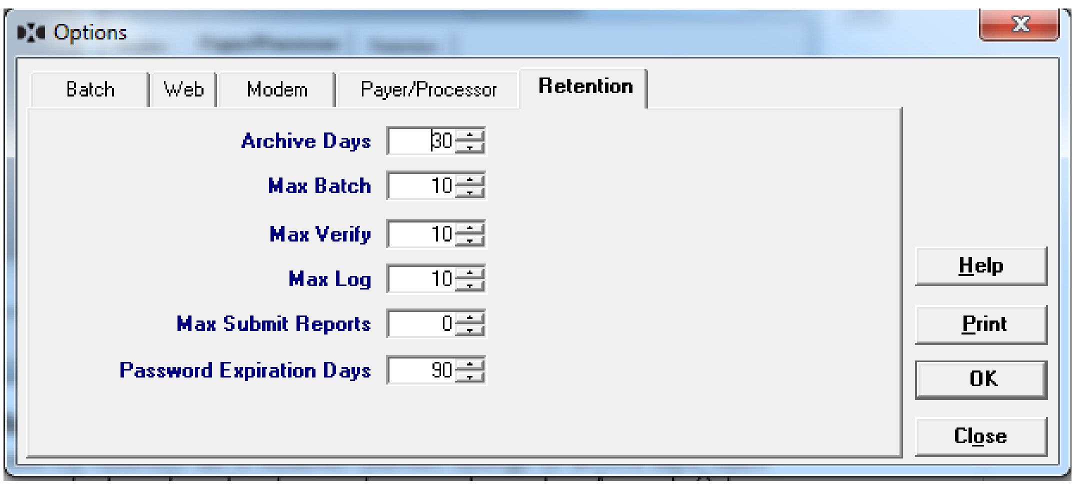
2.5.5 Payer/Processor Tab

This tab contains your system's payer/processor information. The fields on this screen will populate automatically and should not be altered unless directed by DXC Technology. A sample Options window displaying the Payer/Processor tab is pictured below:



2.5.6 Retention Tab

Users access the Retention tab to establish retention settings for archive days, batch information, verification information, logs, and password expiration. A sample Options window displaying the Retention tab is pictured below:



Retention settings indicate the number of days worth of data the software should save. Users may set retention settings as required, or may retain the default settings. Click OK to save the information.

NOTE:

Increasing the retention settings results in more data saved to your hard drive. *Provider Electronic Solutions* enables you to archive most types of data generated by the system. There may be a better alternative to increasing your retention settings. For more information, refer to Section 2.7, Other Maintenance Options.

2.6 Installing Software Updates

Occasionally, DXC Technology will release updates to *Provider Electronic Solutions*. Upgrading your software is quick and easy with the Get Upgrades option, available from the Tools menu option.

Receiving Notification of Upgrades

DXC Technology notifies providers of software updates in two ways:

- Update notices in the *Provider Insider,* the Alabama Medicaid bulletin
- “Mini-messages” on the Remittance Advice (RA) Banner Page.

You may also elect to use the Get Upgrades option if you unexpectedly experience difficulty in submitting claims, or if you have not used the software for an extended period of time. In this manner, you can be certain you are using the most current version of *Provider Electronic Solutions* even if you have not received an upgrade notification.

Upgrading *Provider Electronic Solutions*

Perform the following tasks to upgrade your *Provider Electronic Solutions* software:

Step 1 Select Tools>>Get Upgrades from the menu bar. Depending on the web connection options you have selected, *Provider Electronic Solutions* connects to the network and returns one of two actions:

If an upgrade is available, the system automatically downloads the upgrade to your PC. Proceed to Step 2.

If no upgrade is available, the system displays the message *No upgrades available to apply*. No further action is necessary.

Step 2 Close *Provider Electronic Solutions*. Access the Provider Electronic Solutions folder on your desktop and click on the Upgrade icon to upgrade the application.

NOTE:

Users must upgrade to version 2.16 before upgrading to the 3.0 version.

Before upgrading to version 3.0 users should submit all “R” status transactions currently in the Provider Electronic Solutions Software.

Once the version 3.0 upgrade has completed, users will not be able to change, copy, resubmit, or restore archived transactions that were entered in the previous versions of the Provider Electronic Solutions Software. The only option will be to delete these transactions.

All transactions converted from previous versions 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. 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.

NOTE:

Providers are strongly encouraged to exit all other Windows programs before running the upgrade setup program. This includes MS Word, e-mail systems, or other applications.

Be sure to close *Provider Electronic Solutions.* Save any data currently being accessed on *Provider Electronic Solutions*, such as claims, lists, or eligibility verification responses before performing an upgrade on your software.

2.7 Other Maintenance Options

The Tools menu options enable users to archive data, recover the database, download upgrades, and set up options. Procedures for downloading upgrades are described in Section 2.6, Installing Software Upgrades. Set up options are covered in Section 2.5, Setting up Personal Options.

This section describes other maintenance options such as archiving and database recovery.

2.7.1 Archiving

Archiving data is the process used to keep the size of your data small enough for it to be useful, while maintaining historical records of the forms you have entered.

Archiving is designed to make management of forms easier and to keep the space on your hard drive used by the *Provider Electronic Solutions* application to a minimum.

One of the options available under Tools>>Archive>>Create is the setting that controls how many days of forms you wish to keep online on your PC. The standard setting is 30 days; however, you may select whatever setting best suits your needs. This means that when you select Tools>>Archive>>Create Archive from the menu bar, you will keep a copy of any form which was submitted more than 30 days ago. The form is copied to a compressed file and then deleted from your database. Forms submitted in the past 30 days are still accessible through the *Provider Electronic Solutions* database.

You can store the compressed file on a diskette or leave it on your hard drive. Forms that are ready to be submitted (that have a status of 'R') are not archived, but remain on your online database until you have submitted or deleted them. Forms that are incomplete (that have a status of 'I') and are older than the archived data are removed during the archive process and are not saved on the archived file.

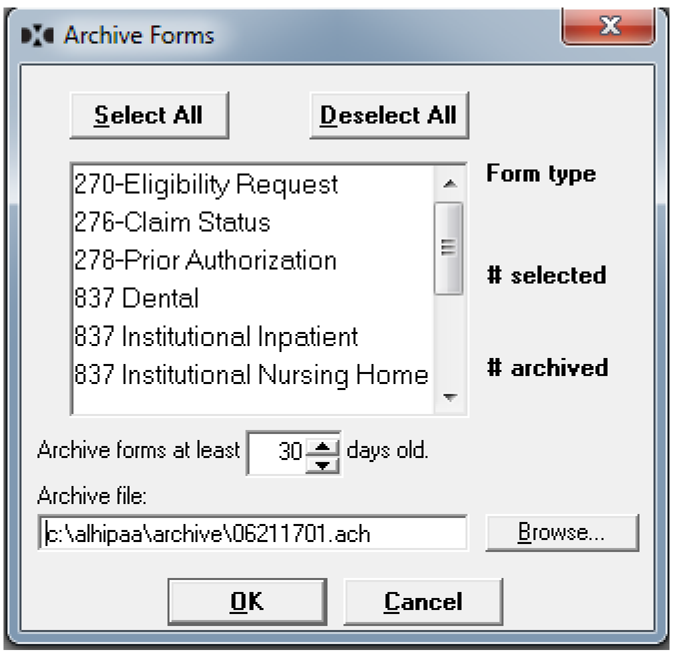
This section describes how to create an archive and how to restore archived files.

Create Archive

NOTE:

If running *Provider Electronic Solutions* on a network, other users must exit the application (must not be viewing, adding, or modifying any forms or lists) before you create an archive. The user creating the archive should have the only open copy of the software while the process runs.

To create an archive select Tools>>Archive>>Create from the menu bar. After verifying that all forms and lists are closed, click OK to proceed. The Archive Forms window displays:



Using this window, you can:

- Select all the form types to archive by clicking on the ‘Select All’ button (click on ‘Deselect All’ to deselect). You may also select specific form types to archive by clicking on the form type.
- Change the default directory and the name of the file to archive by typing the path name in the Archive file field, or by clicking on the Browse button.
- Change the number of days used to archive the forms. (This change applies to the current session only. Select Tools>>Options>>Retention Tab to change the number of retention days for all future sessions.)

Select ‘OK’ to archive the selected forms. Select ‘Cancel’ to exit the archive function.

Once you select ‘OK’, the system archives the forms that match the selection criteria. *Provider Electronic Solutions* displays a confirmation message upon completion. Click ‘OK’ to exit the Create Archive process.

NOTE:
You can use the mouse (click once with the left mouse button) to select one form at a time, or multiple form types for archiving.

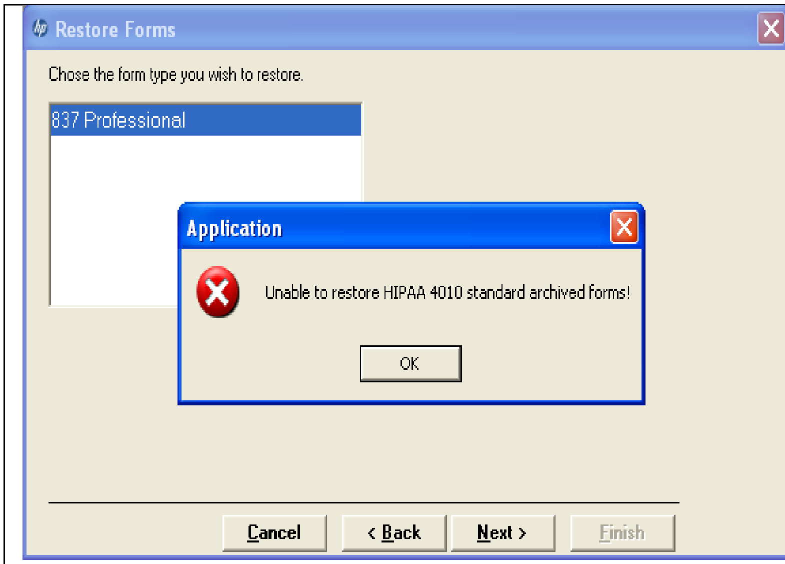
Restore Archive

The Restore Archive process enables users to recall forms from an archive file and put them back into the online database. For instance, if you elect to archive to diskette claims more than thirty days old, Restore Archive enables you to return them to the list that displays at the bottom of the *Provider Electronic Solutions* claim form.

Restored claims display with a status of ‘A’. You cannot change information on these claim forms; however, you can use the restored forms to:

- Review them to confirm information
- Print them in a report
- Copy them to create a new claim form

NOTE:
5010 PES version 3.0 will not restore archived transactions originally submitted/archived with a previous version (2.16 and earlier). Any attempt to restore archived transactions in HIPAA 4010 and NCPDP 1.1 format will receive the following error message:

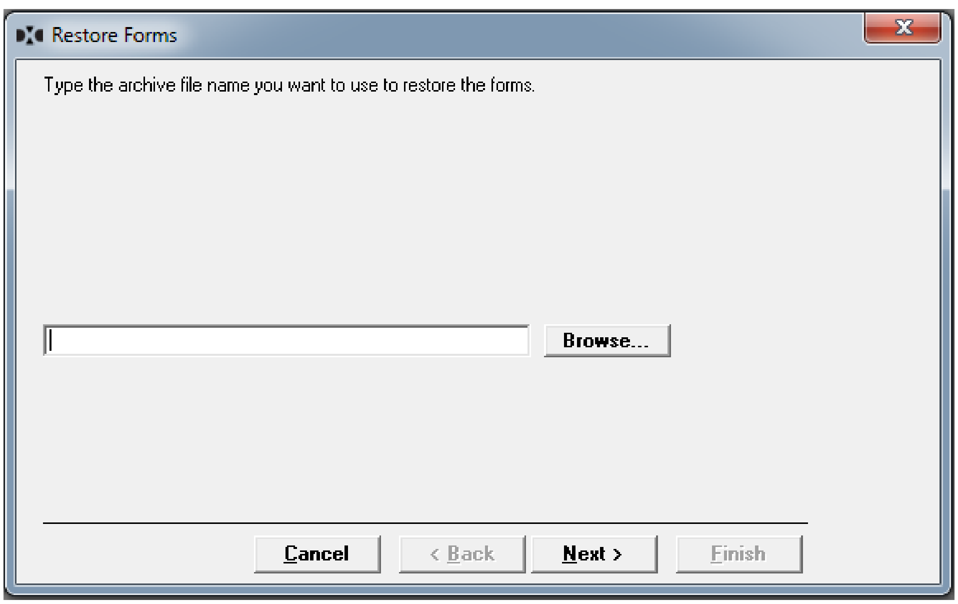


ICD-10

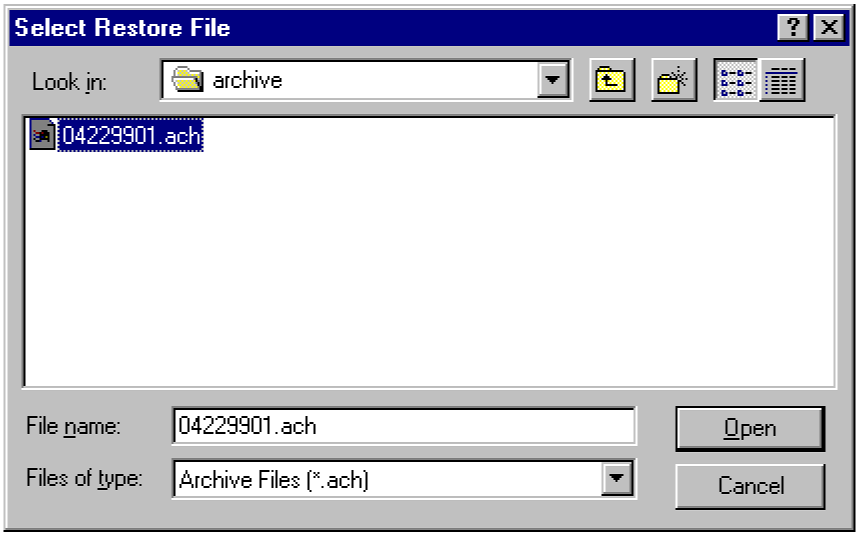
PES version 3.02 will not restore archived transactions originally submitted/archived with a previous version.

Perform the following to restore archived forms:

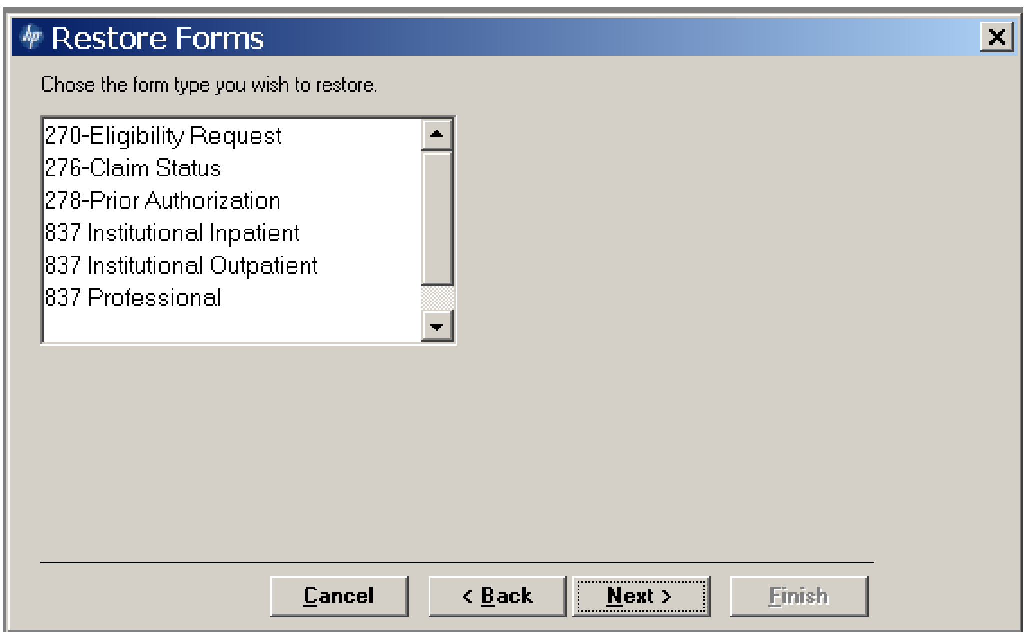
Step 1 Select Tools>>Archive>>Restore from the menu line. The Restore Forms window displays:



Step 2 Type in the path and file name of the file to restore and click the 'Next' button, or click on the 'Browse' button to search for the path and file name. The following window displays:



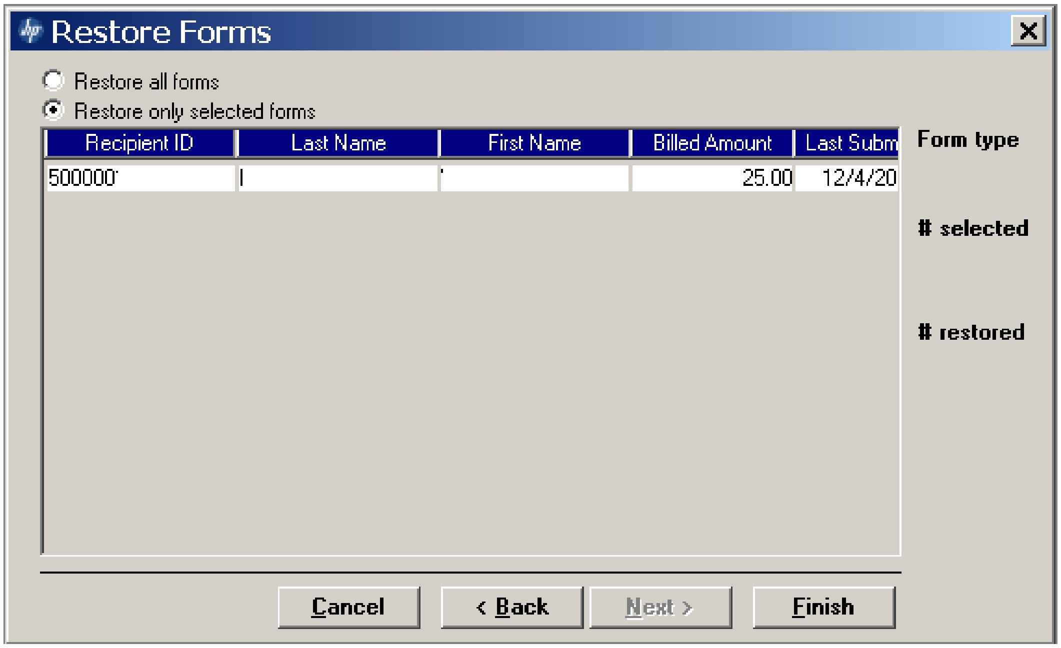
Step 3 Select the file and path name and click 'Open' button. Click 'Next' to display the Restore Forms window, pictured below:



Step 4 Determine which form type(s) you want to restore. To select multiple form types, follow the procedures indicated in the note box under the Create Archive section. Click the ‘Next’ button to proceed.

Provider Electronic Solutions displays a message if it does not locate any forms matching the selection criteria for the file and path name you selected. When this occurs, you may select ‘OK’ to select another form type or ‘Back’ to go back and change the archive path and file name.

When *Provider Electronic Solutions* finds forms that match the selection criteria, the following displays:



Step 5 Select the restore option you want (all at once or only selected forms). To select multiple forms, follow the procedures indicated in the note box under the Create Archive section. The window displays forms by Insured ID (Recipient ID), Last Name, First Name, Billed Amt, and Last Submit Dt. Click the Finish button to proceed.

Provider Electronic Solutions displays a message upon successful restoration of the archived forms. Click ‘OK’ to exit the Restore Archive process.

2.7.2 Database Recovery

There may be times when there is a problem with your database. The Database Recovery option is designed to help you work with the Help Desk personnel to fix problems with your database.

Compact Database

Compact is used to make the database files smaller and better organized. When you delete a form, empty space is created in the database where that form used to be. Compact will release all the empty space so that it is available for you to use again.

Repair Database

Repair will attempt to validate all system tables and all indexes. Generally, this feature is helpful when you are having trouble accessing your data. The Help Desk staff will let you know when this is necessary. You may use this feature any time you feel that it would be helpful. Compact is recommended after the Repair.

Unlock Database

Sometimes errors will cause database locks. The database may lock when you are submitting forms, archiving forms, restoring forms, and sometimes when you are adding or editing forms. Use the Unlock feature to unlock the database tables.

2.7.3 Changing Password

There may be times when you feel a need to change your password. The Change Password option is designed to allow you to do so. The password is defaulted to prompt its user to change the password every ninety days. This option may be adjusted, review Section 2.5.7 *Retention Tab* to do so.

Step 1 Go to Tools >> Change Password.

Step 2 Enter your old password in the **Old Password** field.

Step 3 Enter your new password in the **New Password** field.

Step 4 Re-enter your new password in the **Rekey New Password** field.

Step 5 Choose a security question, in the event you lose or misplace your password.

Step 6 Enter and re-enter the answer to your security question in the designated fields.

Step 7 Click OK to save your new Provider Electronic Solutions password.

2.7.4 Security Maintenance

There is an option to add users to access the Provider Electronic Solutions software without having to use the same logon ID. This also establishes certain users to have administrator versus non-administrator rights. This option may be accessed by going to Security >> Security Maintenance. Follow the steps below to add additional users to the *Provider Electronic Solutions* application.

Adding New Users

Step 1 Go to Security >> Security Maintenance to access the screen. You must be logged on as an administrator to complete this process. (The default administrator ID is pes-admin.)

Step 2 Enter a new User ID in the User ID field.

Step 3 Enter the new user’s password in the Password field.

Step 4 Choose the new user’s authorization level.

- User (Non-administrator) – This option allows the user to access the *Provider Electronic Solutions* software, create and save claims, submit electronic transactions and make the needed adjustments to the personal options menu. (This option only restricts users from adding or removing additional users.)

- Administrator – This option allows the user to access the *Provider Electronic Solutions* software, create and save claims, submit electronic transactions, adjust their personal options, and create new users.

Step 5 Click on ‘Save’ once you have completed the above steps. And click on ‘Close’ to close the Security Maintenance screen.

Step 6 Once the new user logs on, they will be prompted to create a new password. Refer to *Section 2.4 Accessing the Application.*

NOTE:

Store your new user ID and password in a safe location for future use. If your password is lost or misplaced, have your administrator logon as pes-admin to assign your ID a new password.

Removing Users

Step 1 Go to Security >> Security Maintenance to access the screen. (You must be logged on as an administrator to complete this process. The default administrator ID is pes-admin.)

Step 2 Choose the user ID you wish to remove by clicking on it.

Step 3 Once highlighted, the information will auto-write into the fields.

Step 4 Click on ‘Delete’ to remove the user.

Step 5 Click on ‘Close’ once you have completed this process for each user you wanted to remove.

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3 Getting Around

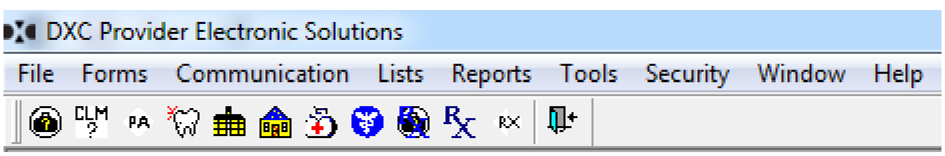
This chapter describes general navigation concepts and provides an overview of the online help feature.

3.1 Navigating in Provider Electronic Solutions

Before you begin using *Provider Electronic Solutions*, review the following section and learn how to navigate through the application with your keyboard and mouse.

Navigating through *Provider Electronic Solutions* is similar to other Windows-compatible applications. The navigation options available are menus, toolbars, and command buttons. Your mouse and keyboard enable you to access these navigation options. Use your mouse to point-and-click as a method for navigating through *Provider Electronic Solutions*.

Below are samples of the menu and icon toolbars that display on the *Provider Electronic Solutions* main window:



This section describes the menu and icon options available with *Provider Electronic Solutions.*

3.1.1 Menus

Provider Electronic Solutions uses menus to navigate throughout the application. The menu options change depending on what window you access. When you open *Provider Electronic Solutions* the main menu displays. You can access items on a menu using the mouse and clicking on their icon. The example below provides two methods for accessing the Eligibility form from the Forms menu option:

- Position your cursor over the Forms menu option and click the left mouse button to display the drop down menu. Scroll down to the Eligibility selection and click once with your left mouse button to display the Eligibility form
- Click on the 'Eligibility' icon

Refer to Section 3.1.2, Icons, for a listing of main menu icons.

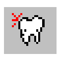
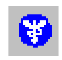
The following options are accessible from the main menu:

This menu option…	***Allows you to…***
File	Exit the application.
Forms	Select the online form that you wish to work with.
Communication	Submit batches of forms and process batch responses. Resubmit batches of forms. View Communication Log files.
Lists	Add and edit reference lists, which allow you to collect information to be auto plugged in online forms.

This menu option…	***Allows you to…***
Reports	Print summary or detail reports with information from forms or reference lists.
Tools	Create and work with archives, perform database maintenance, retrieve upgrades, and change your options. The Options selection allows you to set up communications options and determine retention settings.
Security	Add, delete and restrict users other than the administrator.
Window	Standard options available for most Windows compatible applications.
Help	Obtain help about *Provider Electronic Solutions* functions, screens, menus, and fields. Also view information about this application such as version and copyright.

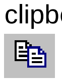
3.1.2 Icons

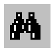
The Icons toolbar displays below the menu bar on the main menu. The twelve icons displayed are:

-  270 Eligibility
-  276 Claim Status
-  278 Prior Authorization
-  837 Dental
-  837 Institutional Inpatient
-  837 Institutional Nursing Home
-  837 Institutional Outpatient
-  837 Professional
-  NCPDP Pharmacy Eligibility
-  NCPDP Pharmacy
-  NCPDP Pharmacy Reversal
-  Exit

Users can position the cursor over an icon to display a brief description.

When a form is opened, the toolbar display will change. After opening a specified form from the icon list above, the fifteen icons now displayed are:

-  (Add) saves the existing form and calls up a new blank form.
-  (Copy) makes a copy of the existing form.
-  (Delete) deletes the existing form.
-  (Undo) reverses all of the changes done to the existing form since the form was last saved.
-  (Save) saves the existing form.
-  (Print) can only be accessed from one of the various form screens. Selecting the print button will automatically create a report and allow you to print the report that was automatically created.
-  (Cut) deletes the highlighted data and places a copy of the data on the clipboard so that it can be pasted into another field or software program.
-  (Copy) copies the highlighted data to the clipboard so that it can be pasted into another field or software program.
-  (Paste) inserts data from the clipboard to the selected data fields or another software program.

-  (Filter) allows you to define which forms are displayed at the bottom of the form screen by status, date submitted, name, amount billed, etc.
-  (Find) allows you to search for a claim by recipient ID, last name, first name, and billed amount.
-  (Sort) allows you to sort the claims that are displayed at the bottom of the form screen by recipient ID, last name, first name, billed amount, status and submit date.
-  (Errors) allows you to view errors that have been detected on the current form.
-  (Calculator) calls up the calculator.
-  (Exit) allows you to exit the application.

3.1.3 Command Keys

Like most Windows applications, *Provider Electronic Solutions* provides the user with command keys. This enables the user to perform actions using either the mouse (point-and-click) or the keyboard. This section describes them.

Command Keys

The table below describes some standard navigation keys available with *Provider Electronic Solutions:*

To do this…	***Press this key…***
Go to the next field	<Tab> or <Enter>
Go to the previous field	<Shift>+<Tab>
Move backward within a field	Left Arrow
Move forward within a field	Right Arrow
Scroll up through a list	Up Arrow
Scroll down through a list	Down Arrow
Open online help for a field when the cursor is on a data entry field	<F1>

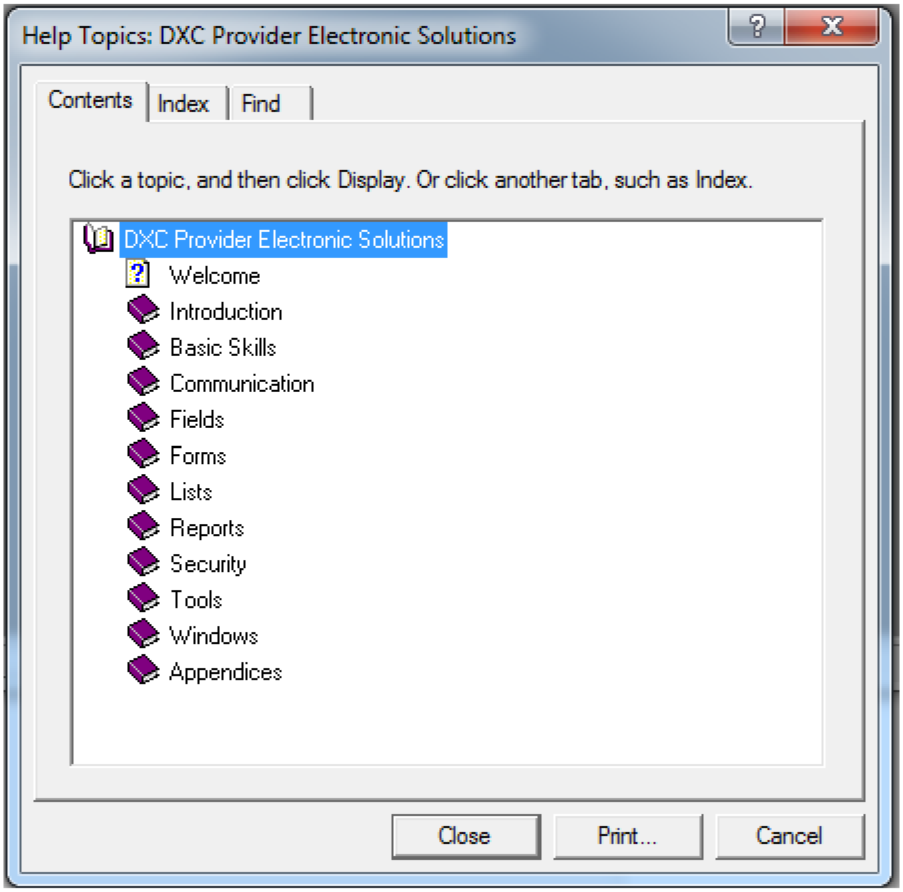
The list above includes function keys (usually located at the top of the keyboard and numbered ‘F1’ through ‘F12’), command keys (such as <Alt>, <Shift>, <Tab>, <Ctrl>, and <Enter>), and arrow keys. Depending on your keyboard, the arrow keys may be located on the numeric keypad, or in a separate section from the numeric keypad.

To use arrow keys on the numeric keypad, you will probably press the ‘Num Lock’ key. Press the 'Num Lock' key again to disable the arrow keys on the numeric keypad, making them display numbers instead.

3.2 Online Help

Accompanying the *Provider Electronic Solutions* software is context-sensitive, field-level online help. Context-sensitive and field-level refer to how the help is programmed. You can access help for any field in *Provider Electronic Solutions* simply by positioning your cursor in the field and pressing the <F1> function key usually located at the top of your keyboard.

You can also access the online help document and search on specific information by selecting the Help menu option. To access the online help window select Help>>Contents and Index. The following pop-up window displays:



Enter keywords in the Help Topics window and press <Enter> to view information, or double click on topic name to view the information.

You can search by contents, by index (alphabetized), or by using the Find feature. Once you locate a specific topic, you can print the topic, or read it online, and then close the pop-up window.

To return to the list of topics once you've viewed information, click the Help Topics button.

NOTE:

The online help is not a substitute for the *Alabama Medicaid Provider Manual*. It merely provides general help regarding required fields and *Provider Electronic Solutions* functionality. It does not provide program-specific information. If you did not receive a copy of the *Alabama Medicaid Provider Manual,* contact DXC Technology Provider Relations at 1 (800) 688-7989 or download a copy of the manual from the Alabama Medicaid homepage at http://www.medicaid.alabama.gov

4

4 Customizing Provider Electronic Solutions

Provider Electronic Solutions contains reference lists of information that you commonly use when you enter and edit forms. For example, you can enter lists of common diagnosis codes, provider numbers, or patient ID’s. After saving the list information, the lists are available as a drop down list where you can select data to speed the data entry process and help ensure the accuracy of the form. Building a list can also increase your ability to submit correct claims quickly and efficiently.

To meet the standards set forth by the Health Insurance Portability Accountability Act (HIPAA), Provider and Recipient information is required to be entered into a list. You will no longer be able to enter the provider ID or recipient ID on the form manually.

This chapter describes two ways to build lists and how to use lists when filing claims, eligibility transactions, or claim status.

4.1 Building Lists

There are two ways to build lists with *Provider Electronic Solutions*:

- Accessing list windows through the List menu.
- Double clicking on certain fields while you are completing a claim form or entering an eligibility verification transaction. Double clicking on these fields accesses the corresponding list window.

With *Provider Electronic Solutions*, you have the option of building lists as a separate task, or building (adding) to them as you submit claims.

NOTE:

To access a list window from a claim form, double-click in the field that corresponds to the list window. For example, while keying a claim, double click the Provider ID field to access the list window for providers. Enter information into the corresponding fields. Click the ‘Save’ button to add it to the list.

You can build the following lists using *Provider Electronic Solutions*:

- Attending/Operating Provider
- Ordering Provider
- Prescriber
- Provider
- Recipient
- UPIN
- Admission Type
- Carrier
- Condition Code
- Diagnosis ICD-9
- Diagnosis ICD-10
- Modifier
- NDC
- Occurrence
- Patient Status
- Place Of Service
- Policy Holder
- Procedure HCPCS
- Procedure ICD-9
- Procedure ICD-10
- Revenue
- Taxonomy
- Type Of Bill

Each list type corresponds to a list window. Users may add, edit, or delete list records using list windows.

Below is a description of the buttons that display on each list window. The 'copy' button is not a feature on all list windows:

Button	***Usage***
Add	Pressing this button enables you to refresh the list screen so you may add a new record. Please note that if you key over data that already displays on the list window and press Save, you will overwrite the previous record. Be sure to press Add before entering a new record. If you forget to do this and inadvertently key over a saved record, press Undo All (see below) to undo the changes.
Delete	Pressing this button enables you to delete the record currently displayed.
Undo All	Pressing this button enables you to undo changes you have made to the record currently being displayed.
Save	Pressing this button enables you to save the record you just added or modified. The saved record displays on the list at the bottom of the window.
Find	Pressing this button enables you to search for a saved claim by status, last submit date, billed amount, first name, last name, or recipient ID.
Print	Pressing this button enables you to print the list.
Select	Pressing this button enables you to select the current list record to add to the current transaction.
Help	Pressing this button enables a help screen to appear to answer any questions you may have.
Close	Pressing this button enables you to close the window.
Copy	Pressing this button enables you to build a new list from the current list record.

To Add a New Record to a List

Step 1 Click on the 'List' menu from the toolbar. To add a record, select the list by clicking on it.

Step 2 Key information into all required fields.

Step 3 You can enter information in any order, or may enter it in the order presented on the record, pressing the Tab key to move to the next field.

Step 4 Press the 'Save' button to save the record.

The system returns error messages if the record contains errors. Scroll through the error messages and double-click on each error to access the field on the record that contains the error.

Step 5 Correct the mistake and press 'Save'.

Step 6 Press the 'Add' button to add another record.

To Modify a Record from the List

Step 1 Click on the 'List' menu from the toolbar. To modify, select the list by clicking on it.

Step 2 Scroll through the list of records that display at the bottom of the list window. Highlight the record you wish to modify, and perform one of the following:

- Key over incorrect data on the record. Press 'Undo All' if you overwrite a record.

- Press ‘Delete’ to delete an unwanted record.

To Find a Record in the List

Step 1 Select the ‘Find’ button to display the Find pop-up window. Options are:

- Find Where (select a field from the drop down list, if applicable)
- Find What (enter your search criteria here)
- Search (select up or down from the drop down list)

Step 2 Once you have entered the search criteria, click the ‘Find Next’ button with your mouse to search for the next record that matches the search criteria. Continue clicking ‘Find Next’ until you find the record you are searching for, or until the system returns a message indicating there are no records that match the search criteria.

Step 3 Press ‘Cancel’ when you have finished searching.

4.2 Completing the Provider List

The Provider list allows you to collect detailed information about providers that can then be automatically entered into forms. This includes such information as: Provider ID/NPI, last name, first name, address, and SSN/Tax ID.

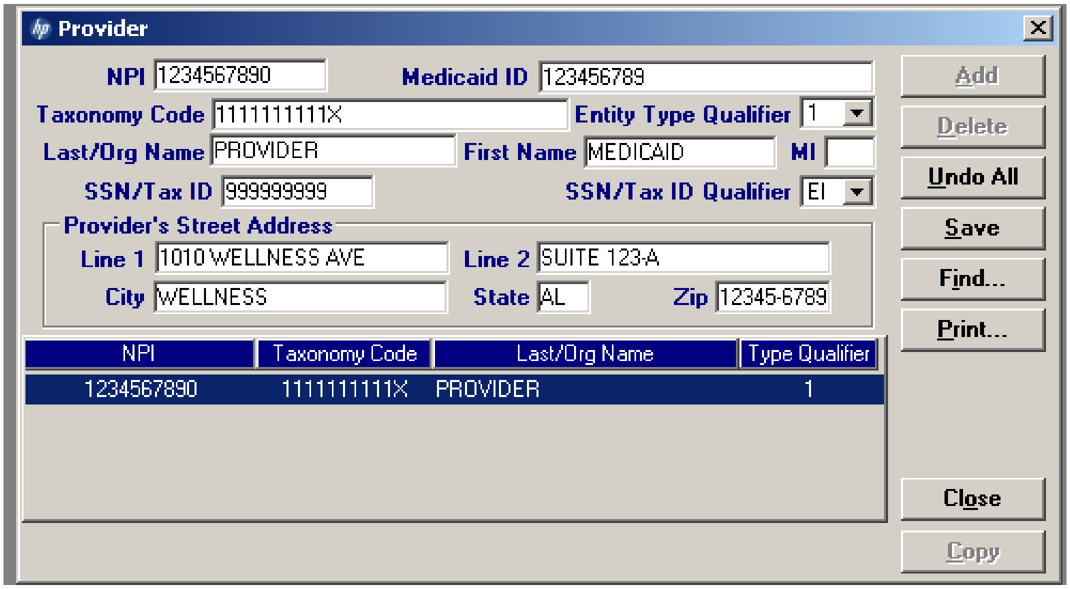
To Add a New Provider

Step 1 Click on the ‘List’ menu from the toolbar. Select ‘Provider’ from the drop down menu to add a record.

Step 2 Key information into all required fields.

Field descriptions are provided below in the order they display on the form. You can enter information in any order, or may enter it in the order presented in the form, pressing the Tab key to move to the next field.

Step 3 A sample Provider list window is pictured below:



Field	***Guidelines***
Provider NPI	Enter the provider or prescriber's NPI according to the format in the Alabama Medicaid manual. A provider's NPI is 10 characters in length.
Medicaid ID	For provider's with multiple service locations, enter the provider's Alabama Medicaid assigned ID as a secondary identifier. The Medicaid ID can be either 6, 8 or 9 characters in length.
Taxonomy Code	This field lists the code designating the provider type, classification and specialization. This field is optional for all claim types except Dental – it is a required field on Dental claims.
Entity Type Qualifier	Choose a value based on the information entered in the Provider ID/NPI field. 1 – Indicates the number entered in the field belongs to a Person. 2 – Indicates the number entered in the field belongs to a Non-Person.
Last/Org Name	Based on the information entered in the Provider ID/NPI field, enter the name of the facility or the provider's last name.
First Name	If a "1"' was chosen in the Entity Type Qualifier field, enter the provider's first name.
MI	If a "1" was chosen in the Entity Type Qualifier field, enter the provider's middle initial. This field is optional.
SSN/Tax ID	Enter the individual provider's 9-digit social security number or the Tax Identification number of the party being referenced. No hyphens, slashes, dashes or spaces should be used when completing this field. (If the Social Security Number or Tax ID is not known and cannot be obtained, please enter all 9's in this field and choose "SSN Number" from the SSN/Tax ID Qualifier.)
SSN/Tax ID Qualifier	Choose the best value to indicate if: **EI** – SSN/Tax ID entered is the employer's identification number (such as Tax ID) or **SY** - SSN/Tax ID entered is a SSN number.
Provider's Street Address – Line 1	Enter the facility or provider's primary street address. A Post Office Box address cannot be entered.
Line 2	Enter additional street information such as apartment number, or suite. This field is optional.
City	Enter the facility or provider's City.
State	Enter the facility or provider's State.
Zip+4	Enter the facility or provider's Zip Code plus the 4-digit Zip Code extension.

Step 4 Press the 'Save' button to save the record.

The system returns error messages if the record contains errors. Scroll through the error messages and double-click on each error to access the field on the record that contains the error.

Step 5 Correct the mistake and press ‘Save’.

Step 6 Press the ‘Add’ button to add another record.

NOTE:
The Provider List is also used to indicate referring physicians. If you are entering a referring physician, the same information that is entered for a billing provider is required for a referring provider.

4.3 Completing the Recipient List

The Recipient list allows you to collect detailed information about recipients that can then be automatically entered into forms. This includes such information as: Recipient name, date of birth, address, social security number (SSN), and Recipient ID.

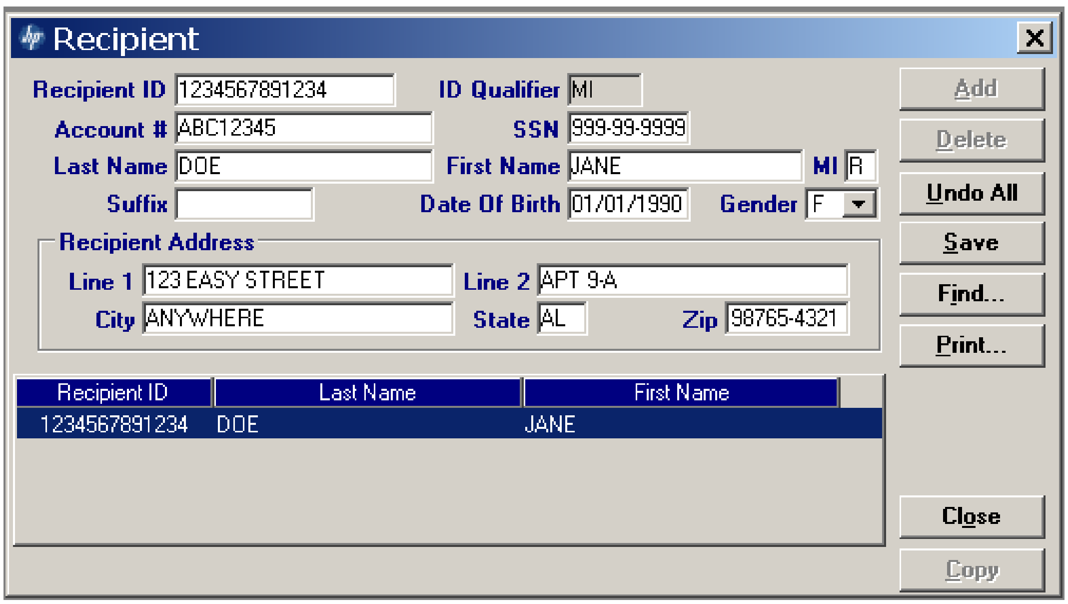
To Add a New Recipient

Step 1 Click on the ‘List’ menu from the toolbar. Select ‘Recipient’ from the drop down menu to add a record.

Step 2 Key information into all required fields.

Field descriptions are provided below in the order they display on the form. You can enter information in any order, or may enter it in the order presented in the form, pressing the Tab key to move to the next field.

Step 3 A sample Recipient list window is pictured below:



Field	***Guidelines***
Recipient ID	Enter the recipient’s 13-digit Alabama Medicaid ID.
ID Qualifier	This field auto-defaults to its proper setting.
Account #	Enter the recipient’s account number if your facility has assigned one. If no account number has been assigned enter a zero.
SSN	Enter the recipient’s 9-digit Social Security Number.
Last Name	Enter the recipient’s last name according to their eligibility verification.
First Name	Enter the recipient’s first name according to their eligibility verification.
MI	Enter the recipient’s middle initial according to their eligibility verification.
Suffix	If applicable, enter the recipient’s suffix. Example JR or SR. This field is optional.
Date of Birth	Enter the recipient’s date of Birth in MM/DD/CCYY format.
Gender	Choose the best value to indicate the recipient’s gender.
Recipient Address – Line 1	Enter the recipient’s primary street address.

Field	Guidelines
Line 2	Enter additional street information such as apartment number, or suite. This field is optional.
City	Enter the recipient's city.
State	Enter the recipient's state.
Zip	Enter the recipient's Zip. Must be either 5 characters or 9 characters in length.

Step 4 Press the 'Save' button to save the record.

The system returns error messages if the record contains errors. Scroll through the error messages and double-click on each error to access the field on the record that contains the error.

Step 5 Correct the mistake and press 'Save'.

Step 6 Press the 'Add' button to add another record.

4.4 Completing the Policy Holder List

The Policy Holder list allows you to collect detailed information about a recipient's third party insurance that can then be automatically entered into forms. This includes such information as: Group #, Carrier Name, policy holder information, etc.

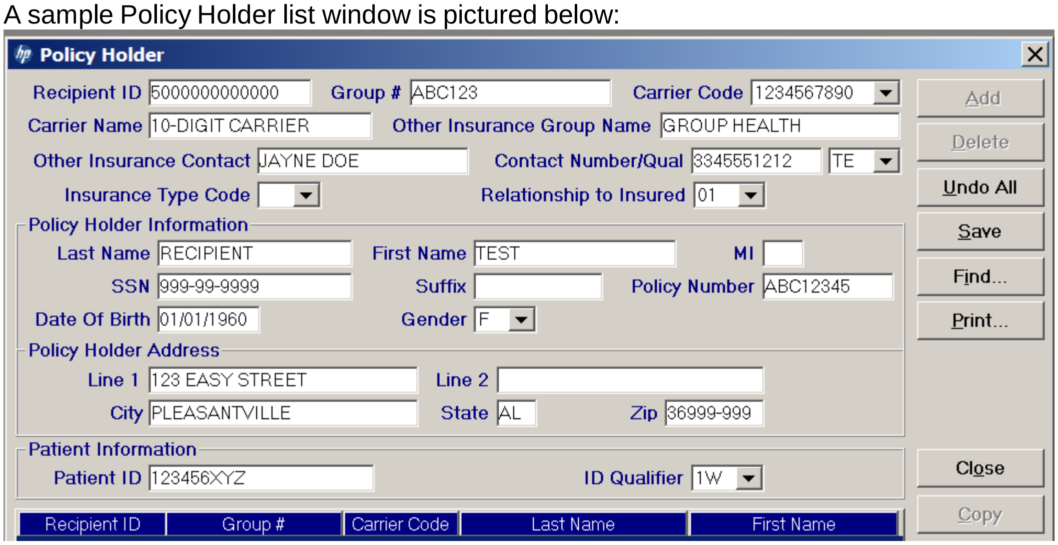
To Add a New Policy Holder

Step 1 Click on the 'List' menu from the toolbar. Select 'Recipient' from the drop down menu to add a record.

Step 2 Key information into all required fields.

Field descriptions are provided below in the order they display on the form. You can enter information in any order, or may enter it in the order presented in the form, pressing the Tab key to move to the next field.

A sample Policy Holder list window is pictured below:



Field	Guidelines
Recipient ID	Enter the recipient's 13-digit Alabama Medicaid ID.

Field	***Guidelines***
Group #	Enter the recipient's group number, assigned by the other insurance, if applicable.
Carrier Code	Choose a valid carrier code from the drop down box that identifies the recipient's health plan. If you are unable to make a choice based on the list provided, double-click on this field to add a new valid Carrier Code (up to 10 digits). (An expanded list of Carrier Codes can be found on Medicaid's website at http://www.medicaid.alabama.gov/. Select the most current version of the provider manual and navigate to appendix K: Top 200 Third Party Carrier Codes. FQHCs and RHCs can enter a carrier code equal to the NPI for the MCO plans to submit claims with MCO payment as other payers.
Carrier Name	This field auto-writes based on the information chosen in the Carrier Code field.
Other Insurance Group Name	Enter the Other Insurance's group (employer) name. This field is optional.
Other Insurance Contact	Enter the contact name of a valid representative from the other insurance. This field is optional.
Contact Number	Enter the other insurance representative's phone number. This field is optional.
Contact Qual	If applicable, choose the best value to indicate the type of number entered in the Contact Number field. ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone
Insurance Type Code	Choose the best value to indicate the type of policy entered. 12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 Medicare Secondary End-stage Renal Disease Beneficiary in the mandated Coordination Period with an Employers Group Health Plan 14 Medicare Secondary, No-fault Insurance including Auto is Primary 15 Medicare Secondary Worker's Compensation 16 Medicare Secondary Public Health Service (PHS) or Other Federal Agency 41 Medicare Secondary Black Lung 42 Medicare Secondary Veteran's Administration 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 Medicare Secondary, Other Liability insurance is Primary
Relationship to Insured	Choose the best value to indicate the relationship of the patient to the insured. 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 53 Life Partner G8 Other Relationship
Last Name	Enter the last name of the policy holder.
First Name	Enter the first name of the policy holder.
MI	Enter the Middle Initial of the policy holder. This field is optional.
SSN Number	Enter the social security number of the policy holder. This field is optional.
Suffix	Enter the suffix of the recipient if applicable. Such as JR, SR, etc. This field is optional.
Policy Number	Enter the Policy Number of the policy holder.
Date of Birth	Enter the date of birth of the policy holder.
Gender	Choose the best value to indicate the gender of the policy holder.
Line 1	Enter the address of the policy holder.

Field	*Guidelines*
Line 2	If applicable, enter the secondary address of the policy holder. Such as "Apt D or Ste 333".
City	Enter the city of the policy holder.
State	Enter the state of the policy holder in an abbreviated format. EX Alabama = AL
Zip	Enter the zip code of the policy holder.
Patient ID	Enter the patient's identification number; this may include the number assigned by the other insurance or their social security number. This field is optional.
ID Qualifier	Choose the best value to indicate the type of number entered in the Patient ID field. 1W Member ID Number IG Insurance Policy Number 23 Client Number

Step 3 Press the 'Save' button to save the record.

The system returns error messages if the record contains errors. Scroll through the error messages and double-click on each error to access the field on the record that contains the error.

Step 4 Correct the mistake and press 'Save'.

Step 5 Press the 'Add' button to add another record.

4.5 Completing the Provider UPIN List

The Provider UPIN list allows you to collect information about referring providers that can then be automatically entered into the professional claim form. This list contains the following information: the provider's 6-digit unique identifier number, last name, first name.

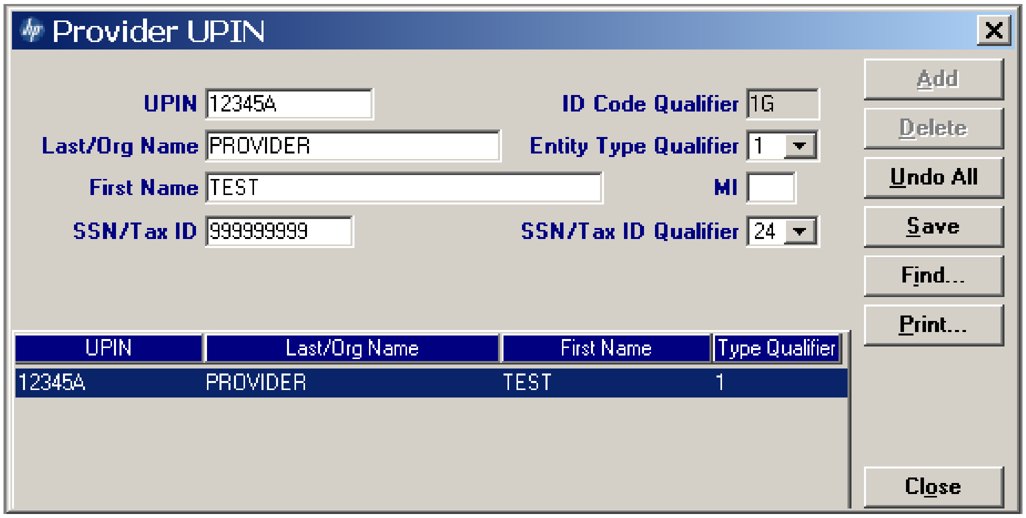
To Add a New Provider UPIN

Step 1 Click on the 'List' menu from the toolbar. Select 'Provider UPIN' from the drop down menu to add a record.

Step 2 Key information into all required fields.

Field descriptions are provided below in the order they display on the form.

A sample Provider UPIN list window is pictured below:



Field	***Guidelines***
UPIN	Enter the provider's 6-character unique provider identifier (ANNNNN or AAANNN characters).
Last/Org Name	Enter the name of the facility or the provider's/prescriber's name that corresponds to the number in the UPIN field.
ID Code Qualifier	Hard coded into the software
Entity Type Qualifier	Choose a value based on the information entered in the UPIN field. 1 – indicates the number entered in the UPIN field belongs to a person. 2 – indicates the number entered in the UPIN fields belongs to a non-person.
SSN/Tax ID	Enter the individual provider's 9-digit social security number or the Tax Identification number of the party being referenced. No hyphens, slashes, dashes or spaces should be used when completing this field. (If the Social Security Number or Tax ID is not known and cannot be obtained, please enter all 9's in this field and choose "SSN Number" from the SSN/Tax ID Qualifier.)
SSN/Tax ID Qualifier	Choose the best value to indicate if: 24 – SSN/Tax ID entered is the employer's identification number (such as Tax ID) or 34 - SSN/Tax ID entered is a SSN number.

Step 3 Press the 'Save' button to save the record.

The system returns error messages if the record contains errors. Scroll through the error messages and double-click on each error to access the field on the record that contains the error.

Step 4 Correct the mistake and press 'Save'.

Step 5 Press the 'Add' button to add another record.

4.6 Using Lists

The lists you maintain can speed up your claims filing process. When you are submitting a claim form and you access a field that corresponds to a list (for instance, the Recipient ID field), the system displays a drop down menu. This drop down list contains the records you have previously added to the list. Scroll through the records and select one. Tab through the field and the system populates the field (and any corresponding fields, such as Recipient Name) with the information from the list record.

Alternatively, you can double-click in any field that corresponds to a list to access the list window. From this window, you may search for a record, modify an existing record, or add a new record.

NOTE:

The system does not verify the accuracy of the data you maintain on lists, other than requiring data to be the correct field length, if applicable. If you key errors in your list file (for instance, if you transpose digits for a recipient ID), you may not know you have made an error until you submit the claim and the claim is rejected. If you use lists, please print and review the lists occasionally to ensure their accuracy.

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