



# **AMMIS Interactive Services Website User Manual**

Date Modified: 12/24/2024

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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.

## 2 Document Control

The latest version of this document is stored electronically. Any printed copy has to be considered an uncontrolled copy.

### 2.1 Document Information Page

| Required Information | Definition  |
|----------------------|---|
| Document Title       | AMMIS Interactive Services Website User Manual  |
| Version:             | 57.0  |
| Location:            | <a href="https://pwb.alix.slg.eds.com/alix/Subsystem/utls/DocDescription.asp?Folder=../Subsystem/Web%20Portal/User%20Manual">https://pwb.alix.slg.eds.com/alix/Subsystem/utls/DocDescription.asp?Folder=../Subsystem/Web%20Portal/User%20Manual</a> |
| Owner:               | Gainwell / Agency   |
| Author:              | Web Portal Team   |
| Last Reviewed Date:  | 12/24/2024  |

### 2.2 Amendment History

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

| Date       | Document Version | Author                       | Reason for the Change                         | Changes (Section, Page(s) and Text Revised)   |
|------------|------------------|------------------------------|---|---|
| 10/11/2011 | 0.1              | Sarah Hathaway               | Added EIP Change Orders                       | 8594 – Dental Claim panel (12.4)<br>9265 – Pharmacy Claim panel (12.10)<br>8330 – Elig Verification (12.1)<br>8557 – Prior Authorization (15.1, 15.2, 15.3)<br>8791 - Pharmacy Claim panel (12.10)<br>9162- Information (9.1, 9,2)          |
| 10/14/2011 | 0.2              | Marcia Conner                | Agency request<br><br>Added additional Defect | Added PA Assignment Code table to section 15.1.1.<br>DF 9391 – Pharmacy Claim panel (12.10)   |
| 11/01/2011 | 0.3              | Marcia Conner/Sarah Hathaway | Agency requested changes.                     | Removed EDS and replaced with HPES.<br>Updated section 4.1 Web Browser Set Up and 4.1.2 Screen Display Features<br>Add Drug Look Up section (CO 8279) (sections 8.1, 8.2 and 8.3)<br>Updated screen shots/ field descriptions where needed. |

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| 11/29/2011 | 0.4 | Marcia Conner/Sarah Hathaway | Responding to Agency comments received 11/10/2011.  | Comments 1-17<br><br>CO 8656 – Length of Medical record is increased to 50   |
|            |     |                              | Added additional 5010 EIP Change Orders             | characters, length of First Name and MI increased from 25 to 35 characters.<br>12.11 - Professional Claim Panel (12.11.2, 12.11.3, 12.11.4, 12.11.6.2)<br>CO 8664 – Renamed Admitting Diagnosis to Admitting Diagnosis/Patient Rsn Visit, removed Unit Rate from panel, length of Diagnosis code expanded to accept 7 characters.<br>12.5 – Institutional Claim Panel (12.5.2, 12.5.3, 12.5.4, 12.5.6.2) |
| 12/14/2012 | 1.0 | Marcia Conner                | Agency approved                                     |  |
| 03/02/2012 | 1.1 | Marcia Conner                | Application of EIP Provider Web Enhancement orders. | CO 8307 – Added 16.1 Provider Maintenance Panel Added 16.2 Provider Location Contact Information panel. Added 16.2 Added Provider Payer Information panel.   |
| 03/02/2012 | 2.0 | Marcia Conner                | Agency approved on 03/01/2012.                      |  |
| 03/16/2012 | 2.1 | Mark Bonner                  | Agency approved                                     | User will able to see the PES software instructions and downloadable PES 3.0 software  |
| 07/09/2012 | 3.0 | Marcia Conner                | Application of Production change orders             | CO 9563: 14.1.2 –File Download Search Layout, 17.18 Group Member Provider ID Search<br>CO 8891 –<br>7.1.2 Home Panel Layout<br>15.1.2 – Prior Authorization Search Panel Layout  |
| 12/21/2012 | 3.1 | Marcia Conner                | Application of Production Change order for PES      | CO 10831: PES Release 3.02-Section 9.1 AL Links panel Layout   |

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|------------|-----|---------------|---|---|
| 04/04/2013 | 4.0 | Marcia Conner | Application of Production change orders | <p>CO 7169 - Dental Claim Panel (12.4)-update Carrier Code field length.</p> <p>Professional Claim Panel – 12.11- update Carrier Code field length.</p> <p>Institutional Claim Panel – 12.5- update Carrier Code field length.</p> <p>CO 7756: Updates made to Eligibility Verification Panel, Recipient Information, Coverage Type, TPL Panel, Managed Care Panel, Lockin/Lockout Panel, Benefit Limits Panel, Dental Benefits Panel, EPSDT Screening Dates Panel</p> <p>CO 7930 – Occurrence Panel- updated field edit error messages</p> <p>CO 8098 – Update Eligibility Verification Panel.</p> <p>Add Recipient Application Status panel</p> |
| 05/29/2013 | 5.0 | Marcia Conner | Application of Production Change Orders | <p>CO 8814 – Update 12.11.3 Professional Claim Panel Field Descriptions</p> <p>CO 9325 – Update 11.1.4 - Account Setup Panel Field Edit Error Codes and 11.8.4 – Update Reset Password Panel Field Edit Error Codes</p> <p>CO 9966 – Update 9.1.2 AL Links Panel Layout</p> <p>CO 8490 – Update layout and extra features in Section 7 Home panel</p>   |



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| 10/03/2013 | 6.0 | M. Spear | Application of ICD-10 change orders | <p>CO 10185:</p> <p>Update 15.1.1 Prior Authorization Search Panel layout and field descriptions.</p> <p>Update 15.1.2 Prior Authorization Search Results panel layout and field descriptions</p> <p>Update 15.2 Prior Authorization Search Results panel layout and field descriptions</p> <p>CO 10106: Update Section 12.10 Pharmacy Claim panel layout and field descriptions and field edit error messages.</p> <p>Update 17.4 Diagnosis Search panel layout and field descriptions</p> <p>CO 10107: Update section 12.11 Professional Claim Panel layout, field descriptions and field edit error messages</p> <p>Update section 12.5 Institutional Claim Panel layout, field descriptions and field edit error messages.</p> <p>Update section 12.8 ICD-9 Procedures Panel (known now as ICD Procedure Panel) layout, field descriptions and field edit error messages.</p> <p>Update section 18.13 Procedure ICD-9 Search panel (known now as Procedure ICD Search) panel layout and field descriptions</p> <p>Update section 18.4 Diagnosis Search panel layout and field descriptions</p> <p>CO 10186: Update section 15.3 Prior Authorization Submit panel. Update panel layout, field descriptions and field edit error messages.</p> <p>Update Section 15.4 Base Information panel. Update panel layout and field descriptions.</p> <p>Update section 15.5 Line Item Panel. Add new field edit error message.</p> |
| 10/9/2013  | 7.0 | M. Spear | Application of change order 7939    | Add Consent Form Search panel. (new section 17.1)   |

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| 10/25/2013 | 8.0  | M. Spear | Application of ACA Change orders | CO 10121<br>Update section 13.1 Eligibility Verification panel – add new layout and field descriptions<br>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.<br>12.5 Institutional Claim Panel – Layout and field descriptions updated.<br>12.11 Professional Claim Panel – layout and field descriptions updated. |
| 01/02/214  | 10.0 | M. Spear | Application of CO 8194           | Add new section: 17: PMP Assignment Panel  |
| 02/26/2014 | 11.0 | M. Spear | Application of CO 11480          | 12.11 Professional Claim panel – narrative, panel layout, field descriptions, field edit error messages updated.   |
| 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.   |

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| 07/15/2015 | 17.0 | M. Spear | Application of ACA III production change orders                           | <p>CO 12130<br/>         12.4 Dental Claim panel<br/>         12.5 Institutional Claim panel<br/>         12.10 Pharmacy Claim panel<br/>         12.11 Professional Claim panel</p> <p>All 4 Claim Status Information panel replaced with new layouts to reflect hte addition of the 'Checkwrite Date' field.</p> <p>CO 12163 – Home page – update layout</p>   |
| 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  |
| 04/01/2016 | 20.0 | M. Spear | Application of Cos 12902, 12579, 12314, 11399, 12588, 13290, 13378, 13414 | <p><b>CO 12902</b><br/>         Section 13 - Eligibility Verification Request Panel Field Descriptions- Add Recipient Application Status</p> <p>Section 13.6.2 Household Inquiry Search Results panel layout replaced</p> <p>Section 13.3.2 – Recipient Application Status Panel layout replaced</p> <p><b>CO 12579</b><br/> <b>Section 15.5.4 –</b> Prior Authorization Submit – Line Item Panel Field Edit Error Codes – Add Line Item</p> <p><b>CO 12314</b><br/>         Section 15.5 Prior Authorization Submit – Line Item Panel – replaced layout, added Reason field description, and extra feature.</p> <p>Section 15.3.Prior Authorization Submit Panel- updated layout, field descriptions</p> <p>Section 15.6 – added new section: Prior Authorization</p> |

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|            |      |              |                                    | <p>Submit New – Analyst Remarks Panel</p> <p><b>CO 12588</b></p> <p>Section 18.1.3 PMP Assignment Panel – update field edit error codes</p> <p><b>CO 13290</b></p> <p>Section 20 PMP Dismiss Panel – Update panel layout and field descriptions</p> <p><b>CO 13378</b></p> <p>12.10 Pharmacy Claim panel – update data type for Prescription Number field.</p>   |
| 07/19/2016 | 21.0 | Marcia Spear | Application of CO 13031            | <p>Section 4.3.1 User Roles</p> <p>Section 14.6 Forms Panel Narrative, Field Descriptions, and step action table.</p>  |
| 09/16/2016 | 22.0 | Marcia Spear | Application of COs 13438 and 12056 | <p>13438 – 12.5 Institutional Claim panel – update layout and field descriptions</p> <p>12056 – 12.4 Dental Claim panel - Update field edit error messages</p> <p>12.5 Institutional Claim panel - Update field edit error messages</p> <p>12.11 Professional Claim panel - Update field edit error messages</p>   |
| 09/26/2016 | 23.0 | Marcia Spear | Application of RCO Production COs  | <p>CO 13030</p> <p>13.18 PRCO Information Panel – change to MCO Panel</p> <p>CO 13033</p> <p>12.2 Claim Search Panel – modify panel layout and field description table</p> <p>CO 13032</p> <p>15.1 Prior Authorization Search Panel – replace panel layout</p> <p>15.3 Prior Authorization Submit Panel - modify Field Edit Error Messages</p> <p>15.5 Prior Authorization Submit – Line Item Panel - modify Field Edit Error Messages</p> |
| 09/27/2016 | 24.0 | Marcia Spear | Application of Base COs            | <p>CO 13679</p>  |

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|            |      |              |  | <p>12.10 Pharmacy Claim Panel – update panel layout, field descriptions and step action table – Add</p> <p>CO 13831</p> <p>13414 Service Type/Co-Pay Search Results – update panel layout</p> <p>CO 12834</p> <p>12.5 Institutional Claim Panel – update panel layout, field descriptions, and step action table – add</p> |
| 10/26/2016 | 25.0 | Marcia Spear | Application of CO 13509 and 13806  | <p>CO 13509</p> <p>18.1 Consent Form Search Panel – updated layout, field descriptions and field edit error message</p>  |
| 12/06/2016 | 26.0 | Marcia Spear | Application of CO 13311 and 13806  | <p>CO 13311</p> <p>Section 4.3.1 User Roles – add OPR Providers</p> <p>CI 13806</p>  |
| 03/24/2017 | 27.0 | Marcia Spear | Addition of field edit for Consent Form ID   | Section 14.6.4 Field Edit Error Message  |
| 04/17/2017 | 28.0 | Marcia Spear | <p>Application of CO 14038 13914</p> <p>Update cover page and footers with DXC Logo and copyright information.</p> | <p>CO 14038</p> <p>12.5 Institutional Claim Panel – updated layout, field descriptions, and field edit error messages</p> <p>CO 13914</p> <p>12.5 Institutional Claim Panel – updated layout, field descriptions, and field edit error messages</p> <p>CO 14212</p> <p>Add Hospice Election panel</p>                      |
| 10/13/2017 | 29.0 | Marcia Spear | Application of CO 14272, 14407, 14409  | <p>CO 14272</p> <p>14 Trade Files – update layout, field descriptions, field edit descriptions</p> <p>CO 14407 – Forms Panel- Update narrative, field descriptions</p>   |

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| 11/17/2017 | 30.0 | Marcia Spear | Application of CO 14440, CO 14180, and DF 14409 | CO 14440<br>12.2 Claim Search Panel  |
|            |      |              |   | 13.1 Eligibility Verification Request Panel<br>15.1 Prior Authorization Search Panel<br>15.1 15.1 Update panel layouts (From RCO to MCO)<br>CO 14180<br>14.6 Forms Panel- add PA3 - Rehabilitative Services PA Supporting Documentation<br>CO 14409<br>14.6 Forms Panel- remove OPR Application Supporting Documentation   |
| 12/20/2017 | 31.0 | Marcia Spear | Application of CO 14391                         | 13.3 Recipient Information panel   |
| 01/12/2018 | 32.0 | Russ Wishum  | MCO Changes                                     | 13.17 MCO Information<br>13.5 Claim Level Detail<br>13.6 Forms Panel Overview  |
| 03/03/2018 | 33.0 | Russ Wishum  | PHI Removal                                     | 5.2.1 Search Panels<br>6.1 Info Panel Layout<br>10.2.2 Patient 1st Provider Location Results Panel Layout<br>11.7.2 Switch Provider Panel Layout<br>11.9.2 Reset Password Panel Layout<br>11.2.2 Claim Search Panel Layout<br>12.4.2 Dental Claim Panel Layout<br>12.5.2 Institutional Claim Panel<br>12.10.2 Pharmacy Claim Panel Layout<br>12.11.2 Professional Claim Panel Layout<br>13.3.2 Recipient Information Panel Layout<br>13.5.2 TPL Panel Layout<br>13.9.2 Dental Benefit Limits Panel Layout<br>13.12.2 Maternity Waiver Panel Layout |

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|            |      |          |                              | 13.15.2 HouseHold Inquiry Panel Layout<br>13.16.1 HouseHold Inquiry Search Results Panel Layout<br>14.1.2 File Download Search and Results Layout<br>14.2.2 Current Files Available for Download Panel Layout<br>14.5.2 Claim Level Detail Panel Layout<br>15.3.2 Prior Authorization Submit Panel Layout<br>16.2.2 Provider Location Contact Information Panel Layout<br>16.3.2 Provider Payer Information Panel Layout<br>18.1.2 Consent Form Search Panel Layout<br>20.11.2 Prescriber License Search Panel Layout<br>20.14.2 Provider ID Search Panel Layout<br>20.19.2 Group Member Provider ID Search Panel Layout |
| 05/15/2018 | 34.0 | M. Spear | Application of Production CO | CO 14763- Update Field Edit Error Codes on the following panels<br>Professional Claim panel<br>Dental Claim Panel<br>Institutional Claim Panel<br>Pharmacy Claim Panel<br>CO 14514<br>Prior Authorization Search Panel- update layout and field descriptions   |
| 11/15/2018 | 35.0 | M.Spear  | Application of CO 15065      | File Download  |
|            |      |          | Application of CO 15185      | Forms Panel – Add PA4 – ABA Therapy PA Supporting Documentation  |
|            |      |          | Application of CO 14511      | Claims Search Panel- revised layout and field descriptions<br>Professional Claims Panel – revised layout and field descriptions  |

|            |      |           |                                   |   |
|------------|------|-----------|-----------------------------------|---|
|            |      |           | Application of CO 14737           | Institutional Panel- revised layout and field descriptions<br>Professional Panel - revised layout and field descriptions  |
|            |      |           | Application of CO 9891            | File Download panel – revised narrative   |
| 1/17/2019  | 36.0 | A. Alexis | Updated CPT language per CO 15410 | Global  |
| 03/03/2019 | 37.0 | D. Flumm  | Application of CO 15185           | CO 15185<br>Forms Panels – revised field descriptions   |
| 04/09/2019 | 38.0 | D. Flumm  | Application of CO 14754           | CO 14754<br>Drug Information Status Date Panel– revised field descriptions  |
| 10/01/2019 | 39.0 | M. Spear  | Application of ACHN and Base COs. | CO 15349 – Section 4.3.1 User Roles – Add CM User Roles<br>CO 15350 – Section 13.1 Eligibility Verification – updated layout<br>CO 15350 – Section 12.2.2 Claim Search Panel – layout update<br>CO 15350 – Section 15.1.1 Prior Authorization Search Panel Update<br>CO 15351 –Remove Provider Search Panel<br>CO 15351 –Remove PMP Assignment Panel<br>CO 15351 –Remove PMP Dismiss Panel<br>CO 15351 Section 7.1.2 Home Panel – replace layout<br>CO 15508 –Section 6.1.Info Panel Layout – update layout, 6.1.1 – add field description<br>CO 15546- Added Payment Search Panel and Payment Detail Payment<br>CO 15654 – Added Activity Detail, Activity Maintenance, Activity Messages, Activity Search, Related History and Related Payment Panel<br>CO 14552-Section 12.10 - Pharmacy Claim Panel – updated layout and field descriptions |



|            |      |              |                               |  |
|------------|------|--------------|-------------------------------|--|
| 11/01/2019 | 40.0 | Marcia Spear | Application of Production CO  | <p>CO 15714 – Section 17: Provider Maintenance Panel – updated layout – Added Secondary Language</p> <p>CO 15708 – Section 17.4 Added Provider Language Panel. Update 17.2 Provider Location Contact Information panel – updated layout and field descriptions</p> <p>CO 15706 – Provider Look Up Search</p>   |
| 06/03/2020 | 41.0 | Laura Powell | Application of Production CO  | <p>CO 15955 – Section 13.6 Added Digital Upload to the list of forms.</p> <p>CO 16046 – Updated copyright from 2019 to 2020.</p> <p>CO 15706 – Added Section 17 Provider Look Up Search</p> <p>Section 15.8: Added Note regarding electronic uploads of additional documentation for PAs.</p> <p>CO 15913 – Added Supplemental Information and updated TPL layouts to sections 11.3, 11.4, 11.10.</p> <p>CO 15951 -- Updated section 12.17 to include MCO name.</p> <p>CO 15952 and CO 15991 – Updated section 12.6 to include Plan Description and message below panel.</p> |
| 9/25/2020  | 42.0 | Laura Powell | Application of Production COs | <p>CO 16239 – Section 12.10.2 and 12.10.3 – Updated layout and field descriptions to include Provider Name and Phone number.</p> <p>CO 14754 – Sections 8.1.2, 8.1.3, 8.2.2, 8.2.3 – updated layout and filed descriptions to include 'Covered'</p> <p>Removed panel Drug Name Search</p> <p>CO 16158 – Sections 11.9.2, 11.9.3, and 11.9.4 – Updated layout, field descriptions, and field edits to include Quantity Prescribed.</p>  |

|            |       |              |  |  |
|------------|-------|--------------|--|--|
| 11/05/2020 | 43.0  | Marcia Spear | Conversion of template from DXC to Gainwell branding | Global   |
| 03/24/2021 | 44.0  | Laura Powell | Application of COs                                   | <p>CO 16506 – Section 13.1.2 – Updated layout, Section 13.6.3 – Updated Field Description, Section 18.19.6.1 – Updated Step Action.</p> <p>CO 16671 – Sections 15.1.2 and 15.1.3 – Updated layout and field description</p> <p>CO 16616 – Added Section 12.4 – New Recipient Additional Information Panel</p> <p>CO 16679 – Section 13.6.3 – Updated Form Name list.</p> <p>CO 16783 – Deleted Provider Look Up Search – formerly Section 17</p> |
| 06/29/2021 | 45.00 | Laura Powell | Application of COs                                   | <p>CO 16799 – Section 12.7.2 – Updated layout.</p> <p>CO 16835 – Sections 11.9.2, 11.9.3, and 11.9.4 – Updated layout, descriptions, and edits to include Prescriber ID and Qualifer Code.</p>   |
| 12/09/2021 | 46.0  | Laura Powell | Application of COs                                   | <p>CO 16854 – Section 13.6.3 Updated field descriptions</p> <p>CO 16878 – Section 8.2.4 Added an Error Code</p> <p>CO 17029 – Section 7.1.2 and 7.1.5 – Updated layout and extra features to include chatbot</p> <p>CO 17055 – Sections 14.3.2 and 14.3.3 – Updated layout and field descriptions to include Misc Info</p>   |
| 03/29/2022 | 47.0  | Laura Powell | Application of COs                                   | <p>CO 17180 – Section 13.6.3 – Updated Forms list.</p> <p>17124 – Sections 11.3.4, 11.4.4, 11.10.4 – Added Patient Account Edit.</p>   |
| 07/06/2022 | 48.0  | Laura Powell | Application of COs                                   | <p>CO 17431 – Updated Section 12.3.2 and 12.3.3</p> <p>Added Section 12.6</p>  |

|            |      |              |                    |   |
|------------|------|--------------|--------------------|---|
| 11/10/2022 | 49.0 | Laura Powell | Application of COs | <p>CO 17368 – Updated Section 11.10.2, 11.10.3, and 11.10.4.</p> <p>CO 17484 – Updated Section 13.1.2 and 13.1.3</p> <p>CO 17503 – Updated Sections 4.7.2, 4.7.5, 7.1.2, 7.1.5, 8.1.2, 8.1.5, 10.1.2, 10.1.5, 10.5.2, 10.5.5, 10.8.2, 10, 8.5, 10.9.2, and 10.9.5. Added Section 10.10.</p> <p>CO 17580 – Updated Section 13.6.3</p> <p>CO 15922 – Added Section 12.12 – New Dental Restorative Svc History Search Panel</p> <p>CO 17489 – Updated Sections 11.3.4, 11.4.4, 11.9.4, and 11.10.4</p> <p>CO 17248 – Updated Sections 4.1 and 4.6.</p> |
| 01/13/2023 | 50.0 | Laura Powell | Application of COs | <p>CO 17630 – Updated Sections 12.10.2 and 12.10.3</p> <p>CO 15400 - Updated Sections 10.1.2, 10.1.4, 10.2.2, 10.2.4, 10.4.3, Added Section 10.9</p>  |
| 03/24/2023 | 51.0 | Laura Powell | Application of COs | <p>CO 17459 – Section 13.5.3 – Updated Forms List</p> <p>CO 17782 – Section 13.3 – Updated Layout, Field Descriptions, and Edit Error Codes</p> <p>Deleted Uploaded Files Panel</p> <p>CO 17787 – Section 11.3 – Updated layout and field descriptions.</p>   |
| 6/23/2023  | 52.0 | Laura Powell | Application of COs | <p>CO 17760 – Section 13.5.3 – Updated field descriptions</p> <p>CO 17791 – Removed Chatbot icon from claims panels</p>   |
| 12/22/2023 | 53.0 | Laura Powell | Application of COs | <p>CO 18088 – Sections 15.3.2 and 15.3.3 – Added back button to panel.</p>  |
| 03/18/2024 | 54.0 | Laura Powell | Application of COs | <p>CO 18100 – Sections 11.3.2, 11.3.3, 11.4.2, 11.4.3, 11.9.2, 11.9.3, 11.10.2, 11.10.3 – Added back button to panel.</p>   |

|            |      |              |                    |  |
|------------|------|--------------|--------------------|--|
| 06/24/2024 | 55.0 | Laura Powell | Application of COs | <p>CO 18503 – Section 13.5.3 – Added PE – ACHN PCP Group Agreement Documentation to Forms list.</p> <p>CO 18555 – Section 5.1 – Updated screenshot with Current Medicaid Seal</p> <p>CO 18558 – Sections 16.2.2 and 16.2.3 – Added 24 Hour Phone.</p> <p>CO 18038 – Added Section 16.5 – LTC Search Panel</p>                      |
| 9/24/2024  | 56.0 | Laura Powell | Application of COs | <p>CO 18225 – Added Sections 10.2 and 10.3 – Multi-factor Authentication</p> <p>CO 18336 – Sections 11.3, 11.4, 11.10 -- Modified TPL Supplemental Documentation panel and added Barcode Generation panel.</p> <p>CO 18820 – Sections 11.3, 11.4, 11.10 – Updated Layout and Added “Enter ACN” checkbox to field descriptions.</p> |
| 12/24/2024 | 57.0 | Laura Powell | Application of COs | <p>CO 18978 --- Section 13.3 – Updated Narrative.</p>  |

## 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 Gainwell Technologies (Gainwell) 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 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. The *Alabama Medicaid Provider Manual*, can be downloaded 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 equipped with Microsoft Edge version 100 or greater.

Please refer to the website for Microsoft Edge (<https://www.microsoft.com/en-us/edge>) for additional information.

**NOTE:**

Please refer to the browser installation information to find out the appropriate personal computer recommendations and configurations.

#### 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 <b>View</b> from browser toolbar.             | View menu displays.   |
| 3    | Point to <b>Text Size</b> and click <b>Smaller</b> . | 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>

## 4.3 Users

### 4.3.1 User Roles

Interactive Services website users fall into one of the following secure user roles:

- Guest
- Provider
- Clerk
- Trading Partner
- OPR Provider / OPR Clerk
- ACHN Provider / ACHN Clerk
- Drug Manufacturer / Drug Manufacturer Clerk
- Administrator

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

| Feature             | Guest | Provider | Clerk* | Trading Partner | OPR Provider/ Clerk | ACHN Provider/ Clerk | Drug Manufacturer/ Clerk |
|---------------------|-------|----------|--------|-----------------|---------------------|----------------------|--------------------------|
| <b>Home</b>         | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Site Settings       | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| <b>NDC Look Up</b>  | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| <b>Information</b>  | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| AL Links            | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Contact Us          | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| <b>Account</b>      | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Account Setup       | ✓     |          |        |                 | ✓                   | ✓                    |                          |
| Account Maintenance |       | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Clerk Maintenance   |       | ✓        |        |                 | ✓                   | ✓                    | ✓                        |
| Change Password     |       | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Messages            |       | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Switch Provider     |       |          | ✓      |                 | ✓                   | ✓                    |                          |
| Logoff              |       | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Reset Password      | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Secure Site         | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| <b>Claims</b>       |       | ✓        | ✓      |                 |                     |                      |                          |

| Feature                    | Guest | Provider | Clerk* | Trading Partner | OPR Provider/ Clerk | ACHN Provider/ Clerk | Drug Manufacturer/ Clerk |
|----------------------------|-------|----------|--------|-----------------|---------------------|----------------------|--------------------------|
| Search                     |       | ✓        | ✓      |                 |                     |                      |                          |
| Dental                     |       | ✓        | ✓      |                 |                     |                      |                          |
| Institutional              |       | ✓        | ✓      |                 |                     |                      |                          |
| Pharmacy                   |       | ✓        | ✓      |                 |                     |                      |                          |
| Professional               |       | ✓        | ✓      |                 |                     |                      |                          |
| <b>Eligibility</b>         |       | ✓        | ✓      |                 |                     | ✓                    |                          |
| Eligibility Verification   |       | ✓        | ✓      |                 |                     | ✓                    |                          |
| HouseHold Inquiry          |       | ✓        | ✓      |                 |                     | ✓                    |                          |
| <b>Trade Files</b>         |       | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Download                   |       | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| Upload                     |       |          |        | ✓               | ✓                   |                      |                          |
| Forms                      |       |          | ✓      | ✓               | ✓                   |                      |                          |
| <b>Prior Authorization</b> |       | ✓        | ✓      |                 |                     |                      |                          |
| Search                     |       | ✓        | ✓      |                 |                     |                      |                          |
| New                        |       | ✓        | ✓      |                 |                     |                      |                          |
| <b>Providers</b>           |       | ✓        |        |                 |                     |                      |                          |
| <b>Provider Look Up</b>    | ✓     | ✓        | ✓      | ✓               | ✓                   | ✓                    | ✓                        |
| <b>Case Management</b>     |       |          |        |                 |                     | ✓                    |                          |
| Payment Search             |       |          |        |                 |                     | ✓                    |                          |
| Activity Search            |       |          |        |                 |                     | ✓                    |                          |

\* 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 Gainwell 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 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.

### 4.3.3 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.  |

| This option...      | Does this...  |
|---------------------|---|
| 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 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 Edge located on your workstation.  | Edge Browser launches.                                  |
| 2    | Enter <a href="https://www.medicaid.alabamaservices.org/ALPortal">https://www.medicaid.alabamaservices.org/ALPortal</a> ; press <b>Enter</b> key on your keyboard. | Home page of the Interactive Services website displays. |

## 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

The screenshot shows the login interface. At the top, there is a blue header with 'Important Announcements' and several lines of red text providing updates on COVID-19 emergency expiration dates and provider deadlines. Below this is a 'Login' section with a blue header and a question mark icon. The main content area is light blue and contains the following text: 'The Alabama Medicaid Interactive secure site is intended for providers, clerks and billing agents.' followed by instructions for first-time users regarding PIN letters and the EMC Helpdesk. There are three buttons: 'setup account', 'login', and 'reset password'. Below the buttons are two input fields: 'User Name\*' and 'Password\*'. At the bottom, there is a link for 'reset password' and a note about forgotten passwords.

### 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.

#### 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 |
|--|------------|
| The Important Announcement panel will appear above this page when there are announcements for all users. |            |

#### 4.7.6 Login Panel Accessibility

##### 4.7.6.1 To Access the Login Panel

| Step | Action                     | Response            |
|------|----------------------------|---------------------|
| 1    | Click <b>Account</b> .     | Account page opens. |
| 2    | Click <b>Secure Site</b> . | Login panel opens.  |

##### 4.7.6.2 To Add on the Login Panel

| Step | Action                   | Response   |
|------|--------------------------|--|
| 1    | Enter <b>User Name</b> . |  |
| 2    | Enter <b>Password</b> .  |  |
| 3    | Click <b>login</b> .     | Provider's page displays for Provider users. Messages page displays for Clerks and Billing Agents. |

##### 4.7.6.3 To Update on the Login Panel

| Step | Action                        | Response                       |
|------|-------------------------------|--------------------------------|
| 1    | Click <b>setup account</b> .  | Account Setup panel displays.  |
| 2    | Click <b>reset password</b> . | Reset Password panel displays. |

## 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:

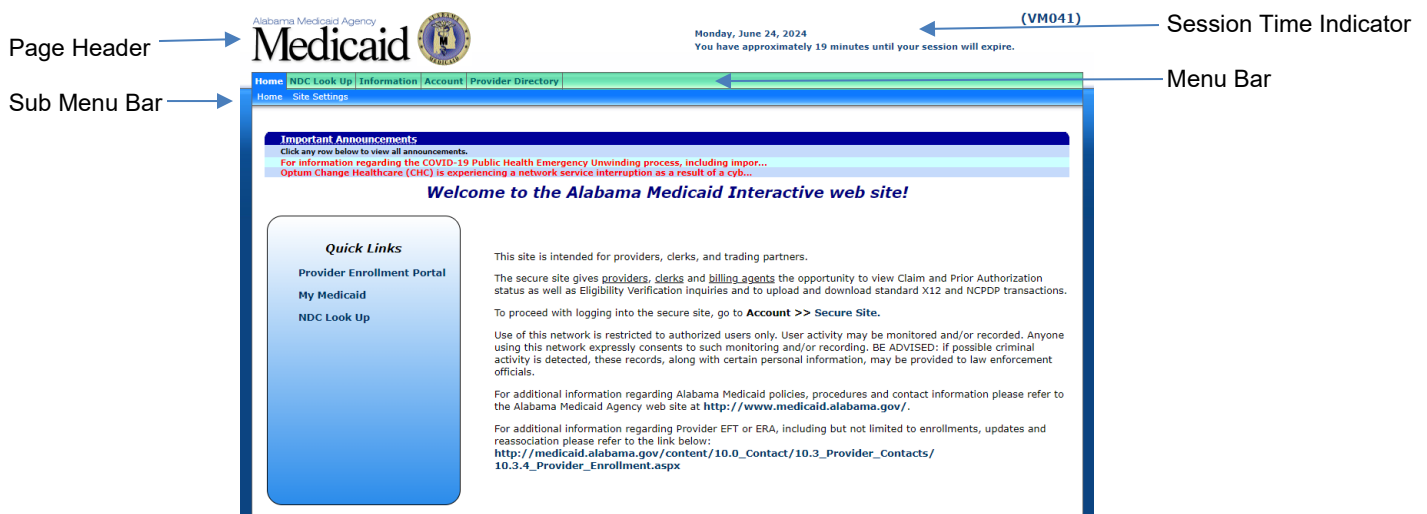
- Page
- Page Header
- Main Menu
- Sub Menu
- Search Panel
- Data List Panel
- Mini Search Panel
- Pop Up Search Panel
- Panel

### 5.1 Page Layout

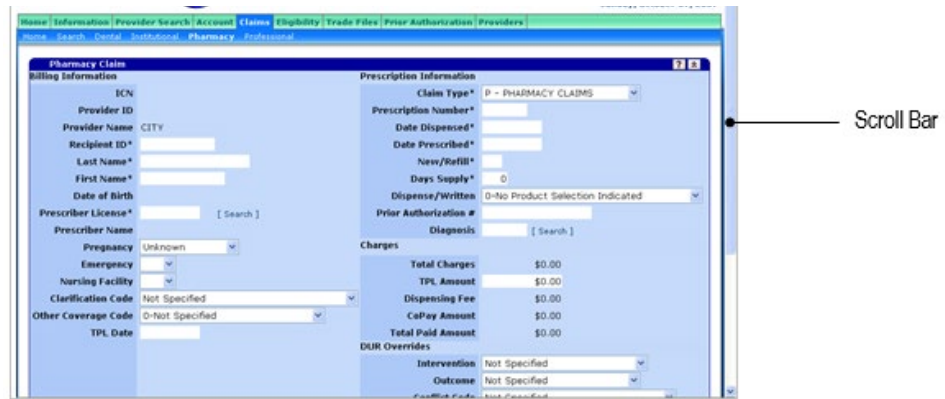
A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed a Main Menu bar, a Sub Menu bar, and any associated panels.

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.

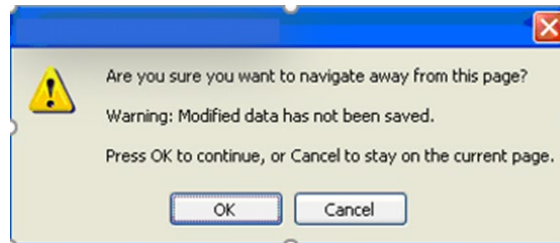
Beneath the Main Menu bar is the Sub Menu bar of horizontal links that open an associated page within the system. The Sub Menu bar appears in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.



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.



## 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.

**Claim Search: 009910161 MCD**

|                         |  |
|-------------------------|--|
| ICN                     | Rendering Provider ID                                  |
| Recipient ID [ Search ] | Claim Type   |
| Recipient Name          | Status   |
| TCN                     | Date Paid  |
| FDOS                    | Show Non-remitted Claims Only <input type="checkbox"/> |
| TDOS                    | Records 20   |

search clear

**Search Results**

| ICN          | Recipient ID | FDOS       | TDOS       | Claim Type                | Status   | Date Paid  | Amount Billed | Amount Paid |
|--------------|--------------|------------|------------|---------------------------|----------|------------|---------------|-------------|
| 000000000000 | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | DENIED   | 03/10/2011 | \$100.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | DENIED   | 03/10/2011 | \$100.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | PAID     | 03/10/2011 | \$100.00      | \$0.70      |
| 000000000000 | 000000000000 | 03/01/2011 | 03/01/2011 | PROFESSIONAL CLAIMS       | PAID     | 03/10/2011 | \$100.00      | \$0.70      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$165.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$165.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$250.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/13/2011 | \$320.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | DENIED   | 04/21/2011 | \$365.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/07/2011 | \$250.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/13/2011 | \$250.00      | \$141.00    |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/13/2011 | \$165.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/13/2011 | \$165.00      | \$41.00     |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/13/2011 | \$165.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/13/2011 | \$165.00      | \$36.00     |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | ADJUSTED | 04/21/2011 | \$165.00      | \$0.00      |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/21/2011 | \$165.00      | \$43.00     |
| 000000000000 | 000000000000 | 03/06/2011 | 03/06/2011 | PROFESSIONAL CLAIMS       | PAID     | 04/21/2011 | \$165.00      | \$43.00     |
| 000000000000 | 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.

**Detail**

| Item | Status | NDC Code      | Quantity | Allowed Amount |
|------|--------|---------------|----------|----------------|
| 1    | PAID   | 62175-0118-37 | 30.000   | \$61.00        |

Type changes below.

|               |        |                |                        |
|---------------|--------|----------------|------------------------|
| Item          | 1      | NDC Code*      | 62175011837 [ Search ] |
| Detail Status | PAID   | Charges*       | \$61.00                |
| Quantity*     | 30.000 | Allowed Amount | \$61.00                |

delete add

### 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.

Next search by: Name [ Search ] Description [ Search ] search clear

### 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.

The screenshot shows a pop-up window titled "Operating Physician" with a yellow header and a "[ Close ]" button in the top right corner. Below the header is a dark blue bar with the word "Search" and a help icon (?). The main area of the pop-up is light blue and contains four search criteria, each with a corresponding text input field: "Provider ID \*" (with an asterisk), "Address", "City, State", and "Zip, 4". At the bottom right of the pop-up, there are two buttons: "search" and "clear".

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.















## 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      |    | Inserts a new data record.  |
| Cancel Button   |    | Cancels all changes applied to all panels on the page.  |
| Clear Button    |    | Clears all data applied to a panel.   |
| Close           | [Close]   | Closes a pop up search panel.   |
| Delete Button   |    | 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     |  | Progresses from one panel to the next.  |
| Previous Button |  | Progresses from one panel to the previous.  |
| Save Button     |  | 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   |  | Performs search based on criteria entered and displays subsequent search results (if any) in the corresponding search results panel.  |
| Submit          |  | Submits a new or updated data record.   |

## 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.

### 6.1 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]

### 6.2 Info Panel Layout

Provider ID: ████████ MCD  
 Taxonomy: 207P00000X  
 Zip Code: 36732 - 3605

Your 835 transactions and/or Paper Remittance Advice is being sent to:  
 835 Receiver(s) : N/A  
 Paper RA :

Network Participation:  
 TONY J AKIN  
 ROH JAMES A  
 EXTENDED FOOT CARE  
 AKIN TONY J

#### 6.2.1 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      |
| Network Participation | Displays the networks the logged-in Provider is enrolled in. If the Provider is not enrolled in a network or if the logged-in user is not a Provider (or a representative thereof), this value will be "N/A". | Label      | N/A       | 0      |
| Paper RA              | Displays the Payee provider address.  | Label      | N/A       | 0      |

| Field       | Description   | Field Type | Data Type | Length |
|-------------|---|------------|-----------|--------|
| 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      |

### 6.2.2 Info Panel Field Edit Error Codes

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

### 6.2.3 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.

### 6.2.4 Info Panel Accessibility

#### 6.2.4.1 To Access the Info Panel

| Step | Action                   | Response                                |
|------|--------------------------|---|
| 1    | Click <b>Providers</b> . | Provider's page and Info panel display. |

## 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 | <input checked="" type="checkbox"/> |
| Notification | PIN                  | Make sure you log in with your PIN to reset the Pa | 06/15/1990 | 07/08/1990     | 09/23/2008 | <input checked="" type="checkbox"/> |
| Notification | Notification of paym | Please contact the Provider assistance center for  | 12/31/1994 | 01/14/1995     | 01/14/2008 | <input checked="" type="checkbox"/> |
| Notification | Another Notification | This is simply another notification that you are t | 12/20/2007 | 06/25/2007     | 12/31/2008 | <input type="checkbox"/>            |
| Notification | Claims failing       | Please contact the Provider assistance center for  | 09/01/2005 | 11/01/2005     | 12/31/2008 | <input checked="" type="checkbox"/> |
| Notification | Suspension of claims | This is simply another notification that you are t | 01/12/2001 | 02/14/2001     | 08/14/2009 | <input type="checkbox"/>            |
| Notification | Notification of paym | Please contact the Provider assistance center for  | 12/15/2002 | 01/01/2003     | 01/01/2008 | <input type="checkbox"/>            |
| Notification | Another Notification | This is simply another notification that you are t | 03/07/2006 | 06/15/2007     | 04/15/2008 | <input type="checkbox"/>            |
| Notification | Notification of paym | Please contact the Provider assistance center for  | 06/15/2007 | 04/10/2000     | 07/08/2008 | <input type="checkbox"/>            |
| Notification | Another Notification | This is simply another notification that you are t | 06/15/2007 | 02/13/2007     | 05/15/2008 | <input type="checkbox"/>            |

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. |               |            |

### 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 <b>Providers</b> . | Provider's page and Messages panel display. |

## 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

#### 7.1.3 Home Panel Field Descriptions

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

### 7.1.4 Home Panel Field Edit Error Codes

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

### 7.1.5 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. |            |
| The icon for launching the Alabama Medicaid Virtual Assistant in the lower right corner of the Home page is available for users to get immediate feedback to frequently asked questions.  |            |
| The Important Announcement panel will appear above this page when there are announcements for all users.  |            |

### 7.1.6 Home Panel Accessibility

#### 7.1.6.1 To Access the Home Panel

| Step | Action              | Response            |
|------|---------------------|---------------------|
| 1    | Click <b>Home</b> . | Home page displays. |

## 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

The screenshot shows a 'Personal Settings' panel with the following controls:

- Activate Dropdown Menus
- Activate Linearized Tables
- Activate Focus Return
- Activate Shortcut Keys
- Shortcut Key Display Mode: Underline (dropdown menu)
- update (button)

### 7.2.3 Site Settings Panel Field Descriptions

| Field                      | Description  | Field Type | Data Type          | Length |
|----------------------------|--|------------|--------------------|--------|
| 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      |
| update                     | This button saves the settings.  | Button     | N/A                | 0      |



### 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 <b>Home</b> .          | Home page displays.           |
| 2    | Click <b>Site Settings</b> . | Site Settings panel displays. |

#### 7.2.6.2 To Update on the Site Settings Panel

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

## 8 NDC Look Up Search

### 8.1 NDC Look Up Search Panel

#### 8.1.1 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]

#### 8.1.2 NDC Look Up Panel Layout

#### 8.1.3 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      |
| Covered             | Displays the Covered status of the NDC displayed on the panel. Valid values are 'Yes,' and 'No.'                           | Field      | Character | 3      |
| 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      |
|--|---|------------|-------------------|--------|
| Field                                      | Description   | Field Type | Data Type         | Length |
| 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     |
| NDC  | Enter National Drug Code number to perform a search.  | Field      | Character         | 11     |

### 8.1.4 NDC Look Up Search Panel Field Edit Error Codes

| Field                        | Error Message   | To Correct  |
|------------------------------|---|---|
| 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.             |
| Drug Name                    | No drug information found that matches the search criteria  | Enter a valid NDC or drug name.   |
| 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.<br>No drug information found that matches the search criteria. | Perform the drug search using either the NDC or the drug name.                  |
| SEARCH                       | Please enter NDC or drug name and date to perform a search.   | Enter a valid NDC or drug name in search criteria fields.                       |

### 8.1.5 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.

The Important Announcement panel will appear above this page when there are announcements for all users.

### 8.1.6 NDC Look Up Search Panel Accessibility

#### 8.1.6.1 To Access the NDC Look Up Panel

| Step | Action                            | Response                        |
|------|-----------------------------------|---------------------------------|
| 1    | Click the <b>NDC Look Up</b> tab. | NDC Look Up Panel will display. |

#### 8.1.6.2 To Search on the NDC Look Up Search Panel

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

## 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

**NDC Look Up** ? ^

|                                 |  |   |
|---------------------------------|--|---|
| <b>NDC</b> <input type="text"/> | <b>Drug Information Status Date</b> <input checked="" type="radio"/> Today <input type="radio"/> Other Date <input type="text"/> |   |
| <b>Drug Name</b> HYDROCODONE    | <b>Dispense As Written</b> <input type="checkbox"/>  | <input type="button" value="search"/><br><input type="button" value="clear"/> |

---

**Search Results**

| NDC         | Drug Name                      | Covered <small>▼</small> |
|-------------|--------------------------------|--------------------------|
| 00047048630 | HYDROCODONE/APAP 7.5/750 TB    | No                       |
| 00093516101 | HYDROCODONE-IBUPROFEN 7.5-200  | No                       |
| 00121060905 | HYDROCODONE/GUAIFENESIN SYR    | No                       |
| 00121060910 | HYDROCODONE/GUAIFENESIN SYR    | No                       |
| 00121061016 | HYDROCODONE/PE/CPM SYRUP       | No                       |
| 00121065504 | HYDROCODONE-ACETAMINOPHEN SOLN | Yes                      |
| 00121065516 | HYDROCODONE-ACETAMINOPHEN SOLN | Yes                      |
| 00121465505 | HYDROCODONE-ACETAMINOPHEN SOLN | Yes                      |
| 00121465510 | HYDROCODONE-ACETAMINOPHEN SOLN | Yes                      |
| 00121465515 | HYDROCODONE-ACETAMINOPHEN SOLN | Yes                      |

1 2 3 4 5 6 7 8 Next >

---

**Drug Information Status Date - 08/06/2018** ? ^

|                                    |  |
|------------------------------------|--|
| <b>Coverage Status</b>             | Covered  |
| <b>Drug Name</b>                   | HYDROCODONE-ACETAMINOPHEN SOLN                         |
| <b>Generic Name</b>                | HYDROCODONE BIT/ACETAMINOPHEN ORAL 7.5-500/15 SOLUTION |
| <b>NDC Number</b>                  | 00121-0655-04  |
| <b>PA Status</b>                   | No   |
| <b>PDL Status</b>                  | Preferred  |
| <b>Maximum Qty</b>                 | 240.000  |
| <b>Reimbursement Rate Per Unit</b> | .01834   |

*Drugs with either a PA status of YES or PDL status of Non-Preferred require a prior authorization.  
 The NDC information displayed is subject to change.*

### 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     |
| Covered         | Displays the Covered status of the NDC displayed on the panel. Valid values are 'Yes,' and 'No.' | Field      | Character | 3      |

| Field                        | Description   | Field Type | Data Type         | Length |
|------------------------------|---|------------|-------------------|--------|
| 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     |
| 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. |

| Field                       | Error Message  | To Correct                            |
|-----------------------------|--|---------------------------------------|
| Reimbursement rate per unit | PRICE CAN'T BE DETERMINED AT THIS TIME. CONTACT EMC HELPDESK AT 800-456-1242 | CONTACT EMC HELPDESK AT 800-456-1242. |

### 8.2.5 Drug Information Status Date Panel Extra Features

| Field   | Field Type      |
|---|-----------------|
| Max Qty   | Number(Integer) |
| Reimbursement rate per unit   | Number(Integer) |
| <p>If Max Qty is 9999999.999, N/A will be displayed, otherwise the quantity will display in numeric format 9999999.999.</p> <p>For Reimbursement rate per unit: the lowest reimbursement rate will be displayed unless the user selects DAW.</p> <p>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.</p> |                 |

### 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 <b>search</b> . | Detail Information of NDC is displayed in the summary panel or Drug Search Window pop-up is displayed based on search criteria. |

## 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]



## 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      |

| 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. |               |            |

### 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 <b>Information</b> . | Information panel displays. |
| 2    | Click <b>AL Links</b> .    | AL Links page displays.     |

## 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@dxc.com

The mailing address:  
 DXC Technology  
 Attn: EMC Helpdesk  
 301 Technacenter Drive  
 Montgomery, AL 36117

Use of the Alabama secure web pages is restricted 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 <b>Information</b> . | Information page displays. |
| 2    | Click <b>Contact Us</b> .  | Contact Us page displays.  |

## 10 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

### 10.1 Account Setup

#### 10.1.1 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.

#### 10.1.2 Account Setup Panel Layout

The screenshot displays the 'Account Setup' panel. At the top, there is a blue header with the text 'Important Announcements'. Below this, a light blue box contains several lines of text: 'Click any row below to view all announcements.', 'All previously published expiration dates related to the Coronavirus (COVID-19) emergency are onc...', 'All users: This site is intended for providers, clerks, and trading partners. The secure site g...', 'Attention ACHN Participating Providers: The deadline to submit PCMH attestation for FY2023 is 10/...', 'Attention All Providers: As of July 5, 2022 Providers who are eligible to update their Electronic...', and 'Due to maintenance activities on September 6, 2022, users will be unable to access all functions ...'. Below the announcements is the 'Account Setup' form area, which has a blue header with a question mark icon and a refresh icon. The form contains two input fields: 'Login ID\*' and 'Personal Identification Number\*'. Below the form, a note states: 'Please note Login ID and Personal Identification Number are case sensitive.'

Required fields are indicated with an asterisk (\*).

|                      |                      |                   |                      |
|----------------------|----------------------|-------------------|----------------------|
| User Name*           | <input type="text"/> | Password*         | <input type="text"/> |
| Contact Last Name*   | <input type="text"/> | Confirm Password* | <input type="text"/> |
| Contact First Name*  | <input type="text"/> | EEmail*           | <input type="text"/> |
| Phone Number*        | <input type="text"/> | Confirm Email*    | <input type="text"/> |
| 1st Secret Question* | <input type="text"/> |                   |                      |
| 1st Answer*          | <input type="text"/> |                   |                      |
| 2nd Secret Question* | <input type="text"/> |                   |                      |
| 2nd Answer*          | <input type="text"/> |                   |                      |

**NOTE:**  
 Section 10.1.3 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 10.1.6.2 for step by step instructions on how to complete the Account Setup panel.

### 10.1.3 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     |

| Field                          | Description   | Field Type | Data Type        | Length |
|--------------------------------|---|------------|------------------|--------|
| 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: <ul style="list-style-type: none"> <li>▪ 1 Lower and 1 Upper Case value;</li> <li>▪ 1 numeric value; and</li> <li>▪ be at least 8 bytes in length.</li> </ul> | 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      |
| User Name                      | Enter the login identification for the user account.  | Field      | Alphanumeric     | 20     |

#### 10.1.4 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.<br>(800) 456-1242 | Contact the EMC Help Desk for further assistance.                                  |
| 1st Answer          | 1st Answer is required.  | Enter an answer that corresponds with the 1 <sup>st</sup> Secret Question entered. |
| 1st Secret Question | 1st Secret Question is required.   | Enter the 1 <sup>st</sup> Secret Question.   |
| 2nd Answer          | 2nd Answer is required   | Enter an answer that corresponds with the 2nd Secret Question entered.             |

| Field               | Error Message  | To Correct   |
|---------------------|--|--|
|                     | Secret Answer #2 may not be the same as Secret Answer #1.  | Enter Secret Answer #2 which is not the same as Secret Answer #1.  |
| 2nd Secret Question | 2nd Secret Question is required.   | 2nd Secret Question is required.   |
|                     | Secret Question #2 may not be the same as Secret Question #1.  | Enter Secret Question #2 which is not the same as Secret Question #1.  |
| 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 an 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.   |
| 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 an 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.    |

### 10.1.5 Account Setup Panel Extra Features

| Field  | Field Type |
|--|------------|
| The Important Announcement panel will appear above this page when there are announcements for all users. |            |

### 10.1.6 Account Setup Panel Accessibility

#### 10.1.6.1 To Access the Account Setup Panel

| Step | Action                       | Response                   |
|------|------------------------------|----------------------------|
| 1    | Click <b>Account</b> .       | Account page opens.        |
| 2    | Click <b>Account Setup</b> . | Account Setup panel opens. |

#### 10.1.6.2 To Add on the Account Setup Panel

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

## 10.2 Multi-factor Authentication Setup

### 10.2.1 Multi-factor Authentication Setup Panel Narrative

This panel is where users are provided the information to set up time-based one-time password multi-factor authentication in an authenticator program. The panel displays a QR Code that can be scanned in a mobile device-based Authenticator program to create an account for the Alabama Medicaid site. The Secret Code is provided in text format so it can be inputted manually or saved, if desired.

After the account is set up in an authenticator program, enter the 6-digit password displayed by the authenticator program for this account into the one-time password field to complete the multi-factor authentication setup.

When the 6th digit is entered the password will automatically be validated. The setup process is not completed until the 6-digit one-time password is correctly entered and successfully validated.

**Navigation Path:** [Account] – [Secure Site]

### 10.2.2 Multi-factor Authentication Setup

**Multi-factor Authentication Setup** ?

Multi-factor authentication (MFA) provides additional security for your account.

MFA requires an authenticator program which is usually installed on a mobile device. The secret code shown on this page must be entered into that authenticator program. It can be entered by scanning the QR Code below from within the authenticator program or by entering the account information and secret code manually.

Scannable QR code:



Secret code: [blurred]

After the account has been created in your authenticator program, choose that account to display a six digit one-time password.

Enter the one-time password shown on your authenticator program:

### 10.2.3 Multi-factor Authentication Setup Panel Field Descriptions

| Field             | Description   | Field Type | Data Type | Length |
|-------------------|---|------------|-----------|--------|
| Scannable QR Code | This is a scannable QR Code image that contains all of the information necessary to set up the multi-factor authentication account in your authenticator program.   | Image      | N/A       | 0      |
| Secret Code       | This is the secret code that can be used to set up the multi-factor authentication account in your authenticator program. The QR Code image encodes this secret code, so you can either scan the QR Code or enter this code manually. | Label      | N/A       | 0      |
| One-Time Password | Enter the one-time password displayed in your authenticator program after you have finished adding the account with the information provided on this page. After you enter the 6th digit the code is automatically validated.         | Field      | N/A       | 6      |

**NOTE:**

If you enter the wrong one-time password three times you will be required to re-enter your login name and password to continue. If this occurs, the Multi-factor Authentication Setup panel will be displayed again with a different QR code image and secret code. You will need to create a new account in your authenticator program using the new QR code or secret code.

If you already created an account using the previously displayed secret code, you should delete it because it will not provide a valid one-time password for you to use to log in with. Depending upon which authenticator program you are using, you may need to delete the old account before creating the new account.

### 10.2.4 Multi-factor Authentication Setup Panel Field Edit Error Codes

| Field             | Error Message  | To Correct  |
|-------------------|--|---|
| One-Time Password | Sorry, the password did not match. Please try again. | <p>Verify that you are displaying the correct account in your authenticator program and re-enter the password.</p> <p>If you enter the wrong one-time password three times you will be required to re-enter your login name and password to continue. If this occurs, the Multi-factor Authentication Setup panel will be displayed again with a different QR code image and secret code. You will need to create a new account in your authenticator program using the new QR code or secret code.</p> <p>If you already created an account using the previously displayed secret code, you should delete it because it will not provide valid one-time codes for you to use to log in with. Depending upon which authenticator program you are using, you may need to delete the old account before creating the new account.</p> |

## 10.2.5 Multi-factor Authentication Setup Panel Accessibility

### 10.2.5.1 To Access the Multi-factor Authentication Setup Panel

| Step | Action   | Response  |
|------|--|---|
| 1    | Click <b>Account</b> .                           | Account page opens.   |
| 2    | Click <b>Secure Site</b> .                       | Multi-factor Authentication Setup panel opens.  |
| 1    | Enter <b>User Name</b> .                         |   |
| 2    | Enter <b>Password</b> .                          |   |
| 3    | Click <b>Multi-factor Authentication Setup</b> . | If the user is obligated to use multi-factor authentication (MFA) and has not previously set up MFA then the Multi-factor Authentication Setup panel will be displayed. |

## 10.3 Multi-factor Authentication

### 10.3.1 Multi-factor Authentication Panel Narrative

This panel is where the user enters the 6-digit code displayed by the authenticator program for this account into the one-time password field to complete the login process.

When the 6th digit is entered the code will automatically be validated. The login is not completed until the 6-digit one-time password is correctly entered.

**Navigation Path:** [Account] – [Secure Site]

### 10.3.2 Multi-factor Authentication

### 10.3.3 Multi-factor Authentication Setup Panel Field Descriptions

| Field             | Description  | Field Type | Data Type | Length |
|-------------------|--|------------|-----------|--------|
| One-Time Password | Enter the one-time password displayed in your authenticator program.<br>After you enter the 6th digit the code is automatically validated. | Field      | N/A       | 6      |

**NOTE:**  
 If you enter the wrong one-time password three times you will be required to re-enter your login name and password to continue.

### 10.3.4 Multi-factor Authentication Setup Panel Field Edit Error Codes

| Field                  | Error Message   | To Correct  |
|------------------------|---|---|
| One-Time Password Code | Sorry, the password did not match.<br>Please try again. | Verify that you are displaying the correct account in your authenticator program and re-enter the password.<br><br>If you enter the wrong password three times you will be required to re-enter your login name and password to continue. |

### 10.3.5 Multi-factor Authentication Setup Panel Accessibility

#### 10.3.5.1 To Access the Multi-factor Authentication Setup Panel

| Step | Action   | Response  |
|------|--|---|
| 1    | Click <b>Account</b> .                           | Account page opens.   |
| 2    | Click <b>Secure Site</b> .                       | Multi-factor Authentication Setup panel opens.  |
| 1    | Enter <b>User Name</b> .                         |   |
| 2    | Enter <b>Password</b> .                          |   |
| 3    | Click <b>Multi-factor Authentication Setup</b> . | If the user is obligated to use multi-factor authentication (MFA) and has previously set up MFA then the Multi-factor Authentication panel will be displayed. |

## 10.4 Account Maintenance

### 10.4.1 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.

### 10.4.2 Account Maintenance Panel Layout

**NOTE:**

Section 10.2.3 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 10.2.6.2 for step by step instructions on how to complete the Account Maintenance panel

### 10.4.3 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      |
| 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 |

#### 10.4.4 Account Maintenance Panel Field Edit Error Codes

| Field               | Error Message  | To Correct   |
|---------------------|--|--|
| 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   | Enter an answer that corresponds with the 2nd Secret Question entered. |
|                     | Secret Answer #2 may not be the same as Secret Answer #1.            | Enter Secret Answer #2 which is not the same as Secret Answer #1.      |
| 2nd Secret Question | 2nd Secret Question is Required.                                     | This field must be completed when 2nd Answer is entered.               |
|                     | Secret Question #2 may not be the same as Secret Question #1.        | Enter Secret Question #2 which is not the same as Secret Question #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.   |
| 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 an 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.  |
| save               | Save was Successful.  | Message is displayed when successfully updated.  |

### 10.4.5 Account Maintenance Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 10.4.6 Account Maintenance Panel Accessibility

#### 10.4.6.1 To Access the Account Maintenance Panel

| Step | Action                             | Response                         |
|------|------------------------------------|----------------------------------|
| 1    | Click <b>Account</b> .             | Account page opens.              |
| 2    | Click <b>Account Maintenance</b> . | Account Maintenance panel opens. |

#### 10.4.6.2 To Add on the Account Maintenance Panel

| Step | Action                            | Response |
|------|-----------------------------------|----------|
| 1    | Enter <b>Contact First Name</b> . |          |

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

#### 10.4.6.3 To Update on the Account Maintenance Panel

| Step | Action  | Response                               |
|------|---|--|
| 1    | Click in field(s) to update and perform update. |  |
| 2    | Click <b>save</b> .                             | Account Maintenance information saves. |

## 10.5 Clerk Maintenance

### 10.5.1 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.

### 10.5.2 Clerk Maintenance Panel Layout

### 10.5.3 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      |
| 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      |

| Field              | Description   | Field Type | Data Type          | Length |
|--------------------|---|------------|--------------------|--------|
| cancel             | This button cancels any changes made to the page.   | Button     | 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: <ul style="list-style-type: none"> <li>▪ 1 Lower and 1 Upper Case value;</li> <li>▪ 1 numeric value; and</li> <li>▪ be at least 8 bytes in length.</li> </ul> | 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      |
| remove clerk       | This button removes a selected clerk from the clerk data list.  | Button     | N/A                | 0      |
| submit             | This button initiates the save process.   | Button     | N/A                | 0      |
| User Name          | Displays the login identification of the user.  | Field      | Alphanumeric       | 20     |

### 10.5.4 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 an 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.   |

### 10.5.5 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.

### 10.5.6 Clerk Maintenance Panel Accessibility

#### 10.5.6.1 To Access the Clerk Maintenance Panel

| Step | Action                           | Response                       |
|------|----------------------------------|--------------------------------|
| 1    | Click <b>Account</b> .           | Account page opens.            |
| 2    | Click <b>Clerk Maintenance</b> . | Clerk Maintenance panel opens. |

#### 10.5.6.2 To Add on the Clerk Maintenance Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>add clerk</b> .                                      | Activates fields for entry of data or selection from lists.   |
| 2    | Enter <b>User Name</b> 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 <b>Contact First Name</b> .                             |   |
| 4    | Enter <b>Contact Last Name</b> .                              |   |
| 5    | Enter <b>Phone Number</b> and (optional) extension.           |   |
| 6    | Enter <b>Email</b> .  |   |
| 7    | Re-enter email address in <b>Confirm Email</b> field.         |   |
| 8    | Enter <b>Password</b> .                                       |   |

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

**10.5.6.3 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 <b>Assigned Roles</b> , and then click [ <b>&gt;</b> ] or [ <b>&gt;&gt;</b> ] to return to <b>Available Roles</b> or click [ <b>&lt;</b> ] or [ <b>&lt;&lt;</b> ] to add to <b>Assigned Roles</b> . |                                      |
| 3    | Click <b>save</b> .   | Clerk Maintenance information saves. |



## 10.6 Change Password

### 10.6.1 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.

### 10.6.2 Change Password Panel Layout



### 10.6.3 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      |
| 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 your new password. A web password must be at least 8 bytes in length and at a minimum must include a combination of the following requirements with a minimum of 3 out of the 4 requirements included:<br><ul style="list-style-type: none"> <li>▪ 1 Lower</li> <li>▪ 1 Upper Case value;</li> <li>▪ 1 numeric value;</li> <li>▪ 1 Special Character (~!@#\$%^&amp;* _ +='\ {}[]:;'"&lt;&gt;.,?/)and</li> </ul> <ul style="list-style-type: none"> <li>• Passwords cannot be changed more than once in each 24 hour period.</li> </ul> | Field      | Alphanumeric | 30     |
| save                 | This button confirms and saves the new password.   | Button     | N/A          | 0      |
| User Name            | This is your user name.  | Label      | Alphanumeric | 20     |

### 10.6.4 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. |

### 10.6.5 Change Password Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 10.6.6 Change Password Panel Accessibility

#### 10.6.6.1 To Access the Change Password Panel

| Step | Action                         | Response                     |
|------|--------------------------------|------------------------------|
| 1    | Click <b>Account</b> .         | Account page opens.          |
| 2    | Click <b>Change Password</b> . | Change Password panel opens. |

#### 10.6.6.2 To Update on the Change Password Panel

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

## 10.7 Messages

### 10.7.1 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]

### 10.7.2 Messages Panel Layout

Message Panel Layout for Introduction and Notification Messages

| Category     | Subject          | Message  | Added Date | Effective Date | End Date   | Read                     |
|--------------|------------------|--|------------|----------------|------------|--------------------------|
| Notification | EFT Announcement | Attention All Providers: As of July 5, 2022 Providers who are eligible to update their Electronic Fu | 09/25/2022 | 09/25/2022     | 09/30/2022 | <input type="checkbox"/> |

**Category:** Notification      **Subject:** EFT Announcement

**Message:**  
Attention All Providers: As of July 5, 2022 Providers who are eligible to update their Electronic Funds Transfer (EFT) information for receiving payments from Alabama Medicaid can now do so using the Provider Secure Web Portal. Providers who wish to make updates will log into the Web Portal and navigate to Provider -> EFT Account to enter and save the new account information. If no changes are required no action should be taken. In the future this method will replace the current methods available such as EFT forms and/or the Provider Enrollment Portal EFT application. Users with questions about the new process can see the Medicaid ALERT dated 6/28/2022 or contact the BMC Helpdesk at 1-800-456-1242 or via email at AlabamaSystemsEMC@gainwelltechnologies.com.

Message Panel Layout for Banner Messages

**Important Announcements**

**Announcement**  
All previously published expiration dates related to the Coronavirus (COVID-19) emergency are onc...  
All users: This site is intended for providers, clerks, and trading partners. The secure site g...  
Attention ACHN Participating Providers: The deadline to submit PCMH attestation for FY2023 is 10/...  
Attention All Providers: As of July 5, 2022 Providers who are eligible to update their Electronic...  
Due to maintenance activities on September 6, 2022, users will be unable to access all functions ...

**Announcement**  
All previously published expiration dates related to the Coronavirus (COVID-19) emergency are once again extended by the Alabama Medicaid Agency. The new expiration date is the earlier of September 30, 2022, the conclusion of the COVID-19 National emergency, or any expiration date noticed by the Alabama Medicaid Agency through a subsequent ALERT. A listing of previous Provider ALERTs and notices related to the health emergency is available by selecting the Agency's COVID-19 page in the bottom section: [https://medicaid.alabama.gov/news\\_detail.aspx?ID=13729](https://medicaid.alabama.gov/news_detail.aspx?ID=13729)

### 10.7.3 Messages Panel Field Descriptions

| Field        | Description   | Field Type | Data Type         | Length |
|--------------|---|------------|-------------------|--------|
| Added Date   | Displays the date the message was added. (Read-Only). | Field      | Date (MM/DD/CCYY) | 10     |
| Category     | Displays the category of the message. (Read-Only).    | Field      | Alphanumeric      | 30     |
| deselect All | Unchecks all of the Read check boxes.                 | Button     | N/A               | 0      |

|                |  |           |                   |      |
|----------------|--|-----------|-------------------|------|
| 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 |
| Read           | Displays whether the user has read the message.          | Combo Box | Check Box         | 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    |
| Subject        | Displays the short description of the message.           | Field     | Alphanumeric      | 100  |

### 10.7.4 Messages Panel Field Edit Error Codes

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

### 10.7.5 Messages Panel Extra Features

| Field  | Field Type |
|--|------------|
| Message Panel Layout for Banner Messages has a format that is different from the Notification and Introduction Message Panel Layout. |            |

### 10.7.6 Messages Panel Accessibility

#### 10.7.6.1 To Access the Messages Panel

| Step | Action                  | Response              |
|------|-------------------------|-----------------------|
| 1    | Click <b>Account</b> .  | Account page opens.   |
| 2    | Click <b>Messages</b> . | Messages panel opens. |

## 10.8 Switch Provider

### 10.8.1 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 10.3 *Clerk Maintenance*.

**Navigation Path:** [Account] – [Switch Provider]

### 10.8.2 Switch Provider Panel Layout

The screenshot displays the 'Switch Provider' interface. At the top, a blue header shows 'Current Provider 2003000000'. Below this is a table with columns: National Provider ID, Medicaid Provider ID, Address, City, State, Zip, Zip + 4, Taxonomy, Provider Type, and Default Provider ID. The table contains three rows of provider data. Below the table, a message says 'Select row above to update.' The interface is divided into two main sections: 'Current Provider' and 'Selected Provider'. The 'Current Provider' section has a dropdown menu. The 'Selected Provider' section has input fields for National Provider ID, City, Zip, Taxonomy, and Default Provider ID. At the bottom right, there are two buttons: 'set as default' and 'switch to'.

### 10.8.3 Switch Provider Panel Field Descriptions

| Field            | Description   | Field Type | Data Type    | Length |
|------------------|---|------------|--------------|--------|
| Address          | Displays address line 1 of the provider's physical address. (Read-Only)                   | Field      | Alphanumeric | 30     |
| 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     |

| Field                | Description  | Field Type | Data Type        | Length |
|----------------------|--|------------|------------------|--------|
| 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     |
| 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      |
| 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      |

#### 10.8.4 Switch Provider Panel Field Edit Error Codes

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

#### 10.8.5 Switch Provider Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 10.8.6 Switch Provider Panel Accessibility

### 10.8.6.1 To Access the Switch Provider Panel

| Step | Action                         | Response                     |
|------|--------------------------------|------------------------------|
| 1    | Click <b>Account</b> .         | Account page opens.          |
| 2    | Click <b>Switch Provider</b> . | Switch Provider panel opens. |

### 10.8.6.2 To Update on the Switch Provider Panel

| Step | Action   | Response                            |
|------|--|-------------------------------------|
| 1    | Select a provider from the provider data list. |                                     |
| 2    | Click <b>set as default</b> .                  | 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 <b>switch to</b> .                       |   |
| 3  | Click <b>OK</b> .                              | User will act as the provider selected. |

## 10.9 Logoff

### 10.9.1 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

### 10.9.2 Logoff Panel Layout



### 10.9.3 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      |

### 10.9.4 Logoff Panel Field Edit Error Codes

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

### 10.9.5 Logoff Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |



## 10.9.6 Logoff Panel Accessibility

### 10.9.6.1 To Access the Logoff Panel

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

### 10.9.6.2 To Update on the Logoff Panel

| Step | Action               | Response              |
|------|----------------------|-----------------------|
| 1    | Click <b>Login</b> . | Login panel displays. |

## 10.10 Reset Password

### 10.10.1 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]

### 10.10.2 Reset Password Panel Layout

**Important Announcements**  
Click any row below to view all announcements.  
All previously published expiration dates related to the Coronavirus (COVID-19) emergency are onc...  
All users: This site is intended for providers, clerks, and trading partners. The secure site g...  
Attention ACHN Participating Providers: The deadline to submit PCMH attestation for FY2023 is 10/...  
Attention All Providers: As of July 5, 2022 Providers who are eligible to update their Electronic...  
Due to maintenance activities on September 6, 2022, users will be unable to access all functions ...

**Reset Password** ? ⌵

Please enter your user name and click the "security questions" button. The two questions that you were asked to create on your initial secure visit will appear.

User Name\*

[security questions](#)

**Reset Password** ? ⌵

User Name

Enter answers to all questions listed in the fields provided and click the "reset password" button.  
Please note: Security answer(s) are case sensitive.

1st Secret Question   
1st Answer

2nd Secret Question   
2nd Answer

[reset password](#)



### 10.10.3 Reset Password Panel Field Descriptions

| Field               | Description  | Field Type | Data Type    | Length |
|---------------------|--|------------|--------------|--------|
| 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     |
| cancel              | This button cancels the current operation and discards any changes.  | Button     | N/A          | 0      |
| 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: <ul style="list-style-type: none"> <li>▪ 1 Lower and 1 Upper Case value;</li> <li>▪ 1 numeric value; and</li> <li>▪ be at least 8 bytes in length.</li> </ul> | Field      | Character    | 30     |
| reset password      | This button validates security answers and displays the password fields.   | Button     | N/A          | 0      |

| Field              | Description   | Field Type | Data Type    | Length |
|--------------------|---|------------|--------------|--------|
| 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      |
| User Name          | Displays the user name of the user.                                       | Field      | Alphanumeric | 20     |

#### 10.10.4 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.   |
| security questions | You are not authorized to access this account, please contact the EMC Help Desk for further assistance.<br>(800) 456-1242  | Contact the EMC Help Desk for further assistance.  |

| Field     | Error Message                                      | To Correct  |
|-----------|--|---|
| 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. |

### 10.10.5 Reset Password Panel Extra Features

| Field   | Field Type |
|---|------------|
| The Important Announcement panel will appear above this page when there are announcements for all |            |

### 10.10.6 Reset Password Panel Accessibility

#### 10.10.6.1 To Access the Reset Password Panel

| Step | Action                        | Response                    |
|------|-------------------------------|-----------------------------|
| 1    | Click <b>Account</b> .        | Account page opens.         |
| 2    | Click <b>Reset Password</b> . | Reset Password panel opens. |

#### 10.10.6.2 To Update on the Reset Password Panel

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

## 10.11 Logon Secret Question

### 10.11.1 Logon Secret Question Panel Narrative

The Secret Question panel, accessible via the Secure Site link, allows clerks to enter secret questions and answers when logging on for the first time to the secure Interactive Services website, which will be used to assist in resetting passwords.

Navigation Path: [Account - Secure Site - Login (with expired password) - Change Password]

### 10.11.2 Logon Secret Question Panel Layout

### 10.11.3 Logon Secret Question Panel Field Descriptions

| Field               | Description   | Field Type | Data Type    | Length |
|---------------------|---|------------|--------------|--------|
| Save and Login      | The button saves the changes made and log-in into the Web Portal. | Button     | N/A          | 0      |
| 1st Answer          | The 1st secret question Answer, which is hidden from view.        | Field      | Alphanumeric | 20     |
| 1st Secret Question | Displays 1st secret security question for the account user.       | Field      | Character    | 50     |
| 2nd Answer          | The answer to 2nd Secret Question, which is hidden from view.     | Field      | Alphanumeric | 20     |
| 2nd Secret Question | Displays the 2nd secret security question for the account user.   | Field      | Character    | 50     |
| User Name           | Displays the login identification for the user account.           | Field      | Alphanumeric | 20     |

### 10.11.4 Logon Secret Question Panel Field Edit Error Codes

| Field               | Error Message   | To Correct   |
|---------------------|---|--|
| 1st Answer          | 1st Answer is required.                                   | Enter an answer that corresponds with the 1 <sup>st</sup> Secret Question entered. |
| 1st Secret Question | 1st Secret Question is required.                          | Enter the 1 <sup>st</sup> Secret Question.   |
| 2nd Answer          | 2nd Answer is required                                    | Enter an answer that corresponds with the 2nd Secret Question entered.             |
|                     | Secret Answer #2 may not be the same as Secret Answer #1. | Enter Secret Answer #2 which is not the same as Secret Answer #1.                  |

| Field               | Error Message                    | To Correct                       |
|---------------------|----------------------------------|----------------------------------|
| 2nd Secret Question | 2nd Secret Question is required. | 2nd Secret Question is required. |

### 10.11.5 Logon Secret Question Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 10.11.6 Logon Secret Question Panel Accessibility

#### 10.11.6.1 To Access the Logon Secret Question Panel

| Step | Action                       | Response                         |
|------|------------------------------|----------------------------------|
| 1    | Click <b>Account</b> .       | Account page opens.              |
| 2    | Click <b>Secure Site</b> .   | Account Secure Site panel opens. |
| 3    | Login with expired password. | Change Password Panel opens.     |
| 4    | Set new password.            | Secret Question Panel opens      |

#### 10.11.6.2 To Save and Login on the Logon Secret Question Panel

| Step | Action  | Response                      |
|------|---|-------------------------------|
| 1    | Enter <b>1<sup>st</sup> Secret Question</b> .   |                               |
| 2    | Enter <b>1<sup>st</sup> Answer</b> that corresponds with the 1 <sup>st</sup> Secret Question entered. |                               |
| 3    | Enter <b>2<sup>nd</sup> Secret Question</b> .   |                               |
| 4    | Enter <b>2<sup>nd</sup> Answer</b> that corresponds with the 2 <sup>nd</sup> Secret Question entered. |                               |
| 9    | Click <b>Save and Login</b> .   | User Redirected to Home Page. |

## 10.12 Login Panel (Secure Site)

### 10.12.1 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]

### 10.12.2 Login Panel Layout

### 10.12.3 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.



### 10.12.4 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.                                    |

### 10.12.5 Login Panel Extra Features

| Field  | Field Type |
|--|------------|
| The Important Announcement panel will appear above this page when there are announcements for all users. |            |

### 10.12.6 Login Panel Accessibility

#### 10.12.6.1 To Access the Login Panel

| Step | Action                     | Response            |
|------|----------------------------|---------------------|
| 1    | Click <b>Account</b> .     | Account page opens. |
| 2    | Click <b>Secure Site</b> . | Login panel opens.  |

#### 10.12.6.2 To Add on the Login Panel

| Step | Action                   | Response   |
|------|--------------------------|--|
| 1    | Enter <b>User Name</b> . |  |
| 2    | Enter <b>Password</b> .  |  |
| 3    | Click <b>login</b> .     | Provider's page displays for Provider users. Messages page displays for Clerks and Billing agents. |

#### 10.12.6.3 To Update on the Login Panel

| Step | Action                        | Response                       |
|------|-------------------------------|--------------------------------|
| 1    | Click <b>setup account</b> .  | Account Setup panel displays.  |
| 2    | Click <b>reset password</b> . | Reset Password panel displays. |

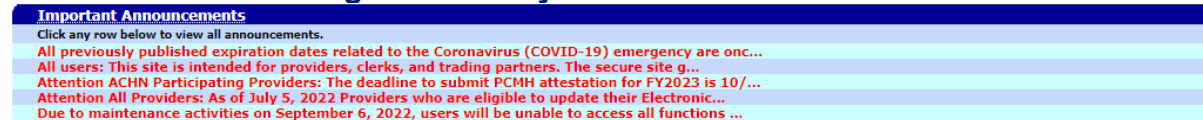
## 10.13 Banner Messages

### 10.13.1 Banner Messages Panel Narrative

The Banner Messages panel displays the 100 characters of the top five Banner Messages.

**Navigation Path:** [Home or NDC or Account > Setup or Account > Reset Password or Account > Secure Site]

### 10.13.2 Banner Messages Panel Layout



### 10.13.3 Banner Messages Panel Field Descriptions

| Field  | Description                   | Field Type | Data Type    | Length |
|--|-------------------------------|------------|--------------|--------|
| Message (Column name for the field appears as the following prompt to users:<br>"Click any row below to view all announcements") | Displays the Banner Messages. | Field      | Alphanumeric | 100    |

### 10.13.4 Banner Messages Panel Field Edit Error Codes

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

### 10.13.5 Banner Messages Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 10.13.6 Banner Messages Panel Accessibility

#### 10.13.6.1 To Access the Banner Messages Panel

| Step | Action   | Response                                    |
|------|--|---|
| 1    | Click on Home or NDC or Account > Setup or Account > Reset Password or Account > Secure Site | List of first five Banner Messages display. |

# 11 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.

## 11.1 Claims

### 11.1.1 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]

### 11.1.2 Claims Panel Layout

Claims

- Search
- Dental
- Institutional (for Inpatient, Outpatient, Long Term Care)
- Pharmacy
- Professional

### 11.1.3 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      |

| 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      |

### 11.1.4 Claims Panel Field Edit Error Codes

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

### 11.1.5 Claims Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.1.6 Claims Panel Accessibility

#### 11.1.6.1 To Access the Claims Panel

| Step | Action                | Response              |
|------|-----------------------|-----------------------|
| 1    | Click <b>Claims</b> . | Claims page displays. |

## 11.2 Claim Search

### 11.2.1 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]

### 11.2.2 Claim Search Panel Layout

The screenshot shows the 'Claim Search' interface for recipient 580000014 MCD. Search criteria include Recipient ID, Recipient Name (STALLWORTH JOHNNY R), TCN, FDOS, TDOS, Rendering Provider ID, Claim Type, Status, Date Paid, and checkboxes for 'Show Non-remitted Claims Only' and 'Show Maternity Care Encounters'. A 'Records' dropdown is set to 20. The results table below shows 16 records of Professional Claims, all with a status of DENIED or ADJUSTED and a total amount paid of \$0.00.

| ICN | Recipient ID | FDOS       | TDOS       | Claim Type          | Status   | Date Paid | Amount Billed | Amount Paid |
|-----|--------------|------------|------------|---------------------|----------|-----------|---------------|-------------|
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 06/28/2017 | 06/28/2017 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$2.00        | \$0.00      |
| ... | ...          | 06/28/2017 | 06/28/2017 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$2.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | ADJUSTED | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |
| ... | ...          | 01/01/2001 | 01/01/2001 | PROFESSIONAL CLAIMS | DENIED   | 0         | \$1.00        | \$0.00      |

Claim Count: 16      Total Paid: \$0.00

### 11.2.3 Claim Search 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. Paid Amount for Adjusted Claims will be displayed as zero. | Field      | Number (Decimal)   | 9      |
| Claim Count   | Number of claims found for the selection criteria.  | Field      | Number (Integer)   | 5      |
| Claim Type    | Displays the type of claim.   | Combo Box  | Drop Down List Box | 0      |
| clear         | This button clears all the search criteria fields.  | Button     | N/A                | 0      |

| Field                          | Description  | Field Type | Data Type          | Length |
|--------------------------------|--|------------|--------------------|--------|
| 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     |
| 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: <ul style="list-style-type: none"> <li>▪ 40 - Converted Electronic Claim</li> <li>▪ 47 - Converted Paper Claim</li> <li>▪ 41 - Converted Medicare Claim</li> <li>▪ 20 - Electronic Claim</li> <li>▪ 22 - Web Claim</li> <li>▪ 10 - Paper</li> </ul> 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 1 <sup>st</sup> detail on the claim.  | Field      | Alphanumeric       | 10     |
| search                         | This button allows user to search on a specific claim.   | Button     | N/A                | 0      |
| Show Maternity Care Encounters | Displays maternity care encounter claims.  | Check Box  | Check Box          | 0      |
| 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      |

| Field      | Description   | Field Type | Data Type         | Length |
|------------|---|------------|-------------------|--------|
| 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     |
| Total Paid | Displays the Sum of all paid amounts. This excludes Paid Amount of Adjusted Claims.   | Field      | Number (Decimal)  | 12     |

### 11.2.4 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.  |

### 11.2.5 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.

### 11.2.6 Claim Search Panel Accessibility

#### 11.2.6.1 To Access the Claim Search Panel

| Step | Action                | Response                     |
|------|-----------------------|------------------------------|
| 1    | Click <b>Claims</b> . | Claims page displays.        |
| 2    | Click <b>Search</b> . | Claim Search panel displays. |

#### 11.2.6.2 To Search on the Claim Search Panel

| Step | Action   | Response                             |
|------|--|--------------------------------------|
| 1    | Enter one or a combination of the following fields: <b>ICN, Recipient ID, TCN, FDOS, TDOS, Rendering Provider ID, Claim Type, Status</b> and/or <b>Date Paid</b> . |                                      |
| 2    | Click <b>search</b> .  | 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 Gainwell Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.



## 11.3 Dental

### 11.3.1 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)
- Supplemental Information
- 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.

### 11.3.2 Dental Claim Panel Layout

The screenshot displays the 'Dental Claim' form interface. It is divided into two main columns: 'Billing Information' on the left and 'Service Information' on the right. Below these columns is a 'Total Charges' summary table.

| Billing Information |                 | Service Information   |            |
|---------------------|-----------------|-----------------------|------------|
| ICN                 |                 | Service Authorization | [Dropdown] |
| Provider ID         | 1000000001 NPI  | POS*                  | [ Search ] |
| Provider Name       | ANNA'S PHARMACY | Related Causes        |            |
| Recipient ID*       | [Input]         | Cause 1               | [Dropdown] |
| Last Name*          | [Input]         | Cause 2               | [Dropdown] |
| First Name*         | [Input]         | Total Charges         |            |
| Date of Birth       | [Input]         | Total Charges         | \$0.00     |
| Patient Account #   | [Input]         | TPL Amount            | \$0.00     |
|                     |                 | Total Paid Amount     | \$0.00     |

| TPL                             |                                 |                     |                         |          |           |            |        |               |
|---------------------------------|---------------------------------|---------------------|-------------------------|----------|-----------|------------|--------|---------------|
| Plan Name                       | Policy Number                   | Payer Respons. Code | Relationship to Insured | Paid Amt | Last Name | First Name | MI     | Date of Birth |
| A                               |                                 |                     |                         | \$0      |           |            |        |               |
| Type data below for new record. |                                 |                     |                         |          |           |            |        |               |
| Policy Number*                  |                                 |                     |                         |          |           |            |        |               |
| Plan Name*                      |                                 |                     |                         |          |           |            |        |               |
| Relationship to Insured*        | <input type="text"/>            |                     |                         |          |           |            |        |               |
| Carrier Code*                   | <input type="text"/> [ Search ] |                     |                         |          |           |            |        |               |
| Carrier Name                    |                                 |                     |                         |          |           |            |        |               |
| Payer Respons. Code*            | <input type="text"/>            |                     |                         |          |           |            |        |               |
| Paid Date*                      |                                 |                     |                         |          |           |            |        |               |
| Paid Amt*                       | \$0.00                          |                     |                         |          |           |            |        |               |
| Deductible Amt                  |                                 |                     |                         |          |           |            |        |               |
| CoInsurance Amt                 |                                 |                     |                         |          |           |            |        |               |
| CoPay Amt                       |                                 |                     |                         |          |           |            |        |               |
| TPL Denial                      |                                 |                     |                         |          |           |            |        |               |
| Denial Amt                      |                                 |                     |                         |          |           |            |        |               |
| Denial Reason Code              |                                 |                     |                         |          |           |            |        |               |
| Policy Holder                   |                                 |                     |                         |          |           |            |        |               |
| Last Name*                      |                                 |                     |                         |          |           |            |        |               |
| First Name, MI*                 |                                 |                     |                         |          |           |            |        |               |
| Date of Birth*                  |                                 |                     |                         |          |           |            |        |               |
|                                 |                                 |                     |                         |          |           |            | delete | add           |

| Supplemental Information                     |   |              |             |  |  |     |
|--|---|--------------|-------------|--|--|-----|
| Detail Number                                | Control Number  | ID Qualifier | Report Type | Transmission                           | File To Upload                               |     |
| A  | 0   |              | EB - EOB    | FT - FILE TRANSFER                     |  |     |
| Type data below for new record.              |   |              |             |  |  |     |
| Record ID                                    |   |              |             |  | Date of Denial*                              |     |
| Control Number                               | <input type="text"/> Enter ACN <input type="checkbox"/>   |              |             |  | Submitter First Name*                        |     |
| Report Type*                                 | <input type="text"/> EB - EOB                             |              |             |  | Submitter Last Name*                         |     |
| Transmission*                                | <input type="text"/> FT - FILE TRANSFER                   |              |             |  | Submitter Phone*                             |     |
| FDOS*  |   |              |             |  | Submitter Email*                             |     |
| TDOS*  |   |              |             |  |  |     |
| Upload File                                  | <input type="button" value="Choose File"/> No file chosen |              |             | <input type="button" value="Confirm"/> | File To Upload*                              |     |
| <input type="button" value="Print Barcode"/> |   |              |             |  | Attachment Uploaded <input type="checkbox"/> |     |
|  |   |              |             |  | delete                                       | add |

| Third Party Payments (Detail Item 0) |                      |          |                |                 |           |     |
|--------------------------------------|----------------------|----------|----------------|-----------------|-----------|-----|
| Carrier Code                         | Paid Date            | Paid Amt | Deductible Amt | CoInsurance Amt | CoPay Amt |     |
| A                                    |                      | \$0.00   |                |                 |           |     |
| Type data below for new record.      |                      |          |                |                 |           |     |
| Carrier Code*                        | <input type="text"/> |          |                |                 |           |     |
| Paid Date*                           |                      |          |                |                 |           |     |
| Paid Amt*                            | \$0.00               |          |                |                 |           |     |
| Deductible Amt                       |                      |          |                |                 |           |     |
| CoInsurance Amt                      |                      |          |                |                 |           |     |
| CoPay Amt                            |                      |          |                |                 |           |     |
| TPL Denial                           |                      |          |                |                 |           |     |
| Denial Amt                           |                      |          |                |                 |           |     |
| Denial Reason Code                   |                      |          |                |                 |           |     |
|                                      |                      |          |                |                 | delete    | add |


| Supplemental Information (Detail Item 1) |                                 |  |                    |
|--|---------------------------------|--|--------------------|
| Control Number                           | ID Qualifier                    | Report Type                                  | Transmission       |
| A  |                                 | EB - EOB                                     | FT - FILE TRANSFER |
| Type data below for new record.          |                                 |  |                    |
| Control Number*                          | <input type="text"/>            | Report Type*                                 | EB - EOB           |
|  |                                 | Transmission*                                | FT - FILE TRANSFER |
|  |                                 |  | delete add         |
| Surfaces (Detail Item 1)                 |                                 |  |                    |
| Surface                                  |                                 |  |                    |
| A  | Type data below for new record. |  |                    |
| Surface*                                 | <input type="text"/>            |  |                    |
|  |                                 |  | delete add         |
| Claim Status Information                 |                                 |  |                    |
| Claim Status                             | PAID                            |  |                    |
| Claim ICN                                | <input type="text"/>            |  |                    |
| Checkwrite Date                          | <input type="text"/>            |  |                    |
| Allowed Amount                           | \$10.45                         |  |                    |
| EOB Information                          |                                 |  |                    |
| Detail Number                            | Code                            | Description                                  |                    |
| 1  | 9918                            | PRICING ADJUSTMENT - MAX FEE PRICING APPLIED |                    |

**TPL CLAIMS ATTACHMENT SUPPORTING DOCUMENTATION BARCODE COVERSHEET**

**Barcode Coversheet Reminder:**

It is imperative that you save a copy of this coversheet, should you be requested to submit additional documentation for this packet. If additional supporting documentation is needed please attach barcode coversheet as page 1 and fax to 334-215-7416. Do not fax double-sided pages.

To save barcode coversheet click print button and select save as PDF.



|                      |                      |                           |                      |
|----------------------|----------------------|---------------------------|----------------------|
| Record ID            | <input type="text"/> | Attachment Control Number | <input type="text"/> |
| Recipient ID         | <input type="text"/> | Billing Provider ID (NPI) | <input type="text"/> |
| From Date of Service | <input type="text"/> | To Date of Service        | <input type="text"/> |
| Date of Denial       | <input type="text"/> | Provider Name             | <input type="text"/> |
| Submitter First Name | <input type="text"/> | Submitter Last Name       | <input type="text"/> |
| Submitter Phone      | <input type="text"/> | Submitter Email           | <input type="text"/> |

Print      Close

**Note:**

Section 11.3.3 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 11.3.6.2 for step by step instructions on how to complete the dental claim form.

### 11.3.3 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      |
| adjust                | This button submits adjustments for a paid claim.  | Button     | N/A              | 0      |
| Back Button           | Return back to the Claims Search panel.  | Button     | N/A              | 0      |
| cancel                | This button cancels the current operation and discards any changes.  | Button     | N/A              | 0      |
| Confirm               | This button is enabled only during an add in the Supplemental Information panel when Report Type is "EB" and Transmission is "FT". Clicking on it displays the valid file name on the datalist and data panel. | 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      |
| Print Barcode         | When enabled, clicking on Print Barcode button displays the barcode cover sheet for the attachment that was saved with the row currently selected in the data list.  | 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      |
| Upload File           | This button allows the user to choose a file to be uploaded.   | 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      |

|                           |   |           |                    |    |
|---------------------------|---|-----------|--------------------|----|
| Attachment Uploaded       | This checkbox is always disabled. When checked, it indicates that the current row being displayed on the panel was saved with an attachment.  | Checkbox  | 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 |
| Code                      | Displays the explanation of benefits code. (Read-Only)  | Field     | Number (Integer)   | 4  |
| Co-Insurance Amt          | Medicare Information: the coinsurance amount Medicare applied to this claim.  | Field     | Number (Decimal)   | 8  |
| Control Number            | Code identifying a party or other code.   | Field     | Alphanumeric       | 80 |
| 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 |
| Date of Denial     | This field specifies the date of the TPL denial. MMDDYYYY  | Field    | Date (MM/DD/CCYY) | 10 |
| Deductible Amt     | Displays the amount the recipient must pay before Medicare.  | Field    | Number (Decimal)  | 10 |
| Denial Amt         | TPL Denial Amt the third party payer applied to this claim.  | Field    | Number (Decimal)  | 10 |
| Denial Reason Code | TPL Denial Reason Code the third party payer applied to this claim.  | Field    | Alphanumeric      | 3  |
| 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 |
| Enter ACN          | When this checkbox is checked, ACN can be manually entered in the Control Number field.  | Checkbox | N/A               | 0  |
| FDOS               | This field specifies the effective date for the attachment form. MMDDYYYY  | Field    | Date (MM/DD/CCYY) | 10 |
| File To Upload     | Filename of the file selected for upload.  | Field    | Character         | 50 |
| 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 |
| ID Qualifier       | Code designating the system/method of code structure used for identification code.   | Field    | Character         | 2  |
| 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  | Field    | Character         | 60 |

|                           |  |           |                    |    |
|---------------------------|--|-----------|--------------------|----|
|                           | policy holder.   |           |                    |    |
| 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 |
| 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 |
| Record ID                 | Unique number for a row in the Supplemental Information panel  | Field     | Number             | 20 |
| 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 |
| Report Type               | Report Type Code. Code identifying the title or contents of a document, report or supporting item.                         | Field     | Character          | 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  |
| Submitter Email       | Email address of user submitting the claim.   | Field     | Character          | 40 |
| Submitter First Name  | First name of user submitting the claim.  | Field     | Character          | 15 |
| Submitter Last Name   | Last name of user submitting the claim  | Field     | Character          | 15 |
| Submitter Phone       | Phone number of user submitting the claim.  | Field     | Character          | 13 |
| 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  |
| TDOS                  | This field specifies the end date for the attachment form. MMDDYYYY   | Field     | Date (MM/DD/CCYY)  | 10 |
| 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 |
| Transmission          | Code defining timing, transmission method or format by which reports are to be sent. Valid Values are: AA - Available on Request at Provider Site; EM - EM - Mail; FX - By Fax; BM - By Mail; EL - Electronically Only. | Field     | Character          | 2  |
| Units                 | Displays the units of service on this detail. (Dental services will always be billed one unit per line item.)   | Field     | Number (Decimal)   | 6  |

### 11.3.4 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.  |
| 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.  |
| Control Number | Control Number is required.   | Enter the control number.  |
|                | Supplemental information segments is a duplicate.                                 | Supplemental information cannot be duplicate for each detail.  |
| Date of Denial | Date of Denial is required.   | Enter a valid Date of Denial.  |
|                | FDOS must be less than or equal to Date of Denial.                                | Enter Date of Denial that is greater than or equal to FDOS.  |
|                | TDOS must be less than or equal to Date of Denial.                                | Enter Date of Denial that is greater than or equal to TDOS.  |
|                | Enter a valid value.  | Enter a valid date in the form MMDDYYYY.   |
|                | Date of Denial must be less than or equal to Today's Date: MM/DD/YYYY             | Enter a valid Date of Denial that is less than or equal to Today's date in the form  |

|                    |   |  |
|--------------------|---|--|
|                    |   | MM/DD/YYYY   |
| 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.             |
| Denial Amt         | Denial Amt is required when Denial Reason Code is entered.    | Enter Denial Amt.  |
| Denial Reason Code | Denial Reason Code is required when Denial Amt is entered.    | Enter Denial Reason Code.  |
|                    | Denial Reason Code is not accepted for electronic TPL denial. | Enter valid Denial Reason Code.  |
| FDOS               | The effective date for the attachment form is required.       | Enter a valid effective date for the attachment form. MMDDYYYY                             |
|                    | FDOS must be less than or equal to Date of Denial.            | Enter a FDOS that is less than or equal to Date of Denial.                                 |
|                    | FDOS must be less than or equal to TDOS.                      | Enter FDOS that is less than or equal to TDOS.   |
|                    | Enter a valid value.  | Enter a valid date in the form MMDDYYYY.   |
|                    | FDOS must be less than or equal to Today's Date: MM/DD/YYYY   | Enter a valid FDOS that is less than or equal to Today's date in the form MM/DD/YYYY       |
| 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:<br>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.  |
| Patient Account         | Patient Account # contains an invalid value.                                      | Remove if any special character which is not in basic, extended character set from Patient Account. |
| 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.  |
|                         | Recipient ID must be numeric.   | Enter a valid Recipient ID.   |
| Relationship to Insured | Relationship to Insured is required.  | Select a Relationship to Insured when TPL is applicable.  |
| Report Type             | A valid Report Type is required   | Select valid report type.   |
| re-submit               | Cannot resubmit failed adjusted claim. Please adjust and resubmit original claim. | Correct the claim and resubmit.   |
| Submitter Email         | Submitter Email is required.  | Enter a valid Submitter Email address.  |
|                         | Enter a valid value.  | Enter a valid Submitter Email address.  |
| Submitter First Name    | Submitter First Name is required.   | Enter Submitter's First Name.   |
| Submitter Last Name     | Submitter Last Name is required.  | Enter Submitter Last Name.  |
| Submitter Phone         | Submitter Phone is required.  | Enter a valid Submitter Phone.  |
| Surface                 | A valid Surface is required.  | Enter a valid tooth surface code.   |
| TDOS                    | TDOS is required.   | Enter a valid TDOS. MMDDYYYY  |
|                         | TDOS must be less than or equal to Date of Denial.                                | Enter TDOS that is less than or equal to Date of Denial   |
|                         | FDOS must be less than or equal to TDOS.  | Enter TDOS that is greater than or equal to FDOS.   |
|                         | Enter a valid value.  | Enter a valid date in the form MMDDYYYY.  |

|               |   |   |
|---------------|---|---|
|               | TDOS must be less than or equal to Today's Date: MM/DD/YYYY     | Enter a valid TDOS that is less than or equal to Today's date in the form MM/DD/YYYY  |
| 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.                                 |
|               | Claim Total Charges must be equal to the sum of Detail Charges. | Ensure the Total Charges of Claim is equal to the sum of Detail Charges.              |
| Transmission  | A valid Transmission is required                                | Select valid Transmission.  |
| Units         | Units must be less than or equal to 999999999999.999.           | Ensure the units billed are not greater than 999,999,999,999.999.                     |
|               | 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.   |
| Upload File   | File is invalid for upload.                                     | Upload PDF file only.   |
|               | File has 0 byte size.   | Select a file having size greater than 0 byte and less than 30MB.                     |
|               | File size is greater than 29MB.                                 | Select a file size that is less than 29MB   |

### 11.3.5 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. |

| Field      | Field Type  |
|------------|---|
| 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.   |

**NOTE:**

**TPL CLAIMS ATTACHMENT SUPPORTING DOCUMENTATION**

The Supplemental Information panel allows users to upload additional documentation and to generate and print a barcode sheet for documents uploaded.

**Instructions**

Please complete all required fields. Supporting documentation will be uploaded upon successful claims submission.

Upon successful upload, a barcode coversheet will be generated.

It is imperative that you save a copy of this coversheet, should you be requested to submit additional documentation for this packet.

**Reminders**

A listing of approved supporting documents for TPL Claims Attachment is provided in certain chapters of the Provider Manual, such as Chapter 5, Filing a Claim.

The required file format for document upload is **PDF**. Documents submitted in any other format will be rejected.

**11.3.6 Dental Claim Panel Accessibility**

**11.3.6.1 To Access the Dental Claim Panel**

| Step | Action                | Response                     |
|------|-----------------------|------------------------------|
| 1    | Click <b>Claims</b> . | Claims page displays.        |
| 2    | Click <b>Dental</b> . | Dental Claim panel displays. |

**11.3.6.2 To Add on the Dental Claim Panel**

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter <b>Recipient ID</b> .                             |   |
| 2    | Enter the recipient's <b>Last Name</b> .                |   |
| 3    | Enter the recipient's <b>First Name</b> .               |   |
| 4    | Enter <b>Patient Account #</b> .                        |   |
| 5    | Select <b>Emergency</b> indicator from drop down list.  |   |
| 6    | Enter <b>POS</b> 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 <b>Cause 1</b> drop down list.                |   |
|------|---|---|
| 8    | Select a related cause from the <b>Cause 2</b> drop down list.                |   |
| 9    | Enter <b>TPL Amount</b> .   |   |
| 10   | Click <b>add</b> in TPL section.  | Activates fields for entry of data or selection from lists.   |
| 11   | Enter <b>Policy Number</b> .  |   |
| 12   | Enter <b>Plan Name</b> .  |   |
| Step | Action  | Response  |
| 13   | Select <b>Relationship to Insured</b> from drop down list.                    |   |
| 14   | Enter <b>Carrier Code</b> 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 <b>Paid Date</b> .  |   |
| 16   | Enter policy holder <b>Last Name</b> .  |   |
| 17   | Enter policy holder <b>First Name, MI</b> .                                   |   |
| 18   | Enter policy holder <b>Date of Birth</b> .                                    |   |
| 19   | Click <b>add</b> in Detail section.   | Activates fields for entry of data or selection from lists.   |
| 20   | Enter <b>Procedure</b> 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 <b>Tooth Number</b> .   |   |
| 22   | Select <b>Quadrant</b> from drop down list.                                   |   |
| 23   | Enter <b>Rendering Provider</b> 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 <b>DOS</b> .  |   |
| 25   | Enter <b>Units</b> .  |   |
| 26   | Enter <b>Charges</b> .  |   |
| 27   | Enter <b>POS</b> 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 <b>add</b> in Surfaces section.   | Activates fields for entry of data or selection from lists.   |
| 29   | Select <b>Surface</b> from drop down list.                                    |   |

|    |   |   |
|----|---|---|
| 30 | Click <b>add</b> 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 <b>submit</b> .   | Submits dental claim.                                       |

### 11.3.6.3 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 <b>adjust, void</b> or <b>re-submit</b> . | Submits an adjustment, void or re-submits a denied dental claim. |

## 11.4 Institutional

### 11.4.1 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
- Supplemental Information
- 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.



## 11.4.2 Institutional Claim Panel Layout

**Institutional Claim**
? ↕

**Billing Information**

ICN

Provider ID 1000000001 NPI

Provider Name ANNA'S PHARMACY

Recipient ID\*

Last Name\*

First Name\*

Date of Birth

Patient Account #

Medical Record #

Attending Phys\*  [ Search ]

Referring Phys  [ Search ]

Operating Physician  [ Search ]

Service Location  [ Search ]

**Diagnosis**

Admitting Diagnosis  [ Search ]

Primary 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 ]

Admit Source

Admission Type  [ Search ]

Admission Date

Admission Hour

Discharge Time

Covered Days

Non Covered Days

**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* <input type="text"/> [ Search ] <input type="text"/> |             |

| TPL                             |                                 |                     |                         |          |           |            |    |               |        |
|---------------------------------|---------------------------------|---------------------|-------------------------|----------|-----------|------------|----|---------------|--------|
| Plan Name                       | Policy Number                   | Payer Respons. Code | Relationship to Insured | Paid Amt | Last Name | First Name | MI | Date of Birth |        |
| A                               |                                 |                     |                         | \$0      |           |            |    |               |        |
| Type data below for new record. |                                 |                     |                         |          |           |            |    |               |        |
| Policy Number*                  | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| Plan Name*                      | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| Relationship to Insured*        | <input type="text" value="v"/>  |                     |                         |          |           |            |    |               |        |
| Carrier Code*                   | <input type="text"/> [ Search ] |                     |                         |          |           |            |    |               |        |
| Carrier Name                    | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| Payer Respons. Code*            | <input type="text" value="v"/>  |                     |                         |          |           |            |    |               |        |
| Paid Date*                      | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| Paid Amt*                       | \$0.00                          |                     |                         |          |           |            |    |               |        |
| Deductible Amt                  | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| CoInsurance Amt                 | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| CoPay Amt                       | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| TPL Denial                      |                                 |                     |                         |          |           |            |    |               |        |
| Denial Amt                      | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| Denial Reason Code              | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| Policy Holder                   |                                 |                     |                         |          |           |            |    |               |        |
| Last Name*                      | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| First Name, MI*                 | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
| Date of Birth*                  | <input type="text"/>            |                     |                         |          |           |            |    |               |        |
|                                 |                                 |                     |                         |          |           |            |    |               | delete |
|                                 |                                 |                     |                         |          |           |            |    |               | add    |

| Supplemental Information        |  |  |                       |                          |                |        |
|---------------------------------|--|--|-----------------------|--------------------------|----------------|--------|
| Detail Number                   | Control Number   | ID Qualifier                                 | Report Type           | Transmission             | File To Upload |        |
| A                               | 0  |  | EB - EOB              | FT - FILE TRANSFER       |                |        |
| Type data below for new record. |  |  |                       |                          |                |        |
| Record ID                       | <input type="text"/>   |  | Date of Denial*       | <input type="text"/>     |                |        |
| Control Number                  | <input type="text"/> Enter ACN <input type="checkbox"/>  |  | Submitter First Name* | <input type="text"/>     |                |        |
| Report Type*                    | EB - EOB <input type="text" value="v"/>  |  | Submitter Last Name*  | <input type="text"/>     |                |        |
| Transmission*                   | FT - FILE TRANSFER <input type="text" value="v"/>  |  | Submitter Phone*      | <input type="text"/>     |                |        |
| FDOS*                           | <input type="text"/>   |  | Submitter Email*      | <input type="text"/>     |                |        |
| TDOS*                           | <input type="text"/>   |  | File To Upload*       | <input type="text"/>     |                |        |
| Upload File                     | <input type="button" value="Choose File"/> No file chosen <input type="button" value="Confirm"/> |  | Attachment Uploaded   | <input type="checkbox"/> |                |        |
|                                 |  | <input type="button" value="Print Barcode"/> |                       |                          |                |        |
|                                 |  |  |                       |                          |                | delete |
|                                 |  |  |                       |                          |                | add    |

| Medicare Information          |                      |                       |                      |
|-------------------------------|----------------------|-----------------------|----------------------|
| Medicare Paid Date            | <input type="text"/> | Deductible Amount     | \$0.00               |
| Medicare Allowed Amount       | \$0.00               | Coinsurance Amount    | \$0.00               |
| Original Medicare Paid Amount | \$0.00               | Coinsurance Days      | <input type="text"/> |
| 2% Sequestration Amount       | \$0.00               | Lifetime Reserve Days | <input type="text"/> |
| 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*        | <input type="text"/> [ Search ]                                  |       |         |                     |                |
| Provider Control Number         |                      | HCPCS                | <input type="text"/> [ Search ]                                  |       |         |                     |                |
| Detail Status                   |                      | Modifier 1           | <input type="text"/> [ Search ]                                  |       |         |                     |                |
| From DOS                        | <input type="text"/> | Modifier 2           | <input type="text"/> [ Search ]                                  |       |         |                     |                |
| To DOS                          | <input type="text"/> | Modifier 3           | <input type="text"/> [ Search ]                                  |       |         |                     |                |
| Units*                          | 0                    | Modifier 4           | <input type="text"/> [ Search ]                                  |       |         |                     |                |
| Charges*                        | \$0.00               | Units of Measurement | <input type="text" value="Unit"/> <input type="text" value="v"/> |       |         |                     |                |
| Non Covered Charges             | \$0.00               | Allowed Amount       | \$0.00   |       |         |                     |                |
|                                 |                      | CoPay Amount         | \$0.00   |       |         |                     |                |
|                                 |                      |                      |  |       |         |                     | delete         |
|                                 |                      |                      |  |       |         |                     | add            |

| Third Party Payments (Detail Item 0) |                      |          |                |                 |           |
|--------------------------------------|----------------------|----------|----------------|-----------------|-----------|
| Carrier Code                         | Paid Date            | Paid Amt | Deductible Amt | CoInsurance Amt | CoPay Amt |
| A                                    |                      | \$0.00   |                |                 |           |
| Type data below for new record.      |                      |          |                |                 |           |
| Carrier Code*                        | <input type="text"/> |          |                |                 |           |
| Paid Date*                           | <input type="text"/> |          |                |                 |           |
| Paid Amt*                            |                      | \$0.00   |                |                 |           |
| Deductible Amt                       | <input type="text"/> |          |                |                 |           |
| CoInsurance Amt                      | <input type="text"/> |          |                |                 |           |
| CoPay Amt                            | <input type="text"/> |          |                |                 |           |
| TPL Denial                           |                      |          |                |                 |           |
| Denial Amt                           | <input type="text"/> |          |                |                 |           |
| Denial Reason Code                   | <input type="text"/> |          |                |                 |           |
|                                      |                      |          |                |                 | delete    |
|                                      |                      |          |                |                 | add       |

| Supplemental Information (Detail Item 1) |                      |             |                    |
|--|----------------------|-------------|--------------------|
| Control Number                           | ID Qualifier         | Report Type | Transmission       |
| A  |                      | EB - EOB    | FT - FILE TRANSFER |
| Type data below for new record.          |                      |             |                    |
| Control Number*                          | <input type="text"/> |             |                    |
| Report Type*                             |                      | EB - EOB    |                    |
| Transmission*                            |                      |             | FT - FILE TRANSFER |
|  |                      |             | delete             |
|  |                      |             | add                |

| Claim Status Information |   |
|--------------------------|---|
| Claim Status             | PAID  |
| Claim ICN                | 0000000000  |
| Checkwrite Date          | 09/13/2002  |
| 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   |

| Adjustment Information   |               |   |              |          |                   |                       |
|--------------------------|---------------|---|--------------|----------|-------------------|-----------------------|
| ICN                      | Date Adjusted | Claim Status History Date   | Claim Status | Location | Adjustment Reason | Adjustment Analyst ID |
| 0000000000               | 09/10/2002    | 09/13/2002  | DENIED       | 99       | X989              |                       |
| Claim Status Information |               |   |              |          |                   |                       |
| Claim Status             | PAID          |   |              |          |                   |                       |
| Claim ICN                | 0000000000    |   |              |          |                   |                       |
| Paid Date                | 09/13/2002    |   |              |          |                   |                       |
| Allowed Amount           | 4712.00       |   |              |          |                   |                       |
| 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. |              |          |                   |                       |

**TPL CLAIMS ATTACHMENT SUPPORTING DOCUMENTATION BARCODE COVERSHEET**

**Barcode Coversheet Reminder:**

It is **imperative** that you save a copy of this coversheet, should you be requested to submit additional documentation for this packet. If additional supporting documentation is needed please attach barcode coversheet as page 1 and fax to 334-215-7416. Do not fax double-sided pages.

To save barcode coversheet click print button and select save as PDF.

The form is a blue rectangular box containing a barcode at the top center with the text 'WTPL%70' below it. Below the barcode are two columns of input fields. The left column contains: Record ID, Recipient ID, From Date of Service, Date of Denial, Submitter First Name, and Submitter Phone. The right column contains: Attachment Control Number, Billing Provider ID (NPI), To Date of Service, Provider Name, Submitter Last Name, and Submitter Email. At the bottom of the form are two buttons: 'Print' and 'Close'.

**NOTE:**

Section 11.5.3 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 11.5.6.2 for step by step instructions on how to complete the institutional claim form.

**11.4.3 Institutional Claim 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      |
| Add E-Code  | This button is used to add additional External Cause of Injury Diagnosis Code. (max of 12 total allowed).        | Button     | N/A       | 0      |
| adjust      | This button submits adjustments for a paid claim.  | Button     | N/A       | 0      |
| Back Button | Return back to the Claims Search panel.  | Button     | N/A       | 0      |

|                         |  |        |                   |    |
|-------------------------|--|--------|-------------------|----|
| Birth Weight(gm)        | Birth weight in grams for a new born baby 28 days or younger of age. The amount must be entered as a positive whole number.  | Field  | Number (Decimal)  | 7  |
| cancel                  | This button cancels the current operation and discards any changes.  | Button | N/A               | 0  |
| Confirm                 | This button is enabled only during an add in the Supplemental Information panel when Report Type is "EB" and Transmission is "FT". Clicking on it displays the valid file name on the datalist and data panel. | 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  |
| Print Barcode           | When enabled, clicking on Print Barcode button displays the barcode cover sheet for the attachment that was saved with the row currently selected in the data list.  | 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  |
| Upload File             | This button allows the user to choose a file to be uploaded.   | Button | N/A               | 0  |
| void                    | This button submits a void request for a paid claim.   | Button | N/A               | 0  |
| 2% Sequestration Amount | The dollar amount of the 2% sequestration as required by the ACA.  | Field  | Number (Decimal)  | 8  |
| 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  |
| Attachment Uploaded | This checkbox is always disabled. When checked, it indicates that the current row being displayed on the panel was saved with an attachment.  | Checkbox | N/A               | 0  |
| 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 |
| Birth Weight(gm)    | Birth weight for a new born baby 1, baby 2 and baby 3 who is 28 days or younger of age. The amount must be entered as a positive whole number.  | Field    | Number (Integer)  | 9  |
| 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 |
| 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  |
| Control Number            | Code identifying a party or other code.   | Field     | Alphanumeric       | 80 |
| 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 |
| Date of Denial            | This field specifies the date of the TPL denial. MMDDYYYY   | Field     | Date (MM/DD/CCYY)  | 10 |
| Deductible Amount         | Displays the amount the recipient must pay before Medicare.   | Field     | Number (Decimal)   | 8  |
| 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  |
| Denial Amt                | TPL Denial Amt the third party payer applied to this claim.   | Field     | Number (Decimal)   | 10 |

|                            |   |          |                   |    |
|----------------------------|---|----------|-------------------|----|
| Denial Reason Code         | TPL Denial Reason Code the third party payer applied to this claim.   | Field    | Alphanumeric      | 3  |
| 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  |
| Enter ACN                  | When this checkbox is checked, ACN can be manually entered in the Control Number field.   | Checkbox | N/A               | 0  |
| FDOS                       | This field specifies the effective date for the attachment form. MMDDYYYY   | Field    | Date (MM/DD/CCYY) | 10 |
| File To Upload             | Filename of the file selected for upload.   | Field    | Character         | 50 |
| 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 |



|                         |   |       |                   |    |
|-------------------------|---|-------|-------------------|----|
| 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 |
| ID Qualifier            | Code designating the system/method of code structure used for identification code.  | Field | Character         | 2  |
| 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  |

|                               |   |       |                   |    |
|-------------------------------|---|-------|-------------------|----|
| 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  |
| 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 Response 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 E-code          | Displays the Primary E-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 Control Number | Displays the Reference Id for the qualifier 6R of the detail line. (Read-Only).                          | Field     | Date (MM/DD/CCYY)  | 50 |
| 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 |
| Record ID               | Unique number for a row in the Supplemental Information panel  | Field     | Number             | 20 |

|                         |   |           |                    |    |
|-------------------------|---|-----------|--------------------|----|
| 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  |
| Report Type             | Report Type Code. Code identifying the title or contents of a document, report or supporting item.  | Field     | Character          | 2  |
| 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  |
| Service Location        | Displays the identification number of the servicing facility.   | Field     | Alphanumeric       | 10 |
| Submitter Email         | Email address of user submitting the claim.   | Field     | Character          | 40 |
| Submitter First Name    | First name of user submitting the claim.  | Field     | Character          | 15 |
| Submitter Last Name     | Last name of user submitting the claim  | Field     | Character          | 15 |
| Submitter Phone         | Phone number of user submitting the claim.  | Field     | Character          | 13 |
| TDOS                    | This field specifies the end date for the attachment form. MMDDYYYY   | Field     | Date (MM/DD/CCYY)  |    |
| TPL Amount              | Displays the dollar amount paid by a third party liability insurance. (Read-Only)   | Field     | Number (Decimal)   | 15 |
| Transmission            | Code defining timing, transmission method or format by which reports are to be sent. Valid Values are: AA - Available on Request at Provider Site; EM - EM - Mail; FX - By Fax; BM - By Mail; EL - Electronically Only. | Field     | Character          | 2  |
| 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 |

#### 11.4.4 Institutional 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.   |
| 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.   |
| Attending Phys     | Attending Phys is required.   | Enter a valid Attending Physician.   |
|                    | A valid Attending Physician is required.  | Enter a valid Attending Physician.   |
| Birth Weight (gm)  | Birth weight must be entered in sequence and no blank birth weights are allowed between values. | Enter Baby weight 1 then enter baby weight 2 and then baby 3 weight.   |
| 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.   |
| Control Number     | Control Number is required.   | Enter the control number.   |
|                    | Supplemental information segments is a duplicate.                     | Supplemental information cannot be duplicate for each detail.                                   |
| 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.   |
| Date of Denial     | Date of Denial is required.   | Enter a valid Date of Denial.   |
|                    | FDOS must be less than or equal to Date of Denial.                    | Enter Date of Denial that is greater than or equal to FDOS.                                     |
|                    | TDOS must be less than or equal to Date of Denial.                    | Enter Date of Denial that is greater than or equal to TDOS.                                     |
|                    | Enter a valid value.  | Enter a valid date in the form MMDDYYYY.  |
|                    | Date of Denial must be less than or equal to Today's Date: MM/DD/YYYY | Enter a valid Date of Denial that is less than or equal to Today's date in the form MM/DD/YYYY  |
| 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.   |
| Denial Amt         | Denial Amt is required when Denial Reason Code is entered.            | Enter Denial Amt.   |
| Denial Reason Code | Denial Reason Code is required when Denial Amt is entered.            | Enter Denial Reason Code.   |
|                    | Denial Reason Code is not accepted for electronic TPL denial.         | Enter valid Denial Reason Code.   |
| 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.  |

|                       |  |   |
|-----------------------|--|---|
| FDOS                  | The effective date for the attachment form is required.                | Enter a valid effective date for the attachment form. MMDDYYYY                          |
|                       | FDOS must be less than or equal to Date of Denial.                     | Enter a FDOS that is less than or equal to Date of Denial.                              |
|                       | FDOS must be less than or equal to TDOS.                               | Enter FDOS that is less than or equal to TDOS.  |
|                       | Enter a valid value.   | Enter a valid date in the form MMDDYYYY.  |
|                       | FDOS must be less than or equal to Today's Date: MM/DD/YYYY            | Enter a valid FDOS that is less than or equal to Today's date in the form MM/DD/YYYY    |
| 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.            |
|                         | 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.   |
| 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.  |
| Patient Account      | Patient Account # contains an invalid value.                                      | Remove if any special character which is not in basic, extended character set from Patient Account. |
| Recipient ID         | Recipient ID is required and must be 13 digits.                                   | Enter a valid 13 digit Recipient ID.  |
|                      | Recipient ID must be numeric.   | Enter a valid Recipient ID.   |
| Report Type          | A valid Report Type is required   | Select valid report type.   |
| Revenue code         | A valid Revenue Code is required.   | Enter a valid Revenue Code.   |
| re-submit            | Cannot resubmit failed adjusted claim. Please adjust and resubmit original claim. | Correct the claim and resubmit.   |
| Service Location     | A valid Service Location is required.   | Enter a valid service location.   |
| Submitter Email      | Submitter Email is required.  | Enter a valid Submitter Email address.  |
|                      | Enter a valid value.  | Enter a valid Submitter Email address.  |
| Submitter First Name | Submitter First Name is required.   | Enter Submitter's First Name.   |
| Submitter Last Name  | Submitter Last Name is required.  | Enter Submitter Last Name.  |
| Submitter Phone      | Submitter Phone is required.  | Enter a valid Submitter Phone.  |
| TDOS                 | TDOS is required.   | Enter a valid TDOS. MMDDYYYY  |

|               |   |  |
|---------------|---|--|
|               | TDOS must be less than or equal to Date of Denial.              | Enter TDOS that is less than or equal to Date of Denial                              |
|               | FDOS must be less than or equal to TDOS.                        | Enter TDOS that is greater than or equal to FDOS.                                    |
|               | Enter a valid value.  | Enter a valid date in the form MMDDYYYY.   |
|               | TDOS must be less than or equal to Today's Date: MM/DD/YYYY     | Enter a valid TDOS that is less than or equal to Today's date in the form MM/DD/YYYY |
| TPL Amount    | TPL Amount must be less than or equal to 9999999.99.            | 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.                                |
| To DOS        | To DOS must be greater than or equal to 1/1/1990.               | Enter a To date of service that is greater than or equal to 1/1/1990.                |
|               | From Date must be less than or equal to To Date.                | Ensure From Date is less than or equal to the To Date.                               |
|               | To Date must be less than or equal to Today.                    | Ensure that the date is on or before today's date.                                   |
|               | To Date must be greater than or equal to 1/1/1990.              | Ensure To Date is greater than or equal to 1/1/1990.                                 |
|               | To Date must be less than or equal to 12/31/2299.               | Ensure To Date is less than or equal to 12/31/2299.                                  |
| Total Charges | Total Charges must be less than or equal to 9999999.99.         | Ensure the amount is not greater than \$9,999,999.99                                 |
|               | Claim Total Charges must be equal to the sum of Detail Charges. | Ensure the Total Charges of Claim is equal to the sum of Detail Charges.             |
| Transmission  | A valid Transmission is required                                | Select valid Transmission.   |
| Type Of Bill  | Type Of Bill is required.                                       | Enter a valid Type of Bill.  |
|               | Type Of Bill must be at least 3 characters in length.           | Enter a valid Type of Bill.  |
|               | Type Of Bill is not valid.                                      | Enter a valid Type of Bill.  |
| Units         | Units must be less than or equal to 999999999999.999.           | Ensure the units billed are not greater than 999,999,999,999.999.                    |
|               | Units must be greater than 0.01.                                | Ensure that the amount is greater than or equal to 0.01.                             |
|               | Units is required.  | Enter the detail units.  |
| Upload File   | File is invalid for upload.                                     | Upload PDF file only.  |
|               | File has 0 byte size.   | Select a file having size greater than 0 byte and less than 30MB.                    |
|               | File size is greater than 29MB.                                 | Select a file size that is less than 29MB  |

### 11.4.5 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.  |

**NOTE:**

**TPL CLAIMS ATTACHMENT SUPPORTING DOCUMENTATION**

The Supplemental Information panel allows users to upload additional documentation and to generate and print a barcode sheet for documents uploaded.

**Instructions**

Please complete all required fields. Supporting documentation will be uploaded upon successful claims submission.

Upon successful upload, a barcode coversheet will be generated.

It is imperative that you save a copy of this coversheet, should you be requested to submit additional documentation for this packet.

**Reminders**

A listing of approved supporting documents for TPL Claims Attachment is provided in certain chapters of the Provider Manual, such as Chapter 5, Filing a Claim.

The required file format for document upload is PDF. Documents submitted in any other format will be rejected.

### 11.4.6 Institutional Claim Panel Accessibility

#### 11.4.6.1 To Access the Institutional Claim Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |

#### 11.4.6.2 To Add on the Institutional Claim Panel

| Step | Action                                   | Response |
|------|--|----------|
| 1    | Enter <b>Recipient ID</b> .              |          |
| 2    | Enter the recipient's <b>Last Name</b> . |          |

|    |  |   |
|----|--|---|
| 3  | Enter the recipient's <b>First Name</b> .  |   |
| 4  | Enter <b>Patient Account #</b> .   |   |
| 5  | Enter <b>Medical Record #</b> .  |   |
| 6  | Enter <b>Attending Phys</b> 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 <b>Referring Phys</b> 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 <b>Operating Physician</b> 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 <b>Service Location</b> or click [Search] to select from list.                                 | Clicking [Search] activates the Service Location Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.    |
| 10 | Enter <b>Admitting Diagnosis</b> 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. |
| 11 | Select <b>Claim Type</b> from drop down list.  |   |
| 12 | Select <b>Service Authorization</b> from drop down list.   |   |
| 13 | Select <b>Delay Reason</b> from drop down list.  |   |
| 14 | Enter <b>Type Of Bill</b> .  |   |
| 15 | Enter <b>From Date</b> .   |   |
| 16 | Enter <b>To Date</b> .   |   |
| 17 | Enter <b>Patient Status</b> 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 <b>Admission Type</b> 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 <b>Admission Date</b> .  |   |
| 20 | Enter <b>Admission Hour</b> .  |   |
| 21 | Enter <b>Discharge Time</b> .  |   |
| 22 | Enter <b>Covered Days</b> .  |   |

|    |   |  |
|----|---|--|
| 23 | Enter <b>Non Covered Days</b> .   |  |
| 24 | Enter <b>Birth Weight</b> of Baby 1.  |  |
| 25 | Enter <b>Birth Weight</b> of Baby 2.  |  |
| 26 | Enter <b>Birth Weight</b> of Baby 3.  |  |
| 27 | Click <b>Condition</b> .  | Condition panel displays. Please refer to section 10.6.6.2 for step by step instructions on how to complete the Condition panel.       |
| 28 | Click <b>Payer</b> .  | Payer panel displays. Please refer to section 10.7.6.2 for step by step instructions on how to complete the Condition panel.           |
| 29 | Click <b>Procedure</b> .  | Procedure panel displays. Please refer to section 10.8.6.2 for step by step instructions on how to complete the Condition panel.       |
| 30 | Click <b>Occurrence</b> .   | Occurrence panel displays. Please refer to section 10.9.6.2 for step by step instructions on how to complete the Condition panel.      |
| 31 | Enter <b>Sequence</b> .   |  |
| 32 | Enter <b>Diagnosis</b> 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.    |
| 33 | Click <b>add</b> in Diagnosis section to add another diagnosis and repeat steps 28 thru 29. | Activates fields for entry of data or selection from lists.  |
| 34 | Enter Primary E-code or click [Search] to select.   | Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.    |
| 35 | Click add E-Code in Diagnosis section to add another diagnosis and repeat steps 28 thru 29. | Activates fields for entry of data or selection from lists.  |
| 36 | Click <b>add</b> in TPL section.  | Activates fields for entry of data or selection from lists.  |
| 37 | Enter <b>Policy Number</b> .  |  |
| 38 | Enter <b>Plan Name</b> .  |  |
| 39 | Select <b>Relationship to Insured</b> from drop down list.                                  |  |
| 40 | Enter <b>Carrier Code</b> 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. |
| 41 | Select <b>Payer Response. Code</b> from drop down list.                                     |  |

|    |   |  |
|----|---|--|
| 42 | Enter <b>TPL Paid Date</b> .  |  |
| 43 | Enter policy holder <b>Last Name</b> .  |  |
| 44 | Enter policy holder <b>First Name, MI</b> .   |  |
| 45 | Enter policy holder <b>Date of Birth</b> .  |  |
| 46 | Click <b>add</b> in TPL section to add another TPL carrier and repeat steps 32 thru 39.     | Activates fields for entry of data or selection from lists.  |
| 47 | Enter <b>Medicare Paid Date</b> .   |  |
| 48 | Enter <b>Medicare Allowed Amount</b> .  |  |
| 49 | Enter <b>Medicare Paid Amount</b> .   |  |
| 50 | Enter <b>Lifetime Reserve Days</b> .  |  |
| 51 | Enter <b>Deductible Amount</b> .  |  |
| 52 | Enter <b>Coinsurance Amount</b> .   |  |
| 53 | Enter <b>Coinsurance Days</b> .   |  |
| 54 | Enter <b>From DOS</b> .   |  |
| 55 | Enter <b>To DOS</b> .   |  |
| 56 | Enter <b>Units</b> .  |  |
| 57 | Enter <b>Charges</b> .  |  |
| 58 | Enter <b>Non Covered Charges</b> .  |  |
| 59 | Enter <b>Revenue Code</b> 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. |
| 60 | Enter <b>HCPCS</b> 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.        |
| 61 | Enter <b>Unit Rates</b> .   |  |
| 62 | Enter <b>Modifiers</b> 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.    |
| 63 | Click <b>add</b> in Detail section to add another service line and repeat steps 48 thru 56. | Activates fields for entry of data or selection from lists.  |
| 64 | Click <b>submit</b> .   | Submits institutional claim.   |

### 11.4.6.3 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 <b>adjust</b> , <b>void</b> or <b>re-submit</b> . | Submits an adjustment, void or re-submits a denied institutional claim. |
|---|---|---|



## 11.5 Condition Panel

### 11.5.1 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'.

### 11.5.2 Condition Panel Layout

The screenshot shows a web interface for adding a condition. At the top, there is a table with columns: Sequence, Condition, and Description. Below the table, there is a text input area with the prompt "Type data below for new record." Below this, there are two input fields: "Sequence\*" and "Condition\*", followed by a "[ Search ]" button. At the bottom right, there are two buttons: "delete" and "add".

### 11.5.3 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      |

### 11.5.4 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.                          |
|           | Sequence must be greater than or equal to 1. | Ensure that the Sequence is greater than or equal to 1. |

| Field | Error Message                 | To Correct                      |
|-------|-------------------------------|---------------------------------|
|       | Sequence must be Numeric.     | Ensure the Sequence is numeric. |
|       | Sequence contains duplicates. | Enter a unique Sequence.        |

### 11.5.5 Condition Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.5.6 Condition Panel Accessibility

#### 11.5.6.1 To Access the Condition Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |
| 3    | Click <b>Condition</b> .     | Condition panel displays.           |

#### 11.5.6.2 To Add on the Condition Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>add</b> .  | Activates fields for entry of data or selection from lists.   |
| 2    | Enter <b>Sequence</b> .                                       |   |
| 3    | Enter <b>Condition</b> 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 <b>submit</b> .   | Submits institutional claim.  |

#### 11.5.6.3 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 <b>submit</b> .                           | Submits institutional claim. |

## 11.6 Payer

### 11.6.1 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'.

### 11.6.2 Payer Panel Layout

### 11.6.3 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      |

### 11.6.4 Payer Panel Field Edit Error Codes

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

| 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.   |

### 11.6.5 Payer Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.6.6 Payer Panel Accessibility

#### 11.6.6.1 To Access the Payer Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |
| 3    | Click <b>Payer</b> .         | Payer panel displays.               |

#### 11.6.6.2 To Add on the Payer Panel

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

### 11.6.6.3 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 <b>submit</b> .                           | Submits institutional claim. |

## 11.7 ICD Procedures

### 11.7.1 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'.

### 11.7.2 ICD Procedures Panel Layout

### 11.7.3 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      |

### 11.7.4 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.    |

### 11.7.5 ICD Procedures Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.7.6 ICD Procedures Panel Accessibility

#### 11.7.6.1 To Access the ICD Procedures Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |
| 3    | Click <b>Procedure</b> .     | ICD Procedures panel displays.      |

#### 11.7.6.2 To Add on the ICD Procedures Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>add</b> .  | Activates fields for entry of data or selection from lists.   |
| 2    | Enter <b>Sequence</b> .                                       |   |
| 3    | Enter <b>Procedure</b> 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 <b>Procedure Date</b> .                                 |   |
| 5    | Click <b>submit</b> .   | Submits institutional claim.  |

#### 11.7.6.3 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 <b>submit</b> .                           | Submits institutional claim. |

## 11.8 Occurrence

### 11.8.1 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 'delete'.

### 11.8.2 Occurrence Panel Layout

The screenshot shows a web form titled "Occurrence". At the top, there are columns for "Sequence", "Occurrence Code", "Description", "From Date", and "To Date". Below this, there is a header row with "A" and "I" in the first two columns, followed by a prompt: "Type data below for new record.". The form contains several input fields: "Sequence" with the value "1", "From Date\*" (required), "Occurrence Code\*" with a search icon, and "To Date" (required). At the bottom right, there are two buttons: "delete" and "add".

### 11.8.3 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      |
| 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     |



### 11.8.4 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.    |

### 11.8.5 Occurrence Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 11.8.6 Occurrence Panel Accessibility

#### 11.8.6.1 To Access the Occurrence Panel

| Step | Action                       | Response                            |
|------|------------------------------|-------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.               |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays. |
| 3    | Click <b>Occurrence</b> .    | Occurrence panel displays.          |

#### 11.8.6.2 To Add on the Occurrence Panel

| Step | Action             | Response  |
|------|--------------------|---|
| 1    | Click <b>add</b> . | Activates fields for entry of data or selection from lists. |

| Step | Action  | Response  |
|------|---|---|
| 2    | Enter <b>Sequence</b> .   |   |
| 3    | Enter <b>Occurrence Code</b> 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 <b>From Date</b> .  |   |
| 5    | Click <b>submit</b> .   | Submits institutional claim.  |

### 11.8.6.3 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 <b>submit</b> .                           | Submits institutional claim. |

## 11.9 Pharmacy

### 11.9.1 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.

### 11.9.2 Pharmacy Claim Panel Layout

| Billing Information        |                 | Prescription Information   |                                  |
|----------------------------|-----------------|----------------------------|----------------------------------|
| ICN                        |                 | Claim Type*                | P - PHARMACY CLAIMS              |
| Provider ID                | 100000001 NPI   | Prescription Number*       |                                  |
| Provider Name              | ANNA'S PHARMACY | Date Dispensed*            |                                  |
| Recipient ID*              |                 | Date Prescribed*           |                                  |
| Last Name*                 |                 | New/Refill*                |                                  |
| First Name*                |                 | Quantity Prescribed        | 0                                |
| Date of Birth              |                 | Days Supply*               | 0                                |
| Prescriber ID*             |                 | Prescription Origin*       |                                  |
| Prescriber Qualifier Code* |                 | Dispense/Written*          | 0-No Product Selection Indicated |
| Pregnancy                  | Unknown         | Copay Exemption            |                                  |
| Nursing Facility           |                 | Prior Authorization #      |                                  |
| Clarification Code 1       | Not Specified   | Diagnosis                  | [ Search ]                       |
| Clarification Code 2       | Not Specified   | <b>Charges</b>             |                                  |
| Clarification Code 3       | Not Specified   | Gross Due Amt*             | \$0.00                           |
| Other Coverage Code        | Not Specified   | Usual/Cust Amt             | \$0.00                           |
| TPL Date                   |                 | TPL Amount                 | \$0.00                           |
| Compound Dispensing Unit   |                 | Dispensing Fee             | \$0.00                           |
| Compound Dosage Code       |                 | Copay                      | \$0.00                           |
|                            |                 | Total Paid Amount          | \$0.00                           |
|                            |                 | Incentive Amt Paid         | \$0.00                           |
|                            |                 | Incentive Amt Sub          | \$0.00                           |
|                            |                 | Patient Responsibility Amt | \$0.00                           |
|                            |                 | <b>DUR Overrides</b>       |                                  |
|                            |                 | Intervention               | Not Specified                    |
|                            |                 | Outcome                    | Not Specified                    |
|                            |                 | Conflict Code              | Not Specified                    |

### Compound Drug Claim Detail

| Detail  |            |   |                    |                |
|---|------------|---|--------------------|----------------|
| Item  | Status     | NDC Code                                      | Quantity Dispensed | Allowed Amount |
| 1   | DENIED     | 00002-0346-02                                 | 1.000              | \$0.00         |
| Select row above to update -or- click Add button below.   |            |   |                    |                |
| Item  |            | NDC Code                                      | [ Search ]         |                |
| Detail Status   |            |   |                    |                |
| Quantity Dispensed  |            | Allowed Amount                                |                    |                |
| <input type="button" value="delete"/> <input type="button" value="add"/>  |            |   |                    |                |
| Claim Status Information  |            |   |                    |                |
| Claim Status  | PAID       |   |                    |                |
| Claim ICN   | [REDACTED] |   |                    |                |
| Checkwrite Date   | [REDACTED] |   |                    |                |
| Allowed Amount  | \$94.07    |   |                    |                |
| EOB Information   |            |   |                    |                |
| Detail Number   | Code       | Description                                   |                    |                |
| 0   | 9910       | PHARMACY DISPENSING FEE APPLIED               |                    |                |
| 1   | 9908       | PRICING ADJUSTMENT - PHARMACY PRICING APPLIED |                    |                |
| <input type="button" value="cancel"/> <input type="button" value="void"/> <input type="button" value="copy claim"/> |            |   |                    |                |

**NOTE:**

Section 11.9.3 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 11.9.6.2 for step by step instructions on how to complete the pharmacy claim form.

**11.9.3 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      |
| Back Button           | Return back to the Claims Search panel.   | 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.<br>(Read-Only) | Field | Number (Integer) | 13 |
|-----------|---|-------|------------------|----|

| 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     |

| 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      |
| 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     |
| Incentive Amt Paid | Holds the value of the incentive amount paid on the claim.  | Field      | Number (Decimal)   | 13     |
| Incentive Amt Sub  | This is the incentive amount submitted by the provider on a NCPDP pharmacy claim billing transaction.   | Field      | Number (Decimal)   | 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      |



| Field                      | Description   | Field Type | Data Type          | Length |
|----------------------------|---|------------|--------------------|--------|
| NDC Code                   | Displays the National Drug Code used to identify a specific drug.   | Field      | Alphanumeric       | 11     |
| 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 ID              | Displays the license number or NPI of the provider who prescribed the drugs being administered to the recipient.                | Field      | Alphanumeric       | 10     |
| Prescriber Qualifier Code  | Indicates the type of prescriber that was submitted on the claim. Valid values are "01" - NPI, or "08" - State License.         | Combo Box  | Drop Down List Box | 0      |
| Prescription Number        | Displays the number which uniquely identifies a drug dispensed to a recipient.  | Field      | Number (Integer)   | 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 Dispensed         | Displays the number of units of a drug dispensed to a recipient.  | Field      | Number (Integer)   | 14     |

| Field               | Description   | Field Type | Data Type         | Length |
|---------------------|---|------------|-------------------|--------|
| Quantity Prescribed | Number of units of a drug prescribed on the prescription. The type of unit is expressed in CDE DRUG FORM. A value greater than zero is required for a Schedule II drug. | Field      | Number (Integer)  | 10     |
| Recipient ID        | Displays the recipient's Medicaid identification number.  | Field      | Number (Integer)  | 13     |
| 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     |

### 11.9.4 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.   |

| Field           | Error Message   | To Correct   |
|-----------------|---|--|
| 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.  |
|                 | 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.   |
|                 | Gross Due Amt must be less than or equal to 9999999.99              | Ensure the Gross Due Amt is less than or equal to 9999999.99   |
|                 | Claim Gross Due Amt must be equal to the sum of Detail Ingrid cost. | Ensure the Gross Due Amt of Claim is equal to the sum of Ingrid cost.                                      |
| Ingrid Cost     | Ingrid Cost must be less than or equal to 999999.99.                | Enter a dollar amount equal to or less than 999999.99.   |
|                 | Ingrid Cost must be greater than or equal to 0.01.                  | Enter a dollar amount equal to or greater than \$.01.  |
|                 | Ingrid 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 ID             | Prescriber ID is required.                          | Enter a Prescriber ID.   |
| Prescriber Qualifier Code | Prescriber Qualifier Code is required               | Select Prescriber Qualifier Code.  |
| Prescription Number       | Prescription Number is required.                    | Enter a prescription number.   |
|                           | Prescription Number must be AlphaNumeric.           | Enter a prescription number that contains alpha [A-Z] or numeric [0-9] values. |
| Quantity Dispensed        | 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.   |
| Quantity Prescribed       | 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.                    |
| Recipient ID              | Recipient ID is required and must be 13 digits.     | Enter a valid 13 digit Recipient ID.   |
|                           | Recipient ID must be numeric.                       | Enter a valid 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 01/01/1990.                          |
|                           | TPL Date must be less than or equal to 12/31/2299.  | Enter a TPL Date less than or equal to 12/31/2299.                             |

### 11.9.5 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. |

| Field         | Field Type   |
|---------------|--|
| 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.                         |

## 11.9.6 Pharmacy Claim Panel Accessibility

### 11.9.6.1 To Access the Pharmacy Claim Panel

| Step | Action                  | Response                       |
|------|-------------------------|--------------------------------|
| 1    | Click <b>Claims</b> .   | Claims page displays.          |
| 2    | Click <b>Pharmacy</b> . | Pharmacy Claim panel displays. |

### 11.9.6.2 To Add on the Pharmacy Claim Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Enter <b>Recipient ID</b> .  |  |
| 2    | Enter the recipient's <b>Last Name</b> .                               |  |
| 3    | Enter the recipient's <b>First Name</b> .                              |  |
| 4    | Enter <b>Prescriber License</b> 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 <b>Pregnancy</b> indicator from drop down list.                 |  |
| 6    | Select <b>Nursing Facility</b> indicator from drop down list.          |  |
| 7    | Select <b>Clarification Code</b> from drop down list.                  |  |
| 8    | Select <b>Other Coverage Code</b> from drop down list.                 |  |
| 9    | Enter <b>TPL Date</b> .  |  |
| 10   | Select <b>Claim Type</b> from drop down list.                          |  |
| 11   | Enter <b>Prescription Number</b> .                                     |  |
| 12   | Enter <b>Date Dispensed</b> .  |  |
| 13   | Enter <b>Date Prescribed</b> .   |  |
| 14   | Enter <b>New/Refill</b> .  |  |
| 15   | Enter <b>Days Supply</b> .   |  |
| 16   | Select <b>Dispense / Written</b> from drop down list.                  |  |
| 17   | Enter <b>Prior Authorization #</b> .                                   |  |

| Step | Action  | Response  |
|------|---|---|
| 18   | Enter <b>Diagnosis</b> 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. |
| 19   | Enter <b>TPL Amount</b> .   |   |
| 20   | Select <b>Intervention</b> from drop down list.   |   |
| 21   | Select <b>Outcome</b> from drop down list.  |   |
| 22   | Select <b>Conflict Code</b> from drop down list.  |   |
| 23   | Enter <b>Quantity</b> .   |   |
| 24   | Enter <b>NDC Code</b> (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.       |
| 25   | Click <b>add</b> in Detail section to add another service line and repeat steps 24 thru 26. | Activates fields for entry of data or selection from lists.   |
| 26   | Click <b>submit</b> .   | Submits pharmacy claim.   |

### 11.9.6.3 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 <b>adjust, void</b> or <b>re-submit</b> . | Submits an adjustment, void or re-submits a denied pharmacy claim. |

## 11.10 Professional

### 11.10.1 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
- Supplemental Information
- Maternity Encounter
- 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.

## 11.10.2 Professional Claim Panel Layout

| Billing Information |                           | Service Information    |                         |
|---------------------|---------------------------|------------------------|-------------------------|
| ICN                 |                           | Claim Type*            | M - PROFESSIONAL CLAIMS |
| Maternity Encounter | No                        | Service Authorization  |                         |
| Provider ID         | 1000000001 NPI [ Search ] | Delay Reason           |                         |
| Provider Name       | ANNA'S PHARMACY           | Initial Treatment Date |                         |
| Recipient ID*       |                           | Last Menstrual Period  |                         |
| Last Name*          |                           | Related Causes         |                         |
| First Name*         |                           | Cause 1                |                         |
| Date of Birth       |                           | Cause 2                |                         |
| Medical Record #    |                           | Charges                |                         |
| Patient Account #   |                           | TPL Amount             | \$0.00                  |
| Referring Physician | [ Search ]                | Total Charges          | \$0.00                  |
| Referral #          |                           | Total Copay            | \$0.00                  |
|                     |                           | Total Paid Amount      | \$0.00                  |

| Diagnosis                       |             |           |             |
|---------------------------------|-------------|-----------|-------------|
| Sequence                        | ICD Version | Diagnosis | Description |
| A                               | 1           |           |             |
| Type data below for new record. |             |           |             |
| Sequence                        | 1           |           |             |
| Diagnosis*                      | [ Search ]  |           |             |
|                                 |             | delete    | add         |

| TPL                             |               |                     |                         |          |           |            |    |               |  |
|---------------------------------|---------------|---------------------|-------------------------|----------|-----------|------------|----|---------------|--|
| Plan Name                       | Policy Number | Payer Respons. Code | Relationship to Insured | Paid Amt | Last Name | First Name | MI | Date of Birth |  |
| Type data below for new record. |               |                     |                         |          |           |            |    |               |  |
| Policy Number*                  |               |                     |                         |          |           |            |    |               |  |
| Plan Name*                      |               |                     |                         |          |           |            |    |               |  |
| Relationship to Insured*        |               |                     |                         |          |           |            |    |               |  |
| Carrier Code*                   |               | [ Search ]          |                         |          |           |            |    |               |  |
| Carrier Name                    |               |                     |                         |          |           |            |    |               |  |
| Payer Respons. Code*            |               |                     |                         |          |           |            |    |               |  |
| Paid Date*                      |               |                     |                         |          |           |            |    |               |  |
| Paid Amt*                       |               |                     |                         | \$0.00   |           |            |    |               |  |
| Deductible Amt                  |               |                     |                         |          |           |            |    |               |  |
| CoInsurance Amt                 |               |                     |                         |          |           |            |    |               |  |
| CoPay Amt                       |               |                     |                         |          |           |            |    |               |  |
| <b>TPL Denial</b>               |               |                     |                         |          |           |            |    |               |  |
| Denial Amt                      |               |                     |                         |          |           |            |    |               |  |
| Denial Reason Code              |               |                     |                         |          |           |            |    |               |  |
| <b>Policy Holder</b>            |               |                     |                         |          |           |            |    |               |  |
| Last Name*                      |               |                     |                         |          |           |            |    |               |  |
| First Name, MI*                 |               |                     |                         |          |           |            |    |               |  |
| Date of Birth*                  |               |                     |                         |          |           |            |    |               |  |
|                                 |               | delete              | add                     |          |           |            |    |               |  |



| Supplemental Information        |   |              |  |                       |                          |  |
|---------------------------------|---|--------------|--|-----------------------|--------------------------|--|
| Detail Number                   | Control Number  | ID Qualifier | Report Type                                  | Transmission          | File To Upload           |  |
| A                               | 0   |              | EB - EOB                                     | FT - FILE TRANSFER    |                          |  |
| Type data below for new record. |   |              |  |                       |                          |  |
| Record ID                       |   |              |  | Date of Denial*       |                          |  |
| Control Number                  | Enter ACN <input type="checkbox"/>                                |              |  | Submitter First Name* |                          |  |
| Report Type*                    | EB - EOB  |              |  | Submitter Last Name*  |                          |  |
| Transmission*                   | FT - FILE TRANSFER  |              |  | Submitter Phone*      |                          |  |
| FDOS*                           |   |              |  | Submitter Email*      |                          |  |
| TDOS*                           |   |              |  | File To Upload*       |                          |  |
| Upload File                     | Choose File No file chosen <input type="button" value="Confirm"/> |              |  | Attachment Uploaded   | <input type="checkbox"/> |  |
|                                 |   |              | <input type="button" value="Print Barcode"/> |                       |                          |  |
|                                 |   |              |  |                       |                          | <input type="button" value="delete"/> <input type="button" value="add"/> |

| Maternity Encounter             |            |           |  |
|---------------------------------|------------|-----------|--|
| Maternity District Provider ID  | TCN        | Paid Date | Paid Amt   |
| A                               | 1235290628 |           | \$0  |
| Type data below for new record. |            |           |  |
| Maternity District Provider ID  | 1235290628 |           |  |
| TCN                             |            |           |  |
| Paid Date*                      |            |           |  |
| Paid Amt*                       | \$0.00     |           |  |
|                                 |            |           | <input type="button" value="delete"/> <input type="button" value="add"/> |

| 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* <input type="text" value="[ Search ]"/>       |   |         |             |  |  |
| Provider Control Number         |   |          |        | Procedure* <input type="text" value="[ Search ]"/> |   |         |             |  |  |
| Detail Status                   |   |          |        | Emergency <input type="text" value="v"/>           |   |         |             |  |  |
| From DOS*                       |   |          |        | EPSDT Ref <input type="text" value="v"/>           |   |         |             |  |  |
| To DOS*                         |   |          |        | Family Planning <input type="text" value="v"/>     |   |         |             |  |  |
| Units*                          | 0                                       |          |        | Copay Exemption <input type="text" value="v"/>     |   |         |             |  |  |
| Charges*                        | \$0.00                                  |          |        | Allowed Amount                                     | \$0.00                                  |         |             |  |  |
| Rendering Physician*            | <input type="text" value="[ Search ]"/> |          |        | CoPay Amount                                       | \$0.00                                  |         |             |  |  |
| Diagnosis Code Pointer*         | <input type="text" value=""/>           |          |        | Paid Amount  | \$0.00                                  |         |             |  |  |
| Modifier 1                      | <input type="text" value="[ Search ]"/> |          |        | Ordering Physician                                 | <input type="text" value="[ Search ]"/> |         |             |  |  |
| Modifier 2                      | <input type="text" value="[ Search ]"/> |          |        |  |   |         |             |  |  |
| Modifier 3                      | <input type="text" value="[ Search ]"/> |          |        |  |   |         |             |  |  |
| Modifier 4                      | <input type="text" value="[ Search ]"/> |          |        |  |   |         |             |  |  |
| Referring Physician             | <input type="text" value="[ Search ]"/> |          |        |  |   |         |             |  |  |
| <b>Medicare Information</b>     |   |          |        |  |   |         |             |  |  |
| Medicare Paid Date              | <input type="text" value=""/>           |          |        | Coinsurance Amount                                 | \$0.00                                  |         |             |  |  |
| Allowed Amount                  | \$0.00                                  |          |        | Deductible Amount                                  | \$0.00                                  |         |             |  |  |
| Original Medicare Paid Amount   | \$0.00                                  |          |        | eRX Reduction Amount                               | \$0.00                                  |         |             |  |  |
| 2% Sequestration Amount         | \$0.00                                  |          |        | Medicare CoPay Amount                              | \$0.00                                  |         |             |  |  |
| Final Medicare Paid Amount      | \$0.00                                  |          |        |  |   |         |             |  |  |
|                                 |   |          |        |  |   |         |             |  | <input type="button" value="delete"/> <input type="button" value="add"/> |

| NDC (Detail Item 1)                                     |   |  |  |                          |                               |  |  |
|---|---|--|--|--------------------------|-------------------------------|--|--|
| *** No rows found ***                                   |   |  |  |                          |                               |  |  |
| Select row above to update -or- click Add button below. |   |  |  |                          |                               |  |  |
| NDC Sequence Number                                     |   |  |  | Drug Unit Price          | <input type="text" value=""/> |  |  |
| NDC   | <input type="text" value="[ Search ]"/> |  |  | Unit Quantity Submitted  | <input type="text" value=""/> |  |  |
| UOM   | <input type="text" value="v"/>          |  |  | Unit Quantity Calculated | <input type="text" value=""/> |  |  |
| Prescription Number                                     | <input type="text" value=""/>           |  |  | Primary NDC              | <input type="checkbox"/>      |  |  |
| Prescription Qualifier                                  | <input type="text" value="v"/>          |  |  |                          |                               |  |  |
|   |   |  |  |                          |                               |  | <input type="button" value="delete"/> <input type="button" value="add"/> |

| Adjustment Information          |                               |  |              |          |                   |                       |  |
|---------------------------------|-------------------------------|--|--------------|----------|-------------------|-----------------------|--|
| ICN                             | Date Adjusted                 | Claim Status History Date                    | Claim Status | Location | Adjustment Reason | Adjustment Analyst ID |  |
|                                 | 04/17/2014                    | 04/17/2014                                   | DENIED       | 99       | 8516              | ALBAT                 |  |
| <b>Claim Status Information</b> |                               |  |              |          |                   |                       |  |
| Claim Status                    | ADJUSTED                      |  |              |          |                   |                       |  |
| Claim ICN                       | <input type="text" value=""/> |  |              |          |                   |                       |  |
| Checkwrite Date                 | <input type="text" value=""/> |  |              |          |                   |                       |  |
| Allowed Amount                  | \$250.87                      |  |              |          |                   |                       |  |
| <b>EOB Information</b>          |                               |  |              |          |                   |                       |  |
| Detail Number                   | Code                          | Description                                  |              |          |                   |                       |  |
| 2                               | 9918                          | PRICING ADJUSTMENT - MAX FEE PRICING APPLIED |              |          |                   |                       |  |

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

| Claim Status Information |          |
|--------------------------|----------|
| Claim Status             | ADJUSTED |
| Claim ICN                |          |
| Paid Date                |          |
| Allowed Amount           | \$42.00  |

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

| Third Party Payments (Detail Item 0) |           |          |                |                 |           |
|--------------------------------------|-----------|----------|----------------|-----------------|-----------|
| Carrier Code                         | Paid Date | Paid Amt | Deductible Amt | CoInsurance Amt | CoPay Amt |
| A                                    |           | \$0.00   |                |                 |           |

Type data below for new record.

|                    |                                     |
|--------------------|-------------------------------------|
| Carrier Code*      | <input type="text"/>                |
| Paid Date*         | <input type="text"/>                |
| Paid Amt*          | <input type="text" value="\$0.00"/> |
| Deductible Amt     | <input type="text"/>                |
| CoInsurance Amt    | <input type="text"/>                |
| CoPay Amt          | <input type="text"/>                |
| TPL Denial         |                                     |
| Denial Amt         | <input type="text"/>                |
| Denial Reason Code | <input type="text"/>                |

[delete](#) [add](#)

| Supplemental Information (Detail Item 1) |              |             |                    |
|--|--------------|-------------|--------------------|
| Control Number                           | ID Qualifier | Report Type | Transmission       |
| A  |              | EB - EOB    | FT - FILE TRANSFER |

Type data below for new record.

|                 |   |
|-----------------|---|
| Control Number* | <input type="text"/>                            |
| Report Type*    | <input type="text" value="EB - EOB"/>           |
| Transmission*   | <input type="text" value="FT - FILE TRANSFER"/> |

[delete](#) [add](#)

| Maternity Encounter (Detail Item 1)                     |                      |
|---|----------------------|
| *** No rows found ***                                   |                      |
| Select row above to update -or- click Add button below. |                      |
| Maternity District Provider ID                          | <input type="text"/> |
| Paid Date   | <input type="text"/> |
| Paid Amt  | <input type="text"/> |

[delete](#) [add](#)

**TPL CLAIMS ATTACHMENT SUPPORTING DOCUMENTATION BARCODE COVERSHEET**

**Barcode Coversheet Reminder:**

It is **imperative** that you save a copy of this coversheet, should you be requested to submit additional documentation for this packet. If additional supporting documentation is needed please attach barcode coversheet as page 1 and fax to 334-215-7416. Do not fax double-sided pages.

To save barcode coversheet click print button and select save as PDF.

**NOTE:**

This Section 11.10.3 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 11.10.6.2 for step by step instructions on how to complete the professional claim form.

**11.10.3 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     |
| 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) | 10     |

| Field                     | Description   | Field Type | Data Type          | Length |
|---------------------------|---|------------|--------------------|--------|
|                           | Medicare: Displays the amount allowed by Medicare.  |            |                    |        |
| Attachment Uploaded       | This checkbox is always disabled. When checked, it indicates that the current row being displayed on the panel was saved with an attachment.  | Checkbox   | N/A                | 0      |
| Back Button               | Return back to the Claims Search panel.   | Button     | N/A                | 0      |
| 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/CC YY) | 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/CC YY) | 10     |
| Claim Type                | Displays the code and description that specifies the type of claim.   | Combo Box  | Drop Down List Box | 0      |
| 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      |
| Confirm                   | This button is enabled only during an add in the Supplemental Information panel when Report Type is "EB" and Transmission is "FT". Clicking on it displays the valid file name on the datalist and data panel.  | Button     | N/A                | 0      |
| Control Number            | Code identifying a party or other code.   | Field      | Alphanumeric       | 80     |
| CoPay Amount              | Displays the amount the recipient is to pay for services rendered. (Read-Only)  | Field      | Number (Decimal)   | 9      |
| Copay                     | Enter 'Y' (Yes) if the Medicaid recipient is a  | Combo      | Drop Down          | 0      |

| Field                    | Description   | Field Type | Data Type          | Length |
|--------------------------|---|------------|--------------------|--------|
| Exemption                | Native American Indian with an active user letter from the Indian Health Services. Otherwise this field is left "blank".  | Box        | List               |        |
| 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/CC YY) | 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/CC YY) | 10     |
| Date of Denial           | This field specifies the date of the TPL denial. MMDDYYYY   | Field      | Date (MM/DD/CC YY) | 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      |
| Denial Amt               | TPL Denial Amt the third party payer applied to this claim.   | Field      | Number (Decimal)   | 10     |
| Denial Reason Code       | TPL Denial Reason Code the third party payer applied to this claim.   | Field      | Alphanumeric       | 3      |
| Denied Date              | Displays the date the claim was denied. (Read-Only)   | Field      | Date (MM/DD/CC YY) | 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      |
| 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           | Indicates which diagnosis (or diagnoses) for  | Field      | Alphanumeric       | 2      |

| Field                       | Description   | Field Type | Data Type          | Length |
|-----------------------------|---|------------|--------------------|--------|
| Pointer 3                   | 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.  |            | c                  |        |
| 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      |
| Enter ACN                   | When this checkbox is checked, ACN can be manually entered in the Control Number field.   | Checkbox   | N/A                | 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      |
| FDOS                        | This field specifies the effective date for the attachment form. MMDDYYYY   | Field      | Date (MM/DD/CCYY)  | 10     |
| File To Upload              | Filename of the file selected for upload.   | Field      | Character          | 50     |
| 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     |
| 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     |
| ID Qualifier                | Code designating the system/method of code structure used for identification code.  | Field      | Character          | 2      |
| Initial Treatment Date      | May be used for Date of First Prenatal Visit or Date of Delivery.   | Field      | Date (MM/DD/CCYY)  | 10     |
| Item                        | Displays the line item number. (Read- Only)   | Field      | Number (Integer)   | 3      |

| Field                          | Description  | Field Type | Data Type          | Length |
|--------------------------------|--|------------|--------------------|--------|
| Last Name                      | Displays the last name of the recipient. TPL:<br>Displays the last name of third party policy holder                               | Field      | Character          | 60     |
| Maternity District Provider ID | Identification number of Maternity District Provider.  | Field      | Number (Integer)   | 15     |
| Maternity Encounter            | Displays if it is maternity care encounter claim.  | Combo Box  | Drop Down List Box | 0      |
| 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     |
| Paid Amt                       | The total paid amount for this claim applied by the TPL\Maternity Encounter panels or the TPL\Maternity Encounter detail panels.   | Field      | Number (Decimal)   | 10     |
| Paid Date                      | The paid date for this claim for the TPL\Maternity Encounter panels or the TPL\Maternity Encounter detail panels.                  | 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       | 8      |
| Payer Response 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     |

| Field                   | Description   | Field Type | Data Type          | Length |
|-------------------------|---|------------|--------------------|--------|
| Prescription Qualifier  | The prescription qualifier.   | Field      | Character          | 3      |
| Primary NDC             | Indicates the selected NDC is the primary NDC.  | Check Box  | N/A                | 0      |
| Print Barcode           | When enabled, clicking on Print Barcode button displays the barcode cover sheet for the attachment that was saved with the row currently selected in the data list. | Button     | N/A                | 0      |
| Procedure               | Displays the code which identifies the service provided.  | Field      | Alphanumeric       | 6      |
| Provider Control Number | Displays the Reference Id for the qualifier 6R of the detail line. (Read-Only).   | Field      | Alphanumeric       | 50     |
| 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     |
| Record ID               | Unique number for a row in the Supplemental Information panel   | Field      | Number             | 20     |
| Referral #              | May be used for the Referral Number of the Claim.   | Field      | Alphanumeric       | 50     |
| 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      |
| Rendering Physician     | Displays the rendering (performing) provider's NPI number.  | Field      | Alphanumeric       | 10     |
| Report Type             | Report Type Code. Code identifying the title or contents of a document, report or supporting item.  | Field      | Character          | 2      |
| 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      |
| Submitter Email         | Email address of user submitting the claim.   | Field      | Character          | 40     |
| Submitter First Name    | First name of user submitting the claim.  | Field      | Character          | 15     |
| Submitter Last Name     | Last name of user submitting the claim  | Field      | Character          | 15     |
| Submitter Phone         | Phone number of user submitting the claim.  | Field      | Character          | 13     |
| TCN                     | Displays the transaction control number applied to this claim by the Maternity Care Encounter Provider.   | Field      | Character          | 50     |
| TDOS                    | This field specifies the end date for the   | Field      | Date               | 10     |



| Field                    | Description   | Field Type | Data Type         | Length |
|--------------------------|---|------------|-------------------|--------|
|                          | attachment form. MMDDYYYY   |            | (MM/DD/CCYY)      |        |
| 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     |
| Transmission             | Code defining timing, transmission method or format by which reports are to be sent. Valid Values are: AA - Available on Request at Provider Site; EM - EM - Mail; FX - By Fax; BM - By Mail; EL - Electronically Only. | Field      | Character         | 2      |
| 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      |
| Upload File              | This button allows the user to choose a file to be uploaded.  | Button     | N/A               | 0      |
| void                     | This button submits a void request for a paid claim.  | Button     | N/A               | 0      |

### 11.10.4 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. |

|                    |   |  |
|--------------------|---|--|
| 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.  |
| Coinsurance Amount | Coinsurance Amount must be less than or equal to 999999.99.                         | Ensure that the amount is not greater than \$999,999.99.   |
| Control Number     | Control Number is required.   | Control Number is required.  |
|                    | Supplemental information segments is a duplicate.                                   | Supplemental information cannot be duplicate for each detail.  |
| Copy claim         | Copy was successful.  | Ensures that the copy was successful and modifications can be made prior to submission.  |
| 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.  |
| Date of Denial     | Date of Denial is required.   | Enter a valid Date of Denial.  |
|                    | FDOS must be less than or equal to Date of Denial.                                  | Enter Date of Denial that is greater than or equal to FDOS.  |
|                    | TDOS must be less than or equal to Date of Denial.                                  | Enter Date of Denial that is greater than or equal to TDOS.  |

|                        |   |   |
|------------------------|---|---|
|                        | Enter a valid value.  | Enter a valid date in the form MMDDYYYY.  |
|                        | Date of Denial must be less than or equal to Today's Date: MM/DD/YYYY   | Enter a valid Date of Denial that is less than or equal to Today's date in the form MM/DD/YYYY  |
| 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.  |
| Denial Amt             | Denial Amt is required when Denial Reason Code is entered.  | Enter Denial Amt.   |
| Denial Reason Code     | Denial Reason Code is required when Denial Amt is entered.  | Enter Denial Reason Code.   |
|                        | Denial Reason Code is not accepted for electronic TPL denial.   | Enter valid Denial Reason Code.   |
| 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.   |
| FDOS                   | The effective date for the attachment form is required.   | Enter a valid effective date for the attachment form. MMDDYYYY  |
|                        | FDOS must be less than or equal to Date of Denial.  | Enter a FDOS that is less than or equal to Date of Denial.  |
|                        | FDOS must be less than or equal to TDOS.  | Enter FDOS that is less than or equal to TDOS.  |
|                        | Enter a valid value.  | Enter a valid date in the form MMDDYYYY.  |
|                        | FDOS must be less than or equal to Today's Date: MM/DD/YYYY   | Enter a valid FDOS that is less than or equal to Today's date in the form MM/DD/YYYY  |

|                            |  |   |
|----------------------------|--|---|
| 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.                             |
|                            | Final Medicare Paid Amount must be greater than or equal to 99999999.99. | Ensure that the amount is greater than or equal to -99999999.99.                        |
| 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.                  |
| Initial Treatment Date     | Initial Treatment date must be in the format mm/dd/ccyy.                 | Enter a valid Initial Treatment Date(MM/DD/CCYY).                                       |
| 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.  |
| Paid Date                  | Paid Date is required.   | Enter a Paid Date when TPL or Maternity Care Encounter is being entered.                |
|                            | Paid Date must be greater than or equal to 1/1/1900.                     | Enter a Paid Date greater than or equal to 1/1/1900.                                    |
|                            | 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.   |
|                      | Invalid date. Format is mm/dd/ccyy.   | Enter a valid closure date (MM/DD/CCYY).   |
| Patient Account      | Patient Account # contains an invalid value.                                      | Remove if any special character which is not in basic, extended character set from Patient Account.                  |
| Recipient ID         | Recipient ID is required and must be 13 digits.                                   | Enter a valid 13 digit Recipient ID.   |
|                      | Recipient ID must be numeric.   | Enter a valid Recipient ID.  |
| Referral             | Referral # contains an invalid value.   | Remove if any special character which is not in basic, extended character set from Referral #.                       |
| Report Type          | A valid Report Type is required   | Select valid report type.  |
| re-submit            | Cannot resubmit failed adjusted claim. Please adjust and resubmit original claim. | Correct the claim and resubmit.  |
| 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. |
| Submitter Email      | Submitter Email is required.  | Enter a valid Submitter Email address.   |
|                      | Enter a valid value.  | Enter a valid Submitter Email address.   |
| Submitter First Name | Submitter First Name is required.   | Enter Submitter's First Name.  |
| Submitter Last Name  | Submitter Last Name is required.  | Enter Submitter Last Name.   |
| Submitter Phone      | Submitter Phone is required.  | Enter a valid Submitter Phone.   |
| TPL Amount           | TPL Amount is required when TPL records are present.                              | Enter a TPL Amount in the Professional Claim panel when data is entered into the TPL panel.                          |
|                      | TPL Amount must be less than or equal to 9999999.99.                              | 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.  |
| TDOS                 | TDOS is required.   | Enter a valid TDOS. MMDDYYYY   |
|                      | TDOS must be less than or equal to Date of Denial.                                | Enter TDOS that is less than or equal to Date of Denial  |
|                      | FDOS must be less than or equal to TDOS.  | Enter TDOS that is greater than or equal to FDOS.  |
|                      | Enter a valid value.  | Enter a valid date in the form MMDDYYYY.   |
|                      | TDOS must be less than or equal to Today's Date: MM/DD/YYYY                       | Enter a valid TDOS that is less than or equal to Today's date in the form MM/DD/YYYY                                 |
| To DOS               | To DOS is required.   | Enter a to date of service.  |

|               |   |   |
|---------------|---|---|
|               | To DOS must be greater than or equal to 1/1/1990.               | Enter a To date of service that is greater than or equal to 1/1/1990.   |
| Total Charges | Total Charges must be less than or equal to 9999999.99.         | Ensure the amount is not greater than \$9,999,999.99  |
|               | Claim Total Charges must be equal to the sum of Detail Charges. | Ensure the Total Charges of Claim is equal to the sum of Detail Charges.  |
| Transmission  | A valid Transmission is required                                | Select valid Transmission.  |
| Units         | Units must be less than or equal to 999999999999.999.           | Ensure the units billed are not greater than 999,999,999,999.999.   |
|               | Units must be greater than 0.001.                               | Ensure that the amount is greater than or equal to 0.001.   |
|               | Units is required.  | Enter the detail units.   |
| Upload File   | File is invalid for upload.                                     | Upload PDF file only.   |
|               | File has 0 byte size.   | Select a file having size greater than 0 byte and less than 30MB.   |
|               | File size is greater than 29MB.                                 | Select a file size that is less than 29MB   |
| 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. |

### 11.10.5 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.   |

**NOTE:**

**TPL CLAIMS ATTACHMENT SUPPORTING DOCUMENTATION**

The Supplemental Information panel allows users to upload additional documentation and to generate and print a barcode sheet for documents uploaded.

**Instructions**

Please complete all required fields. Supporting documentation will be uploaded upon successful claims submission.

Upon successful upload, a barcode coversheet will be generated. It is imperative that you save a copy of this coversheet, should you be requested to submit additional documentation for this packet.

**Reminders**

A listing of approved supporting documents for TPL Claims Attachment is provided in certain chapters of the Provider Manual, such as Chapter 5, Filing a Claim.

The required file format for document upload is **PDF**. Documents submitted in any other format will be rejected.

**11.10.6 Professional Claim Panel Accessibility**

**11.10.6.1 To Access the Professional Claim Panel**

| Step | Action                      | Response                           |
|------|-----------------------------|------------------------------------|
| 1    | Click <b>Claims</b> .       | Claims page displays.              |
| 2    | Click <b>Professional</b> . | Professional Claim panel displays. |

**11.10.6.2 To Add on the Professional Claim Panel**

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter <b>Recipient ID</b> .   |   |
| 2    | Enter the recipient's <b>Last Name</b> .                                    |   |
| 3    | Enter the recipient's <b>First Name</b> .                                   |   |
| 4    | Enter <b>Medical Record #</b> .   |   |
| 5    | Enter <b>Patient Account #</b> .  |   |
| 6    | Enter <b>Referring Physician</b> 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 <b>Claim Type</b> from drop down list.                               |   |
| 8    | Select <b>Service Authorization</b> from drop down list.                    |   |
| 9    | Select <b>Delay Reason</b> from drop down list.                             |   |
| 10   | Select <b>Cause 1</b> accident related cause indicator from drop down list. |   |
| 11   | Select <b>Cause 2</b> accident related cause indicator from drop down list. |   |
| 12   | Enter <b>TPL Amount</b> .   |   |
| 13   | Enter <b>Sequence</b> .   |   |
| 14   | Enter <b>Diagnosis</b> 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 <b>Policy Number</b> .  |   |

|    |   |   |
|----|---|---|
| 17 | Enter <b>Plan Name</b> .  |   |
| 18 | Select <b>Relationship to Insured</b> from drop down list.                                  |   |
| 19 | Enter <b>Carrier Code</b> 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 <b>Payer Response Code</b> from drop down list.                                      |   |
| 21 | Enter TPL <b>Paid Date</b> .  |   |
| 22 | Enter policy holder <b>Last Name</b> .  |   |
| 23 | Enter policy holder <b>First Name, MI</b> .   |   |
| 24 | Enter policy holder <b>Date of Birth</b> .  |   |
| 25 | Enter <b>From DOS</b> .   |   |
| 26 | Enter <b>To DOS</b> .   |   |
| 27 | Enter <b>Units</b> .  |   |
| 28 | Enter <b>Charges</b> .  |   |
| 29 | Enter <b>Rendering Physician</b> 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 <b>Diagnosis Code Pointer(s)</b> .  |   |
| 31 | Enter <b>Modifier(s)</b> 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 <b>Referring Physician</b> 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 <b>POS</b> 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.                 |
| 34 | Enter <b>Procedure</b> 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 <b>Emergency</b> indicator from drop down list.                                      |   |
| 36 | Select <b>EPSDT Ref</b> indicator from drop down list.                                      |   |
| 37 | Select <b>Family Planning</b> indicator from drop down list.                                |   |



|    |   |   |
|----|---|---|
| 38 | Select <b>Copay Exemption</b> indicator from drop down list.                                |   |
| 39 | Enter <b>Medicare Paid Date</b> .   |   |
| 40 | Enter Medicare <b>Allowed Amount</b> .  |   |
| 41 | Enter <b>Original Medicare Paid Amount</b> .  |   |
| 42 | Enter Medicare <b>2% Sequestration Amount</b> .   |   |
| 43 | Enter Medicare <b>eRX Reduction Amount</b> .  |   |
| 44 | Enter Medicare <b>Coinsurance Amount</b> .  |   |
| 45 | Enter Medicare <b>Deductible Amount</b> .   |   |
| 46 | Enter Medicare <b>Final Medicare Paid Amount</b> .  |   |
| 47 | Click <b>add</b> 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 <b>submit</b> .   | Submits professional claim.                                 |

### 11.10.6.3 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 <b>adjust, void</b> or <b>re-submit</b> . | Submits an adjustment, void or re-submits a denied professional claim. |

## 12 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

### 12.1 Eligibility Verification

#### 12.1.1 Eligibility Verification Request Panel Narrative

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

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

#### 12.1.2 Eligibility Verification Request Panel Layout

The screenshot displays the 'Eligibility Verification Request' web application interface. The title bar at the top reads 'Eligibility Verification Request' with a help icon and a maximize icon. The main content area is divided into several sections:

- Recipient Information:** A vertical list of input fields for Recipient ID, SSN, Last Name, First Name, Birth Date, From DOS, and To DOS.
- Options:** Three checkboxes: 'Display Dental Benefits', 'Recipient Application Status', and 'Service Type/Co-Pay'.
- Service Types:** A section with a 'Selected' box on the left and an 'Available' list on the right. The 'Available' list contains the following items: 01 - MEDICAL CARE, 02 - SURGICAL, 04 - DIAGNOSTIC X-RAY, 05 - DIAGNOSTIC LAB, 06 - RADIATION THERAPY, 07 - ANESTHESIA, 08 - SURGICAL ASSISTANCE, 12 - DME PURCHASE, 13 - FACILITY, and 18 - DME RENTAL. Navigation arrows (<, <<, >, >>) are positioned between the boxes.
- Buttons:** 'search' and 'clear' buttons are located at the bottom right of the interface.

### 12.1.3 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      |
| 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     |
| search                       | This button initiates the search process.   | Button           | N/A               | 0      |
| 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    |

### 12.1.4 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. |

| 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.   |

### 12.1.5 Eligibility Verification Request Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.1.6 Eligibility Verification Request Panel Accessibility

#### 12.1.6.1 To Access the Eligibility Verification Request Panel

| Step | Action                                  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .              | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> . | Eligibility Verification panel displays. |

#### 12.1.6.2 To Search on the Eligibility Verification Request Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter one or a combination of the following fields: <b>Recipient ID, SSN, Last Name, First Name, Birth Date, From DOS and/or To DOS</b> . |   |
| 2    | Click <b>search</b> .   | 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 Gainwell Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

## 12.2 Recipient Application Status

### 12.2.1 Recipient Application Status Panel Narrative

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

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

### 12.2.2 Recipient Application Status Panel Layout

| Recipient Application Status   |                    |                         |
|--|--------------------|-------------------------|
| Application Type   | Application Status | Application Status Date |
| FAMILIES, CHILDREN, PREGNANCY OR FAMILY PLANNING-CLOSED-20040713                     | Closed             | 07/13/2004              |
| AWARDED STATUS DOES NOT MEAN EVERY MEMBER IN THE HOUSEHOLD HAS AL MEDICAID COVERAGE. |                    |                         |

### 12.2.3 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     |

### 12.2.4 Recipient Application Status Panel Field Edit Error Codes

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

### 12.2.5 Recipient Application Status Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.2.6 Recipient Application Status Panel Accessibility

#### 12.2.6.1 To Access the Recipient Application Status Panel

| Step | Action  | Response                                     |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                      |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays.     |
| 3    | Enter search criteria and click <b>search</b> . | Recipient Application Status panel displays. |

## 12.3 Recipient Information

### 12.3.1 Recipient Information Panel Narrative

The Recipient Information panel displays basic information about the recipient.

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

### 12.3.2 Recipient Information Panel Layout

| Recipient Information |              |                    |            |
|-----------------------|--------------|--------------------|------------|
| Recipient ID          | XXXXXXXXXXXX | Last Name          | XXXXXXXXXX |
| SSN                   | XXXXXXXXXX   | First Name         | XXXXXXXXXX |
| Birth Date            | MM/DD/YYYY   | Gender             | F          |
| Transaction Date      | 06/02/2022   | Transaction Time   | 14:29:18   |
| Eligibility Indicator | Active       | Authorization Code | XXXXXXXXXX |

### 12.3.3 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      |
| Last Name             | Displays the last name of the recipient.  | Field      | Character         | 30     |
| 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      |

| 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      |

### 12.3.4 Recipient Information Panel Field Edit Error Codes

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

### 12.3.5 Recipient Information Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.3.6 Recipient Information Panel Accessibility

#### 12.3.6.1 To Access the Recipient Information Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Recipient Information panel displays.    |



## 12.4 Recipient Additional Information

### 12.4.1 Recipient Additional Information Panel Narrative

The Recipient Additional Information panel displays Additional information about the recipient to the Users with Provider type 53(Waiver Providers state Agencies).

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

### 12.4.2 Recipient Additional Information Panel Layout

| Recipient Additional Information |   |
|----------------------------------|---|
| <b>Certification Update Date</b> | 05/21/2014  |
| <b>Certifying Agency</b>         | D Medicaid District Office                              |
| <b>Unearned Income</b>           | \$1,005.00  |
| <b>DO Program Code</b>           | 11 PACE (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY) |

### 12.4.3 Recipient Additional Information Panel Field Descriptions

| Field                     | Description   | Field Type | Data Type         | Length |
|---------------------------|---|------------|-------------------|--------|
| Certification Update Date | Displays the current Certification Update Date for the Recipient. | Field      | Date (MM/DD/CCYY) | 10     |
| Certifying Agency         | Displays the current Certifying Agency for the Recipient.         | Field      | Character         | 38     |
| DO Program Code           | Displays the current DO Program Code for the Recipient.           | Field      | Character         | 62     |
| Unearned Income           | Displays the current Unearned Income for the Recipient.           | Field      | Number            | 12     |

### 12.4.4 Recipient Additional Information Panel Field Edit Error Codes

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

### 12.4.5 Recipient Additional Information Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.4.6 Recipient Additional Information Panel Accessibility

#### 12.4.6.1 To Access the Recipient Additional Information Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                          |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays.         |
| 3    | Enter search criteria and click <b>search</b> . | Recipient Additional Information panel displays. |

## 12.5 Coverage Type

### 12.5.1 Coverage Type Panel Narrative

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

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

### 12.5.2 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 |

### 12.5.3 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     |

### 12.5.4 Coverage Type Panel Field Edit Error Codes

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

### 12.5.5 Coverage Type Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.5.6 Coverage Type Panel Accessibility

#### 12.5.6.1 To Access the Coverage Type Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Coverage Type panel displays.            |

## 12.6 Medicare Coverage Panel

### 12.6.1 Medicare Coverage Panel Narrative

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

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

### 12.6.2 Medicare Coverage Panel Layout

| Medicare Coverage   |   |            |
|---------------------|---|------------|
| Medicare ID         | 6JH5KK2CC95                                       |            |
| Part A              | 01/01/2018  | 12/31/2299 |
| Part B              | 01/01/2018  | 12/31/2299 |
| Part D              | 01/01/2018  | 12/31/2299 |
| Current Part D Plan | UNITEDHEALTHCARE MEDICARE ADVANTAGE CHOICE PLAN 1 |            |

### 12.6.3 Medicare Coverage Panel Field Descriptions

| Field               | Description   | Field Type | Data Type         | Length |
|---------------------|---|------------|-------------------|--------|
| Current Part D Plan | Displays the recipient's current Part D Plan.                     | Field      | Alphanumeric      | 50     |
| Medicare ID         | Displays the recipient's Medicare ID number.                      | Field      | Alphanumeric      | 15     |
| Part A              | Displays the dates the recipient is eligible for Medicare Part A. | Field      | Date (MM/DD/CCYY) | 10     |
| Part B              | Displays the dates the recipient is eligible for Medicare Part B. | Field      | Date (MM/DD/CCYY) | 10     |
| Part D              | Displays the dates the recipient is eligible for Medicare Part D. | Field      | Date (MM/DD/CCYY) | 10     |

### 12.6.4 Medicare Coverage Panel Field Edit Error Codes

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

### 12.6.5 Medicare Coverage Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.6.6 Medicare Coverage Panel Accessibility

#### 12.6.6.1 To Access the Medicare Coverage Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Medicare Coverage panel displays.        |

## 12.7 TPL

### 12.7.1 TPL Panel Narrative

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

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

### 12.7.2 TPL Panel Layout

| TPL            |            |                   |            |
|----------------|------------|-------------------|------------|
| Policy Holder  | [Redacted] | Carrier Number    | [Redacted] |
| Policy Number  | [Redacted] | Carrier Name      | [Redacted] |
| Group Number   | [Redacted] | Carrier Address 1 | [Redacted] |
| Coverage Type  | [Redacted] | Carrier Address 2 | [Redacted] |
| Effective Date | [Redacted] | City              | [Redacted] |
| End Date       | [Redacted] | State             | [Redacted] |
| Zip Code       | [Redacted] |                   |            |
| Policy Holder  | [Redacted] | Carrier Number    | [Redacted] |
| Policy Number  | [Redacted] | Carrier Name      | [Redacted] |
| Group Number   | [Redacted] | Carrier Address 1 | [Redacted] |
| Coverage Type  | [Redacted] | Carrier Address 2 | [Redacted] |
| Effective Date | [Redacted] | City              | [Redacted] |
| End Date       | [Redacted] | State             | [Redacted] |
| Zip Code       | [Redacted] |                   |            |

### 12.7.3 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     |

| 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     |

### 12.7.4 TPL Panel Field Edit Error Codes

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

### 12.7.5 TPL Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.7.6 TPL Panel Accessibility

#### 12.7.6.1 To Access the TPL Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | TPL panel displays.                      |

## 12.8 Managed Care

### 12.8.1 Managed Care Panel Narrative

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

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

### 12.8.2 Managed Care Panel Layout

| Managed Care |  |                  |                |               |                |          |
|--------------|--|------------------|----------------|---------------|----------------|----------|
| Plan Code    | Plan Description                             | Provider Name    | Provider Phone | 24 Hour Phone | Effective Date | End Date |
| ACHN         | ATTRIBUTED PROVIDER-ABLE TO REQUEST REFERRAL | SELMA PEDIATRICS | (205)334-9090  | 01/01/2020    | 03/31/2020     |          |
| ACHN         | ATTRIBUTED PROVIDER-ABLE TO REQUEST REFERRAL | SELMA PEDIATRICS | (205)334-9090  | 01/01/2020    | 03/31/2020     |          |

### 12.8.3 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 1 <sup>st</sup> | Field      | Alphanumeric      | 5      |
| Plan Description | Describes the Managed Care plan code.   | Field      | Character         | 50     |
| 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     |

### 12.8.4 Managed Care Panel Field Edit Error Codes

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

### 12.8.5 Managed Care Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 12.8.6 Managed Care Panel Accessibility

### 12.8.6.1 To Access the Managed Care Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Managed Care panel displays.             |

## 12.9 Lockin/Lockout

### 12.9.1 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]

### 12.9.2 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 |               |

### 12.9.3 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     |

### 12.9.4 Lockin/Lockout Panel Field Edit Error Codes

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

### 12.9.5 Lockin/Lockout Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.9.6 Lockin/Lockout Panel Accessibility

#### 12.9.6.1 To Access the Lockin/Lockout Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Lockin/Lockout panel displays.           |



## 12.10 Benefit Limits

### 12.10.1 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]

### 12.10.2 Benefit Limits Panel Layout

| Benefit Limits          |      |           |   |
|-------------------------|------|-----------|---|
| Service Description     | Paid | Suspended | Message   |
| INPT Days               | 0    | 0         |   |
| Outpat Days             | 0    | 0         |   |
| Physician Office Visits | 3    | 1         | Recipient has expanded visit limit due to cancer diagnosis. |
| BMI Visits              | 0    | 0         |   |
| Home Health Visits      | 0    | 0         |   |
| Ambulatory Surgery      | 1    | 0         |   |
| Dialysis Services       | 0    | 0         |   |
| Eye Frames              | 0    | 0         |   |
| Eye Lens                | 0    | 0         |   |
| Eye Exam                | 0    | 0         |   |
| Eye Fitting             | 0    | 0         |   |
| Eye Frames-Child        | 0    | 0         |   |
| Eye Lens-Child          | 0    | 0         |   |
| Eye Exam-Child          | 0    | 0         |   |
| Eye Fitting-Child       | 0    | 0         |   |

### 12.10.3 Benefit Limits Panel Field Descriptions

| Field               | Description   | Field Type | Data Type        | Length |
|---------------------|---|------------|------------------|--------|
| Message             | Message text for the service.   | Field      | Character        | 59     |
| 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      |

### 12.10.4 Benefit Limits Panel Field Edit Error Codes

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

### 12.10.5 Benefit Limits Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.10.6 Benefit Limits Panel Accessibility

#### 12.10.6.1 To Access the Benefit Limits Panel

| Step | Action                     | Response                |
|------|----------------------------|-------------------------|
| 1    | Click <b>Eligibility</b> . | Eligibility page opens. |

---

|   |   |  |
|---|---|--|
| 2 | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3 | Enter search criteria and click <b>search</b> . | Benefit Limits panel displays.           |

## 12.11 Dental Benefit Limits

### 12.11.1 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]

### 12.11.2 Dental Benefit Limits Panel Layout

| Dental Benefit Limits   |   |
|---|---|
| <b>Most Recent Service :</b><br>Service Description<br>Date Of Service<br>Provider Name | Paid Dental Fluoride<br>06/03/2008<br>[REDACTED]    |
| <b>Previous Services :</b><br>Service Description<br>Date Of Service<br>Provider Name   | Paid Dental Fluoride<br>12/03/2007<br>[REDACTED]    |
| <b>Most Recent Service :</b><br>Service Description<br>Date Of Service<br>Provider Name | Paid Dental Prophylaxis<br>06/03/2008<br>[REDACTED] |
| <b>Previous Services :</b><br>Service Description<br>Date Of Service<br>Provider Name   | Paid Dental Prophylaxis<br>12/03/2007<br>[REDACTED] |
| <b>Most Recent Service :</b><br>Service Description<br>Date Of Service<br>Provider Name | Paid Dental Oral Exam<br>12/03/2007<br>[REDACTED]   |
| <b>Previous Services :</b><br>Service Description<br>Date Of Service<br>Provider Name   | Paid Dental Oral Exam<br>05/31/2007<br>[REDACTED]   |

### 12.11.3 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     |

### 12.11.4 Dental Benefit Limits Panel Field Error Codes

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

### 12.11.5 Dental Benefit Limits Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.11.6 Dental Benefit Limits Panel Accessibility

#### 12.11.6.1 To Access the Dental Benefit Limits Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Dental Benefit Limits panel displays.    |

## 12.12 Dental Restorative Svc History Search

### 12.12.1 Dental Restorative Svc History Search Panel Narrative

Provide Dental providers the ability to search recipient Dental Claims history through the web, on recipient records based on the Recipients ID.

**Navigation Path:** [Eligibility] – [Dental History]

### 12.12.2 Dental Restorative Svc History Search Panel Layout

### 12.12.3 Dental Restorative Svc 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 Service | Date of Service commenced.   | Field      | Date (MM/DD/CCYY)  | 10     |
| Procedure Code  | Dental Procedure code executed.  | Field      | Character          | 5      |
| Recipient ID    | The first 12-digits of an assigned number which uniquely identifies a recipient. | Field      | Alphanumeric       | 12     |
| Records         | Displays the number of records to display per page in the Search Results list.   | Combo Box  | Drop Down List Box | 0      |
| search          | This button initiates the search.  | Button     | N/A                | 0      |
| Surface 1       | Code which indicates the Tooth Surface of a particular tooth.                    | Field      | Character          | 1      |
| Surface 2       | Code which indicates the Tooth Surface of a particular tooth.                    | Field      | Character          | 1      |

|           |   |       |           |   |
|-----------|---|-------|-----------|---|
| Surface 3 | Code which indicates the Tooth Surface of a particular tooth. | Field | Character | 1 |
| Surface 4 | Code which indicates the Tooth Surface of a particular tooth. | Field | Character | 1 |
| Surface 5 | Code which indicates the Tooth Surface of a particular tooth. | Field | Character | 1 |
| Tooth #   | Code identifies the Tooth Number.                             | Field | Character | 2 |

### 12.12.4 Dental Restorative Svc History Search Panel Field Edit Error Codes

| Field        | Error Message                   | To Correct                      |
|--------------|---------------------------------|---------------------------------|
| Recipient ID | Recipient ID is required field. | Recipient ID is required field. |
|              | Recipient ID must be numeric.   | Recipient ID must be numeric.   |

### 12.12.5 Dental Restorative Svc History Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.12.6 Dental Restorative Svc History Search Panel Accessibility

#### 12.12.6.1 To Access the Dental Restorative Svc History Search Panel

| Step | Action                        | Response                               |
|------|-------------------------------|--|
| 1    | Click <b>Eligibility</b> .    | Eligibility page opens.                |
| 2    | Click <b>Dental History</b> . | Dental Restorative Svc Panel Displays. |

## 12.13 EPSDT Screening Dates

### 12.13.1 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]

### 12.13.2 EPSDT Screening Dates Panel Layout

| Coverage Type |             |          |                        |                |            |
|---------------|-------------|----------|------------------------|----------------|------------|
| County Code   | County Name | Aid Code | Aid Description        | Effective Date | End Date   |
| 52            | Morgan      | R1       | Full Medicaid Coverage | 10/01/2012     | 12/31/2012 |
| 52            | Morgan      | 36       | Full Medicaid Coverage | 01/01/2012     | 09/30/2012 |

| EPSDT Screening Dates  |                     |                |                |
|------------------------|---------------------|----------------|----------------|
| Screening Description  | Last Screening Date | Provider Name  | Provider Phone |
| Last Medical Screening | 03/29/2019          | JOHANNA CUNICO | (256)355-1843  |
| Last Vision Screening  | 03/29/2019          | JOHANNA CUNICO | (256)355-1843  |

### 12.13.3 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     |
| Provider Name         | Service Location name of the Provider.   | Field      | Alphanumeric      | 50     |
| Provider Phone        | Provider phone number.   | Field      | Alphanumeric      | 10     |
| Screening Description | Displays the description for the type of EPSDT screening.                          | Field      | Alphanumeric      | 30     |

### 12.13.4 EPSDT Screening Dates Panel Field Edit Error Codes

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

### 12.13.5 EPSDT Screening Dates Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.13.6 EPSDT Screening Dates Panel Accessibility

#### 12.13.6.1 To Access the EPSDT Screening Dates Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | EPSDT Screening Dates panel displays.    |

## 12.14 LTC/Waiver

### 12.14.1 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]

### 12.14.2 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 |

### 12.14.3 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     |

### 12.14.4 LTC/Waiver Panel Field Edit Error Codes

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

### 12.14.5 LTC/Waiver Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.14.6 LTC/Waiver Panel Accessibility

#### 12.14.6.1 To Access the LTC/Waiver Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | LTC/Waiver panel displays.               |



## 12.15 Maternity Waiver

### 12.15.1 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]

### 12.15.2 Maternity Waiver Panel Layout

| Maternity Waiver |                |                |            |
|------------------|----------------|----------------|------------|
| Provider Name    | Provider Phone | Effective Date | End Date   |
|                  |                | 07/01/1999     | 02/28/2007 |

### 12.15.3 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     |

### 12.15.4 Maternity Waiver Panel Field Edit Error Codes

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

### 12.15.5 Maternity Waiver Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.15.6 Maternity Waiver Panel Accessibility

#### 12.15.6.1 To Access the Maternity Waiver Information Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Maternity Waiver panel displays.         |

## 12.16 Long Term Care Liability

### 12.16.1 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]

### 12.16.2 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         |

### 12.16.3 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     |

### 12.16.4 Long Term Care Liability Panel Field Edit Error Codes

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

### 12.16.5 Long Term Care Liability Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.16.6 Long Term Care Liability Panel Accessibility

#### 12.16.6.1 To Access the Long Term Care Liability Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Long Term Care Liability panel displays. |

## 12.17 Service Type/Co-Pay Search Results

### 12.17.1 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]

### 12.17.2 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                      | 01 - MEDICAL CARE              | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered |  |
| TXIX                      | 30 - HEALTH BENEFIT PLAN       | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered |  |
| TXIX                      | 47 - HOSPITAL                  | \$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 | Lockin data may be returned, if applicable, for service type(s):88           |
| TXIX                      | 98 - PROFESSIONAL VISIT-OFFICE | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered |  |
| TXIX                      | AL - VISION(OPTOMETRY)         | \$0.00     | \$3.90     | \$0.00       | \$0.00     | Covered | Vision Screening data may be returned, if applicable, for service type(s):AL |
| 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 |  |

**VARIABLE COPAY IS DISPLAYED. PLEASE REFER TO THE PROVIDER MANUAL FOR COPAY INFORMATION.**  
**SBRW RECIPIENTS COVERED FOR PREGNANCY/FAMILY PLANNING SERVICES ONLY PRIOR TO 11/01/2015.**  
**ESDLV RECIPIENTS COVERED FOR DELIVERY ONLY PRIOR TO 11/01/2015.**  
**NO COPAY ALLOWED FOR PREGNANCY RELATED SERVICES.**

### 12.17.3 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     |

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

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

### 12.17.5 Service Type/Co-Pay Search Results Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.17.6 Service Type/Co-Pay Search Results Panel Accessibility

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

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                                 |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays.                |
| 3    | Enter search criteria and click <b>search</b> . | Eligibility Verification Search Results panels display. |

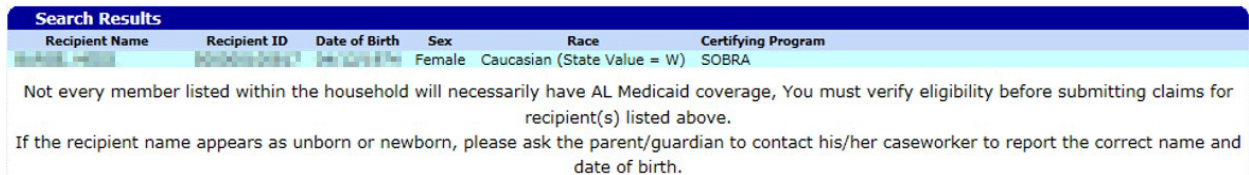
## 12.18 Household Inquiry

### 12.18.1 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]

### 12.18.2 Household Inquiry Panel Layout



### 12.18.3 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      |
| 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     |
| search                  | This button initiates the search.  | Button     | N/A                | 0      |

### 12.18.4 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.                |

## 12.18.5 HouseHold Inquiry Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

## 12.18.6 HouseHold Inquiry Panel Accessibility

### 12.18.6.1 To Access the HouseHold Inquiry Panel

| Step | Action                           | Response                          |
|------|----------------------------------|-----------------------------------|
| 1    | Click <b>Eligibility</b> .       | Eligibility page opens.           |
| 2    | Click <b>HouseHold Inquiry</b> . | HouseHold Inquiry panel displays. |

### 12.18.6.2 To Add on the HouseHold Inquiry Panel

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

## 12.19 Household Inquiry Search Results

### 12.19.1 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]

### 12.19.2 Search Results Panel Layout

| Search Results |              |               |        |                      |                    |
|----------------|--------------|---------------|--------|----------------------|--------------------|
| Recipient Name | Recipient ID | Date of Birth | Sex    | Race                 | Certifying Program |
|                |              |               | Male   | Caucasian            | SOBRA              |
|                |              |               | 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.

### 12.19.3 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      |

### 12.19.4 Search Results Panel Field Edit Error Codes

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

### 12.19.5 Search Results Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.19.6 Search Results Panel Accessibility

#### 12.19.6.1 To Access the Search Results Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                          |
| 2    | Click <b>HouseHold Inquiry</b> .                | HouseHold Inquiry panel displays.                |
| 3    | Enter search criteria and click <b>search</b> . | HouseHold Inquiry Search Results panel displays. |

## 12.20 MCO Information

### 12.20.1 MCO Information Panel Narrative

The Managed Care Organization Information Panel displays Probationary Health Home region the recipient is assigned.

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

### 12.20.2 MCO Information Panel Layout

| Managed Care Organization Information |                          |               |                 |                |              |
|---------------------------------------|--------------------------|---------------|-----------------|----------------|--------------|
| MCO                                   | Name                     | Primary Phone | Secondary Phone | From Elig Date | To Elig Date |
| ACHNA-AL Coordinated Health Network   | MYCARE ALABAMA NORTHWEST | (334)281-1788 |                 | 05/01/2019     | 12/31/2299   |

### 12.20.3 MCO Information Panel Descriptions

| Field           | Description  | Field Type | Data Type         | Length |
|-----------------|--|------------|-------------------|--------|
| From Elig Date  | Displays the effective date of the Managed Care Organization.          | Field      | Date (MM/DD/CCYY) | 10     |
| MCO             | Managed Care Organization for which a Recipient is enrolled.           | Field      | Character         | 50     |
| Name            | Displays the name of the ACHN assigned to a Recipient.                 | Field      | Character         | 50     |
| Primary Phone   | Displays the primary phone number for the managed care organization.   | Field      | Character         | 13     |
| Secondary Phone | Displays the secondary phone number for the managed care organization. | Field      | Character         | 13     |
| To Elig Date    | Displays the end date of the Managed Care Organization.                | Field      | Date (MM/DD/CCYY) | 10     |

### 12.20.4 MCO Information Panel Field Edit Error Codes

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

### 12.20.5 MCO Information Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.20.6 MCO Information Panel Accessibility

#### 12.20.6.1 To Access the MCO Information Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | MCO Information panel displays.          |



## 12.21 Hospice Election

### 12.21.1 Hospice Election Panel Narrative

The panel displays Hospice Election information for the recipient.

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

### 12.21.2 Hospice Election Panel Layout

| Hospice Election    |                |            |
|---------------------|----------------|------------|
| Hospice Information | Effective Date | End Date   |
| HOSPICE PERIOD 1    | 11/01/2014     | 11/15/2014 |
| HOSPICE PERIOD 1    | 11/20/2014     | 02/02/2015 |

### 12.21.3 Hospice Election Panel Descriptions

| Field               | Description  | Field Type | Data Type         | Length |
|---------------------|--|------------|-------------------|--------|
| Effective Date      | Displays the effective date for the election period. | Field      | Date (MM/DD/CCYY) | 10     |
| End Date            | Displays the end date for the election period.       | Field      | Date (MM/DD/CCYY) | 10     |
| Hospice Information | Displays the Hospice Election Periods.               | Field      | Alphanumeric      | 18     |

### 12.21.4 Hospice Election Panel Field Edit Error Codes

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

### 12.21.5 Hospice Election Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 12.21.6 Hospice Election Panel Accessibility

#### 12.21.6.1 To Access the Hospice Election Panel

| Step | Action  | Response                                 |
|------|---|--|
| 1    | Click <b>Eligibility</b> .                      | Eligibility page opens.                  |
| 2    | Click <b>Eligibility Verification</b> .         | Eligibility Verification panel displays. |
| 3    | Enter search criteria and click <b>search</b> . | Hospice Election panel displays.         |

## 13 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
- Forms

### 13.1 Download

#### 13.1.1 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.

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]

### 13.1.2 File Download Search and Results Layout

#### Drug Manufacturer

Alabama Medicaid Agency  almo\ [redacted] (VM016)

Tuesday, February 21, 2017  
 You have approximately 19 minutes until your session will expire.

Home | NDC Look Up | Information | Provider Search | Account | Trade Files

Home | Download | Claim Level Detail

**File Download Search** ? ⏏

Transaction Type\*  ▼

Invoice Period  search clear

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

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

| Current Reports Available for Download |                                  |              |               |             |
|--|----------------------------------|--------------|---------------|-------------|
| File Name                              | Transaction Type                 | Labeler Code | Report Period | Report Date |
| [redacted]                             | RBT-2020-Q - Drug Rebate Invoice | [redacted]   | 2014/1        | 05/28/2014  |

#### Provider Revalidation Facsimile

**File Download Search** ? ⏏

Transaction Type\*  ▼

Group Member Provider ID  [ Search ] search clear

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

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

| Current Reports Available for Download |                                 |             |          |             |
|--|---------------------------------|-------------|----------|-------------|
| File Name                              | Transaction Type                | Provider ID | Payee ID | Report Date |
| PROVIDER REVALIDATION FACSIMILE.pdf    | PROVIDER REVALIDATION FACSIMILE | ESTP0000421 |          | 05/01/2018  |

#### Provider Remittance Advance

**File Download Search** ? ⏏

Transaction Type\*  ▼ search clear

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

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

| File Name  | Transaction Type  | Provider ID | Payee ID   | Report Date |
|------------|-------------------|-------------|------------|-------------|
| [redacted] | Remittance Advice | [redacted]  | [redacted] | 02/16/2017  |
| [redacted] | Remittance Advice | [redacted]  | [redacted] | 02/14/2017  |
| [redacted] | Remittance Advice | [redacted]  | [redacted] | 02/09/2017  |
| [redacted] | Remittance Advice | [redacted]  | [redacted] | 01/31/2017  |

#### Provider Trading Partner

**File Download Search** ? ⏏

Transaction Type\*  ▼ search clear

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

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

| Current Files Available for Download |                       |                |                         |  |
|--------------------------------------|-----------------------|----------------|-------------------------|--|
| File Name                            | Transaction Type      | Date Available | Date Downloaded         |  |
| [redacted]                           | Eligibility Resp 5010 | 02/23/2017     | Has Not Been Downloaded |  |
| [redacted]                           | Eligibility Resp 5010 | 02/23/2017     | Has Not Been Downloaded |  |
| [redacted]                           | Eligibility Resp 5010 | 02/23/2017     | Has Not Been Downloaded |  |
| [redacted]                           | Eligibility Resp 5010 | 02/23/2017     | Has Not Been Downloaded |  |
| [redacted]                           | Eligibility Resp 5010 | 02/23/2017     | Has Not Been Downloaded |  |

### Provider Financial Report

**File Download Search**

Transaction Type\* 1099 - MISC - Miscellaneous Income

Tax Year\* 2017

search

clear

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

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

**Current Reports Available for Download**

| File Name                          | Transaction Type                   | Tax Id | Tax Year | Report Date |
|------------------------------------|------------------------------------|--------|----------|-------------|
| 1099 - MISC - Miscellaneous Income | 1099 - MISC - Miscellaneous Income |        | 2017     | 05/30/2017  |
| 1099 - MISC - Miscellaneous Income | 1099 - MISC - Miscellaneous Income |        | 2017     | 05/31/2017  |
| 1099 - MISC - Miscellaneous Income | 1099 - MISC - Miscellaneous Income |        | 2017     | 05/30/2017  |
| 1099 - MISC - Miscellaneous Income | 1099 - MISC - Miscellaneous Income |        | 2017     | 05/30/2017  |
| 1099 - MISC - Miscellaneous Income | 1099 - MISC - Miscellaneous Income |        | 2017     | 05/31/2017  |
| 1099 - MISC - Miscellaneous Income | 1099 - MISC - Miscellaneous Income |        | 2017     | 05/31/2017  |

### Provider PA-Prior Authorization Decision Letter

**File Download Search**

Transaction Type\* PA - Prior Authorization Decision Letter

PA Number 1309015038

Recipient ID [ Search ]

search

clear

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

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

**Current Reports Available for Download**

| File Name                  | PA Number  | Provider ID | Recipient Id | Report Date |
|----------------------------|------------|-------------|--------------|-------------|
| 1309015038_00000125646.pdf | 1309015038 | 00000125646 | 00000125646  | 2009-05-26  |
| 1309015038_00000125646.pdf | 1309015038 | 00000125646 | 00000125646  | 2009-05-27  |

### Provider Welcome Letters

**File Download Search**

Transaction Type\* PRV-A030-R - Provider Welcome Letters

Group Member Provider ID [ Search ]

search

clear

You will need Adobe Acrobat Reader on your computer to view and/or download reports in PDF format.

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

**Current Reports Available for Download**

| File Name               | Transaction Type         | Provider ID | Report Date |
|-------------------------|--------------------------|-------------|-------------|
| PRV-A030-R-08102022.pdf | PROVIDER WELCOME LETTERS |             | 08/10/2022  |

### 13.1.3 File Download Search Field Descriptions

| Field | Description                        | Field Type | Data Type | Length |
|-------|------------------------------------|------------|-----------|--------|
| Clear | Clears the search criteria fields. | Button     | N/A       | 0      |

|                          |  |           |                    |    |
|--------------------------|--|-----------|--------------------|----|
| 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                | Name of the file available for download.   | Field     | Alphanumeric       | 50 |
| Group Member Provider ID | Provider ID of the member in that Group of Providers.  | Field     | Alphanumeric       | 15 |
| Invoice Period           | Displays the invoice period of the report to be searched.                                      | Field     | Character          | 5  |
| PA Number                | This is the number assigned by the PA unit to uniquely identify a Prior Authorization request. | Field     | Character          | 10 |
| Payee ID                 | Displays the Payee ID for the Remittance Advice.   | Field     | Character          | 15 |
| Provider ID              | Displays the individual Provider ID for the Remittance Advice.                                 | Field     | Character          | 10 |
| Labeler Code             | Displays the Drug Manufacturer or DM Clerk labeler code.                                       | Field     | Character          | 6  |
| Recipient ID             | Unique identifier for the Recipient.   | Field     | Number             | 12 |
| Report Period            | Displays the invoice period.   | Field     | Character          | 5  |
| Report Date              | The date the Report became available for download.   | Field     | Date (MM/DD/CCYY)  | 10 |
| search                   | The button that initiates the search.  | Button    | N/A                | 0  |
| [Search]                 | Clicking on this link allows search to be done for that field.                                 | Hyperlink | N/A                | 0  |
| Tax ID                   | Tax Id of the provider.  | Field     | Character          | 9  |
| Tax Year                 | Displays the Tax Year of the report to be searched.  | Field     | Numeric            | 4  |
| Transaction Type         | The transaction type of the file to search on.   | Combo Box | Drop Down List Box | 0  |

### 13.1.4 File Download Search Field Edit Error Codes

| Field          | Error Message                               | To Correct                |
|----------------|---|---------------------------|
| Invoice Period | The Invoice Period is required (in Q/CCYY). | Select an Invoice Period. |
|                | Invoice Period must be in Q/CCYY format.    | Enter in Q/CCYY format.   |

|                  |   |  |
|------------------|---|--|
|                  | Format: Q/CCYY; Quarter (Q) must be 1, 2, 3, or 4.  | Enter Invoice Period in specified format.            |
| Tax Year         | Tax Year is required (in YYYY) format.  | Enter tax year in YYYY format.                       |
|                  | Tax year must be between 1900 and 2299.   | Enter tax year between 1900 and 2299.                |
| 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. |

### 13.1.5 File Download Search Extra Features

| Field                | Field Type   |
|----------------------|--|
| Adobe Acrobat Reader | Hyperlink to <a href="http://www.adobe.com/products/acrobat/readstep2.html">http://www.adobe.com/products/acrobat/readstep2.html</a> . |

### 13.1.6 File Download Search Accessibility

#### 13.1.6.1 To Access the File Download Search Panel

| Step | Action   | Response  |
|------|--|---|
| 1    | Click <b>Trade Files</b> .                               | Trade Files page opens.                             |
| 2    | Click <b>Download</b> .                                  | File Download Search panel opens.                   |
| 3    | Select <b>Transaction Type</b> and click <b>search</b> . | Current Files Available for Download panel displays |

#### 13.1.6.2 To Add on the File Download Search Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Select <b>Transaction Type</b> from drop down list. |  |
| 2    | Click <b>search</b> .                               | Current Files Available for Download panel displays. |

## 13.2 Current Files Available for Download

### 13.2.1 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]

### 13.2.2 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         |
|                                      | Eligibility Response | 09/26/2007     | 09/26/2007              |
|                                      | Eligibility Response | 09/20/2007     | Has Not Been Downloaded |
|                                      | Eligibility Response | 09/14/2007     | Has Not Been Downloaded |
|                                      | Eligibility Response | 09/13/2007     | Has Not Been Downloaded |
|                                      | Eligibility Response | 09/08/2007     | Has Not Been Downloaded |
|                                      | Eligibility Response | 09/08/2007     | Has Not Been Downloaded |
|                                      | Eligibility Response | 09/08/2007     | Has Not Been Downloaded |
|                                      | Eligibility Response | 08/22/2007     | Has Not Been Downloaded |
|                                      | Eligibility Response | 08/17/2007     | Has Not Been Downloaded |
|                                      | 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 |
|  | Remittance Advice |             |          | 10/13/2011  |
|  | Remittance Advice |             |          | 10/11/2011  |
|  | Remittance Advice |             |          | 10/06/2011  |
|  | Remittance Advice |             |          | 09/29/2011  |
|  | Remittance Advice |             |          | 09/21/2011  |
|  | Remittance Advice |             |          | 09/15/2011  |
|  | Remittance Advice |             |          | 05/12/2011  |

### 13.2.3 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     |

### 13.2.4 Current Files Available for Download Panel Field Edit Error Codes

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

### 13.2.5 Current Files Available for Download Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.2.6 Current Files Available for Download Panel Accessibility

#### 13.2.6.1 To Access the Current Files Available for Download Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Trade Files</b> .                          | Trade Files page opens.                              |
| 2    | Click <b>Download</b> .                             | File Download Search panel opens.                    |
| 3    | Select a transaction type and click <b>search</b> . | Current Files Available for Download panel displays. |



## 13.3 Upload

### 13.3.1 File Upload Panel Narrative

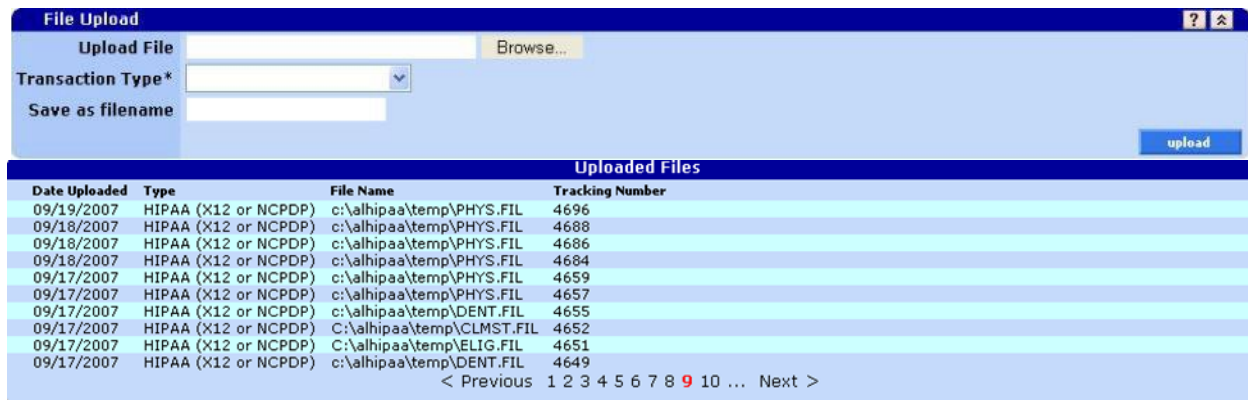
The Upload panel allows the user to upload HIPAA compliant files to the Alabama Medicaid secure web server. The user may view files that have been uploaded to the Alabama Medicaid secure website using the File Upload panel. The list contains files that have been uploaded by the logged in provider within the last 4 weeks.

**Navigation:** [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.

### 13.3.2 File Upload Panel Layout



### 13.3.3 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      |
| 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     |
| Save As Filename | Displays the name the user wishes to name the uploaded file. This overrides the selected file name.  | Field      | Alphanumeric       | 50     |
| Tracking Number  | Displays the tracking number used to identify and track the uploaded file.                           | Field      | Number (Integer)   | 15     |
| Transaction Type | Displays a type of transaction that is being transmitted.  | Combo Box  | Drop Down List Box | 0      |

|             |   |        |              |    |
|-------------|---|--------|--------------|----|
| Type        | Displays the type of file that was uploaded.            | Field  | Alphanumeric | 25 |
| upload      | This button initiates the upload process.               | Button | N/A          | 0  |
| Upload File | Allows the user to select the file they wish to upload. | Field  | Character    | 50 |

### 13.3.4 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.                   |
|                  | 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.            |
|                  | Upload of this zip archive has failed. The zip archive contains no file. Zip archives must contain only one file.   | File should contain only one file.   |
|                  | Upload of this zip archive has failed. The zip archive contains [X] files. Zip archives must contain only one file. | Include only one file in the zip archive.  |
|                  | Upload of this zip archive has failed. The zip archive is either corrupt or is an invalid format.                   | Check the file and make sure it is in the correct format. Valid formats include: .zip. |
| Transaction Type | Transaction Type is required.   | Select a Transaction Type.   |

### 13.3.5 File Upload Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.3.6 File Upload Panel Accessibility

#### 13.3.6.1 To Access the File Upload Panel

| Step | Action                     | Response                 |
|------|----------------------------|--------------------------|
| 1    | Click <b>Trade Files</b> . | Trade Files page opens.  |
| 2    | Click <b>Upload</b> .      | File Upload panel opens. |

### 13.3.6.2 To Add on the File Upload Panel

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

## 13.4 Claim Level Detail

### 13.4.1 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]

### 13.4.2 Claim Level Detail Panel Layout

**Claim Detail Level** ? ⬆

NDC

Invoice Period

Invoice Type  search

clear

---

**Drug Information** ? ⬆

Invoice Type  Invoice Period

NDC  Drug Desc

Strength  Pkg Size

CMS Unit

---

**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         | 10011-0001  | 08/26/2003 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$29.34        | 02/04/2005 | PHARMACY           |
| 1/2005            | 1/2005         | 10011-0001  | 10/31/2003 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$29.34        | 02/04/2005 | PHARMACY           |
| 1/2005            | 1/2005         | 10011-0001  | 12/30/2004 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$32.39        | 01/07/2005 | PHARMACY           |
| 1/2005            | 1/2005         | 10011-0001  | 02/02/2005 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$33.83        | 01/07/2005 | PROFESSIONAL       |
| 1/2005            | 1/2005         | 10011-0001  | 02/02/2005 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$33.83        | 02/04/2005 | PHARMACY           |
| 1/2005            | 1/2005         | 10011-0001  | 02/02/2005 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$33.83        | 02/18/2005 | OUTPATIENT         |
| 1/2005            | 1/2005         | 10011-0001  | 02/02/2005 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$33.83        | 02/18/2005 | OUTPATIENT XOVER   |
| 1/2005            | 1/2005         | 10011-0001  | 02/02/2005 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$33.83        | 03/04/2005 | PROFESSIONAL XOVER |
| 1/2005            | 1/2005         | 10011-0001  | 03/04/2005 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$33.83        | 03/04/2005 | PHARMACY           |
| 1/2005            | 2/2005         | 10011-0001  | 10/06/2003 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$29.34        | 02/04/2005 | PHARMACY           |
| 1/2005            | 3/2005         | 10011-0001  | 07/28/2003 | 10011-0001 | 10011-0001          | 100               | 100          | \$0.00  | \$29.34        | 02/04/2005 | PHARMACY           |

[Download File](#)

### 13.4.3 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      |
| 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      |

| Field             | Description   | Field Type | Data Type          | Length |
|-------------------|---|------------|--------------------|--------|
| Claim Type        | The type of claim that was submitted for this NDC.  | Field      | Character          | 50     |
| Download File     | This button allows end users to download an excel spreadsheet file of the Claim Level Detail search results.  | Button     | N/A                | 0      |
| 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      |
| Invoice Type      | The Invoice Type code which pertains to the Drug Rebate programs, such as Federal, Supplemental, MCO Federal, or MCO Supplemental.  | Combo Box  | Drop Down List Box | 0      |
| 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 quarter of the invoice period and CCYY is a four digit year for the invoice period. | Field      | Number             | 5      |

| Field               | Description  | Field Type | Data Type         | Length |
|---------------------|--|------------|-------------------|--------|
| 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     |
| Search              | Search for NDC in a user given Invoice Period and Invoice Type by the user.  | Button     | N/A               | 0      |
| 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     |

### 13.4.4 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.   |

### 13.4.5 Claim Level Detail Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 13.4.6 Claim Level Detail Panel Accessibility

#### 13.4.6.1 To Access the Claim Level Detail Panel

| Step | Action  | Response                           |
|------|---|------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.           |
| 2    | Point to <b>Trade Files</b> and click <b>Claim Level Detail</b> . | Claim Level Detail panel displays. |

## 13.5 Forms Panel Overview

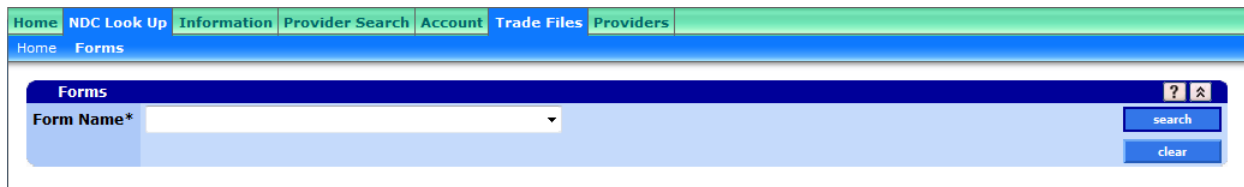
### 13.5.1 Forms Panel Narrative

The Forms panel is available through the secure Provider web portal and allows end users to perform a search for and complete the following forms: Consent Form and Supporting Documentation, Digital Upload, Enrollment Updates, Hospice, LTC, PEC Bed and Swing Bed, Psychiatric and Retrospective Review, Dental PA Supporting Documentation, and Medical PA Supporting Documentation for review.

Upon completion of the forms, supporting documentation articles will be uploaded or faxed directly into Feith utilizing the barcode coversheet.

**Navigation Path:** [Trade Files] – [Forms]

### 13.5.2 Forms Panel Layout



### 13.5.3 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: <ul style="list-style-type: none"> <li>• CS1 – Consent Form</li> <li>• DIG – Digital Upload</li> <li>• DNT – Dental Administrative Review Form</li> <li>• ERU – Enrollment Updates</li> <li>• LTC - Hospice Records</li> <li>• LTC - LTC Records</li> <li>• LTC - PEC/Swing Bed Records</li> <li>• LTC - Psychiatric/Retrospective Review Records</li> <li>• LTC – SMI Waiver Form</li> <li>• PA - Prior Authorization Supporting Doco</li> <li>• PA- Prior Authorization Change Request</li> <li>• PA - TCM Recipient Transfer Form</li> <li>• PAR - PA Reconsideration Supporting</li> </ul> | Combo Box  | Character | 0      |



|        |  |        |     |   |
|--------|--|--------|-----|---|
|        | <p>Doco</p> <ul style="list-style-type: none"> <li>• PE - ACHN PCP Group Agreement Documentation</li> <li>• REA - Revalidation Application Supporting Doco</li> <li>• TPL - TPL Claims Attachment Supporting Doco</li> </ul> |        |     |   |
| search | This button initiates the search.  | Button | N/A | 0 |

### 13.5.4 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  | Consent Form ID                   | ICN is not unique. To complete submission, please refresh browser, ensuring ICN and Record ID are different. Complete form. Submit | Refresh Browser, complete form, and submit.    |
|      | Medicaid ID                       | "Medicaid ID" is a required field  | Enter Medicaid ID.                             |
|      | 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.  |

### 13.5.5 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. |

### 13.5.6 Forms Panel Accessibility

#### 13.5.6.1 To Access the Forms Panel

| Step | Action  | Response                 |
|------|---|--------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays. |

| Step | Action   | Response              |
|------|--|-----------------------|
| 2    | Point to <b>Trade Files</b> and click <b>Forms</b> . | Forms panel displays. |

### 13.5.6.2 To Submit a Form or Generate Barcode Fax Coversheet

| Step | Action  | Response   |
|------|---|--|
| 1    | Select <b>Form Name</b> from drop down list.  |  |
| 2    | Click <b>search</b> .   | Selected form displays.  |
| 3    | Complete all fields.<br><b>Please Note:</b> Record ID and Consent Form ID are auto generated and require 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 <b>Browse</b> button and select required documentation in PDF format.  | Document will be uploaded upon form submission.  |
| 5    | Press the <b>Submit</b> 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 <b>Print Friendly View</b> button.   | Print the barcode coversheet or save as a PDF and retain for records in the event additional documentation is required.  |
| 7    | Fax required supporting documentation with barcode coversheet on top to (334) 215-7416. <ul style="list-style-type: none"> <li>• Do not fax double sided pages.</li> <li>• Do not fax multiple sets of records at the same time. Each fax should be sent separately.</li> <li>• 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 barcode on the cover sheet or alter it in any manner.</li> <li>• The barcode cover sheet is unique to this transaction. To submit documentation for another recipient, please complete the process for that unique recipient transaction.</li> </ul> | Successful transmission of medical records.  |

## 14 Case Management

### 14.1 Payment Search

#### 14.1.1 Payment Search Panel Narrative

The Payment Search panel allows a user to search for a Case Management payment.

After entering search criteria in the Payment Search panel, click search. The matching payments will be displayed in the search results list.

**Navigation Path:** [Case Mgmt] – [Payment Search]

#### 14.1.2 Payment Search Panel Layout

The screenshot shows the 'Payment Search' interface. It includes a search form with the following fields: Recipient ID, PCN - Payment Control Number, Payment Month From (MM/YYYY), Payment Month To (MM/YYYY), Payment Type (dropdown), Payment Status (dropdown), Payment Code, and All Networks (checkbox). There are 'search' and 'clear' buttons. Below the form is a 'Search Results' table with the following data:

| PCN           | Recipient ID | Network ID | Date of Service | Payment Type  | Payment Code | Amount | Status | Date Paid |
|---------------|--------------|------------|-----------------|---------------|--------------|--------|--------|-----------|
| 6012345678904 |              | 777777777  |                 | G - General   | PG001        |        | P      |           |
| 6012345678901 |              | 777777777  |                 | M - Maternity | PG001        |        | R      |           |

#### 14.1.3 Payment Search Panel Field Descriptions

| Field           | Description   | Field Type | Data Type         | Length |
|-----------------|---|------------|-------------------|--------|
| All Networks    | Determines if the selected provider for the logged in user will be used to filter results. Checking the box shows data regardless of login information. If this box is checked, the amount column is not shown in the datalist. | Check Box  | Check Box         | 0      |
| Amount          | Amount of payment.  | Field      | Number (Decimal)  | 9      |
| Clear           | This button clears the search criteria fields.  | Button     | N/A               | 0      |
| Date of Service | Date of service.  | Field      | Date (MM/DD/CCYY) | 8      |
| Date Paid       | Date payment made in financial.   | Field      | Date (MM/DD/CCYY) | 8      |
| Network ID      | Provider ID value.  | Field      | Alphanumeric      | 15     |
| Payment Code    | Code used to identify a case management service.  | Field      | Character         | 5      |

| Field                        | Description   | Field Type | Data Type        | Length |
|------------------------------|---|------------|------------------|--------|
| Payment Month From (MM/YYYY) | Date of payment from which to begin the search.   | Field      | Number           | 7      |
| Payment Month To (MM/YYYY)   | Upper-bound value for the payment date range.   | Field      | Number           | 7      |
| Payment Status               | Identifies the status of the payment record in the system. Valid values include:<br>P = Paid<br>R = Recoup<br>D = Payment denied because of network limitation<br>F = Pending force payment<br>S = Pending force recoupment<br>C = Cancelled force payment<br>E = Forced payment or recoupment that encountered an error in batch processing. | Combo Box  | Character        | 1      |
| Payment Type                 | Identifies the case management record type. Valid values include:<br>G= General<br>F=Family Planning<br>M=Maternity.  | Combo Box  | Character        | 1      |
| PCN - Payment Control Number | The internal payment control number that uniquely identifies a payment record. Digits 1 and 2 are the region.<br>Region 60 = New service record,<br>Region 62 = System voids<br>Region 69 = Network submitted void.   | Field      | Character        | 13     |
| Recipient ID                 | Unique identifier for the recipient.  | Field      | Number (Integer) | 9      |
| Search                       | This button initiates the search.   | Button     | N/A              | 0      |

### 14.1.4 Payment Search Panel Field Edit Error Codes

| Field                        | Error Message  | To Correct   |
|------------------------------|--|--|
| PCN - Payment Control Number | Either Recipient ID or Payment Control Number (PCN) is required.                       | Enter either the Recipient ID or the Payment Control Number (PCN) to perform the search.   |
| Payment Month From (MM/YYYY) | Payment month from is not valid, should be equal to or less than current month & year. | Enter a month in the correct format (MM/YYYY). The month should be the current month or earlier. Future months are not accepted. |
| Payment Month To (MM/YYYY)   | Payment month to is not valid, should be equal to or less than current month & year.   | Enter a month in the correct format (MM/YYYY). The month should be the current month or earlier. Future months are not accepted. |
| Recipient ID                 | Either Recipient ID or Payment Control Number (PCN) is required.                       | Enter either Recipient ID or Payment Control Number (PCN) to perform the search.   |
|                              | When All Networks is checked, Recipient ID is required.                                | Enter Recipient ID to perform the search.  |

### 14.1.5 Payment Search Panel Extra Features

| Field        | Field Type  |
|--------------|---|
| All Networks | <p>Checking the All Networks checkbox allows a provider or clerk to search all payments for a recipient regardless of the provider. In this case, the amount is not shown in the returned datalist.</p> <p>If the All Networks box is not checked, then the results apply only to the selected provider. A clerk can change to a different provider by choosing a provider in the Account --&gt; Switch Provider Panel.</p> |

### 14.1.6 Payment Search Panel Accessibility

#### 14.1.6.1 To Access the Payment Search Panel

| Step | Action  | Response                       |
|------|---|--------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> . Click <b>Login</b> . | Main Menu displays.            |
| 2    | Point to <b>Case Management</b> and click <b>Payment Search</b> . | Payment Search panel displays. |

## 14.2 Payment Detail

### 14.2.1 Payment Detail Panel Narrative

The Payment Detail panel allows a user to view a Case Management payment.

After entering search criteria in the Payment Search panel, click search. The matching payments will be displayed in the search results list. Click a member of the datalist to display the corresponding Payment Detail Panel.

**Navigation Path:** [Case Mgmt] – [Payment Search] – [Click on member of Payment Search Results]

### 14.2.2 Payment Detail Panel Layout

**Payment Detail**

|                                  |                                 |                        |            |
|----------------------------------|---------------------------------|------------------------|------------|
| <b>PCN</b>                       | 6012345678901                   | <b>Date of Service</b> |            |
| <b>Amount</b>                    |                                 | <b>Recipient ID</b>    |            |
| <b>Payment Type</b>              | M - Maternity                   | <b>Fund Code</b>       | 123456789  |
| <b>Recipient Name</b>            |                                 | <b>Date Paid</b>       |            |
| <b>Payment Service Code/Desc</b> | PG001 - GEN Intense Management  | <b>Network ID</b>      | 7777777777 |
| <b>Payment Status</b>            | R - Recoup                      | <b>Network Region</b>  | AA         |
| <b>Network Name</b>              | SOUTHEAST ACHN                  | <b>History</b>         | History    |
| <b>Manual</b>                    | Force payment, count as history |                        |            |

**-Related Activity-** Click the activity below to be taken to the activity detail page.

| CCN           | Date of Service | Submitter Control Number | Network ID | Activity Type | Service Code/Desc                                     | Date Submitted | Request Type | Status |
|---------------|-----------------|--------------------------|------------|---------------|---|----------------|--------------|--------|
| 6019136000017 |                 | AB123AB                  | 7777777777 | M             | M0001 - Maternity Face to Face Eligibility Assistance |                | N            | A      |

### 14.2.3 Payment Detail Panel Field Descriptions

| Field          | Description   | Field Type | Data Type         | Length |
|----------------|---|------------|-------------------|--------|
| Activity Type  | Identifies the case management record type. Valid values include:<br>G = General<br>F = Family Planning<br>M = Maternity. | Field      | Character         | 1      |
| Amount         | Amount of payment.  | Field      | Number (Decimal)  | 12     |
| CCN            | The internal case control number that uniquely identifies an activity record.   | Field      | Number (Integer)  | 0      |
| Date Paid      | Date payment made in financial MM/DD/CCYY.  | Field      | Date (MM/DD/CCYY) | 8      |
| Date Submitted | Date activity record submitted. Network submitted field.  | Field      | Date (MM/DD/CCYY) | 8      |

| Field                              | Description  | Field Type | Data Type         | Length |
|------------------------------------|--|------------|-------------------|--------|
| Date of Service                    | Located on the Payment Detail Panel. Date indicating the Service Month for which Case Management Payment was made.   | Field      | Date (MM/DD/CCYY) | 8      |
| Date of Service - Related Activity | Date indicating the Service Month for which Case Management Activity was made.   | Field      | Date (MM/DD/CCYY) | 8      |
| Fund Code                          | This is the unique system assigned key to the Financial Fund Codes.  | Field      | Number (Integer)  | 9      |
| History                            | History indicator, spaces = active record, H = history record.   | Field      | Character         | 1      |
| Manual                             | Indicates whether the transaction was forced by AMA. Valid values include:<br>spaces = not a manual payment<br>P = Force payment, count as history<br>R = Manual recoup<br>H = Manual recoupment, retain history<br>F = Manual payment, do not count as history. | Field      | Character         | 1      |
| Network ID                         | Provider ID value.   | Field      | Character         | 15     |
| Network Name                       | Name of the Network paid for Case Management Activities.   | Field      | Character         | 50     |
| Network Region                     | Region/Network providing service.  | Field      | Character         | 2      |
| PCN                                | Payment Control Number (PCN) - The internal payment control number that uniquely identifies a payment record. Digits 1 and 2 are the region. Region 60 = new service record, region 62 = system voids region 69 = network submitted void.                        | Field      | Character         | 13     |



| Field                     | Description   | Field Type | Data Type | Length |
|---------------------------|---|------------|-----------|--------|
| Payment Service Code/Desc | Code used to identify a case management service and a short description of a case management service.   | Field      | Character | 58     |
| Payment Status            | Identifies the status of the payment record in the system. Valid values include:<br>P = Paid<br>R = Recoup<br>D = Payment denied because of network limitation<br>F = Pending force payment<br>S = Pending force recoupment<br>C = Cancelled force payment<br>E = Forced payment or recoupment that encountered an error in batch processing. | Field      | Character | 1      |
| Payment Type              | Identifies the case management record type. G= General F=Family Planning M=Maternity.   | Field      | Character | 1      |
| Recipient ID              | The first 12-digits of an assigned number which uniquely identifies a recipient.  | Field      | Character | 12     |
| Recipient Name            | Last, First and Middle name of the recipient.   | Field      | Character | 39     |
| Request Type              | Identifies if this a new activity record or a void. Valid values include:<br>N= New activity<br>V= Void of an activity.   | Field      | Character | 1      |
| Service Code/Desc         | Code indicates service provided. Corresponds to T_CM_SVC. Followed by a short description of a case management service.   | Field      | Character | 5      |

| Field                    | Description  | Field Type | Data Type | Length |
|--------------------------|--|------------|-----------|--------|
| Status                   | Identifies the status of an activity record in the system.<br>Valid values include:<br>A = Accepted – A valid service record and considered for activity payment.<br>R = Rejected – An invalid service record and not considered for payment I = Informational – A valid service record but not considered for activity payment.<br>S = Suspended – A service record with errors that will recycle.<br>C = Recycle – temporary status to trigger recycling of the record.<br>W = Record has been recycled but has not yet gone through the activity process again. | Field      | Character | 1      |
| Submitter Control Number | Submitter control number defined by user.  | Field      | Character | 30     |

#### 14.2.4 Payment Detail Panel Field Edit Error Codes

| Field   | Error Message | To Correct |
|---|---------------|------------|
| No field edit error codes found for this panel. |               |            |

#### 14.2.5 Payment Detail Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 14.2.6 Payment Detail Panel Accessibility

##### 14.2.6.1 To Access the Payment Detail Panel

| Step | Action  | Response                             |
|------|---|--------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> . Click <b>Login</b> . | Main Menu displays.                  |
| 2    | Point to <b>Case Management</b> and click <b>Payment Search</b> . | Payment Search panel displays.       |
| 3    | Enter Search Criteria and click <b>search</b> .                   | Payment search results list appears. |
| 4    | Click a member of the search results.                             | Payment detail panel appears.        |

## 14.3 Activity Detail

### 14.3.1 Activity Detail Panel Narrative

The Activity Detail panel displays details of the Activity selected from the datalist on the Activity Search Panel.

**Navigation Path:** [Case Mgmt] – [Activity Search] – [Click on member of Activity Search Results]

### 14.3.2 Activity Detail Panel Layout

| Activity Detail               |                    |                          |                               |
|-------------------------------|--------------------|--------------------------|-------------------------------|
| CCN                           | 001111111111111111 | Activity Type            | 0 - Maternity                 |
| Recipient ID                  | 000000000000000000 | Activity Service         | 000000 - Maternity/Postpartum |
| Recipient Name                | 000000000000000000 | Activity Status          | 0 - Accepted                  |
| Network ID                    | 000000000000000000 | Date of Service          | 00/00/0000                    |
| Network Name                  | 000000000000000000 | Submitter Control Number | 00000000                      |
| Network Region                | 00                 | Batch Number             | 1002                          |
| <b>Maternity Information:</b> |                    |                          |                               |
| Pregnancy Date                | 00/00/0000         | Gravida                  | 1                             |
| First Prenatal Date           | 00/00/0000         | Para                     | 0                             |
| Delivery Date                 | 00/00/0000         | Prenatal Provider ID     | 00000000                      |
| Prenatal Visits               | 00                 | Prenatal Provider Name   | 000000000000000000            |
| Misc Info                     | 01 - 1ST TRIMESTER | Case Status              | 0 - Open                      |
|                               |                    | Case Open Date           | 00/00/0000                    |
|                               |                    | Risk Level               | 000                           |
|                               |                    | Assessment Date          | 00/00/0000                    |
|                               |                    | Staff Level              | Registered Nurse              |
|                               |                    | Staff Name               | LPN                           |
|                               |                    | Delivery Provider ID     | 00000000                      |
|                               |                    | Delivery Provider Name   | 000000000000000000            |
|                               |                    | Delivery Hospital ID     | 00000000                      |
|                               |                    | Delivery Hospital Name   | 000000000000000000            |

### 14.3.3 Activity Detail Panel Field Descriptions

| Field            | Description   | Field Type | Data Type         | Length |
|------------------|---|------------|-------------------|--------|
| Activity Service | Code indicates service provided – Description included                        | Field      | Character         | 0      |
| Activity Status  | Identifies the status of an activity record in the system.                    | Field      | Character         | 1      |
| Activity Type    | Identifies the case management record type.                                   | Field      | Character         | 1      |
| Assessment Date  | Date of most recent assessment.   | Field      | Date (MM/DD/CCYY) | 10     |
| Batch Number     | The identifier for the batch the activity record was submitted in.            | Field      | Number (Integer)  | 9      |
| CCN              | The internal case control number that uniquely identifies an activity record. | Field      | Number (Integer)  | 13     |
| Case Open Date   | Date case opened.   | Field      | Date (MM/DD/CCYY) | 0      |

| Field                  | Description   | Field Type | Data Type         | Length |
|------------------------|---|------------|-------------------|--------|
| Case Status            | Status of case, as of date of service.  | Field      | Character         | 1      |
| Date of Service        | Date service completed.   | Field      | Date (MM/DD/CCYY) | 10     |
| Delivery Date          | Delivery Date.  | Field      | Date (MM/DD/CCYY) | 0      |
| Delivery Hospital ID   | Provider ID or MCD of provider of hospital where delivered.   | Field      | Character         | 10     |
| Delivery Hospital Name | Name of the of the hospital where delivered.  | Field      | Character         | 0      |
| Delivery Provider ID   | Provider ID or MCD of delivering provider.  | Field      | Character         | 10     |
| Delivery Provider Name | Name of the delivering provider.  | Field      | Character         | 70     |
| First Prenatal Date    | First prenatal visit date.  | Field      | Date (MM/DD/CCYY) | 10     |
| Gravida                | Total Number of Prior Pregnancies.  | Field      | Number (Integer)  | 3      |
| Misc Info              | Indicator of various factors of Maternity. Valid values include: <ul style="list-style-type: none"> <li>• 01 – 1ST TRIMESTER</li> <li>• 02 – 2ND TRIMESTER</li> <li>• 03 – 3RD TRIMESTER</li> </ul> | Field      | Character         | 2      |
| Network ID             | NPI of the Network paid for CM Activities.  | Field      | Character         | 10     |
| Network Name           | Name of the Network paid for CM Activities.   | Field      | Character         | 0      |
| Network Region         | Region of the Network paid for CM Activities.   | Field      | Character         | 1      |
| Para                   | Number of pregnancies reaching a viable gestational age.  | Field      | Number (Integer)  | 3      |
| Pregnancy Date         | Pregnancy Start Date.   | Field      | Date (MM/DD/CCYY) | 10     |
| Prenatal Provider ID   | Provider ID or MCD of provider of prenatal care.  | Field      | Character         | 10     |

| Field                    | Description  | Field Type | Data Type | Length |
|--------------------------|--|------------|-----------|--------|
| Prenatal Provider Name   | Name of the provider of prenatal care.   | Field      | Character | 70     |
| Prenatal Visits          | Indicates if member received any visits.   | Field      | Character | 3      |
| Recipient ID             | The first 12-digits of an assigned number which uniquely identifies a recipient. | Field      | Character | 12     |
| Recipient Name           | Last, First and Middle name of the recipient.                                    | Field      | Character | 0      |
| Risk Level               | Risk level assigned as of date of assessment.                                    | Field      | Character | 1      |
| Staff Level              | Staff Level providing services.  | Field      | Character | 3      |
| Staff Name               | Name of staff member that performed the task.                                    | Field      | Character | 50     |
| Submitter Control Number | Submitter control number defined by user.  | Field      | Character | 30     |

### 14.3.4 Activity Detail Panel Field Edit Error Codes

| Field   | Error Message | To Correct |
|---|---------------|------------|
| No field edit error codes found for this panel. |               |            |

### 14.3.5 Activity Detail Panel Extra Features

| Field   | Field Type |
|---|------------|
| If the Activity Type is not Maternity, the panel will hide the maternity section. |            |

### 14.3.6 Activity Detail Panel Accessibility

#### 14.3.6.1 To Access the Activity Detail Panel

| Step | Action   | Response                              |
|------|--|---------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> . Click <b>Login</b> .  | Main Menu displays.                   |
| 2    | Point to <b>Case Management</b> and Click <b>Activity Search</b> . | Activity Search panel displays.       |
| 3    | Enter Search Criteria and click <b>search</b> .                    | Activity search results list appears. |
| 4    | Click a member of the search results.                              | Activity detail panel appears.        |

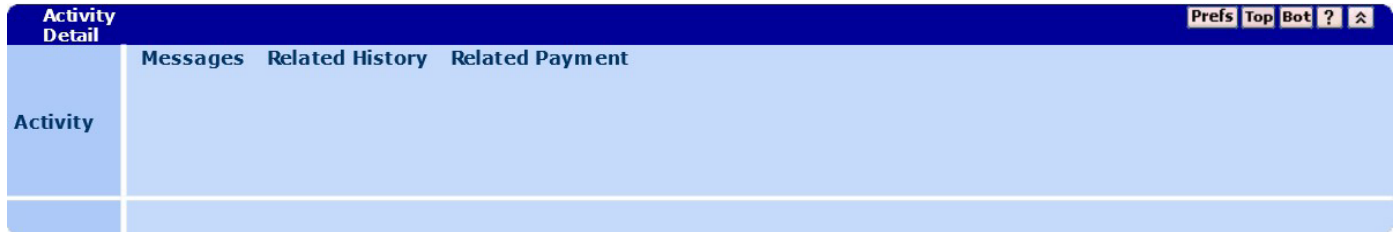
## 14.4 Activity Maintenance

### 14.4.1 Activity Maintenance Panel Narrative

Activity Maintenance provides links to Messages, Related History, and Related Payments.

**Navigation Path:** [Case Mgmt] – [Activity Search] – [Click on member of Activity Search Results]

### 14.4.2 Activity Maintenance Panel Layout



### 14.4.3 Activity Detail Panel Field Descriptions

| Field           | Description                    | Field Type | Data Type | Length |
|-----------------|--------------------------------|------------|-----------|--------|
| Messages        | Link to Messages panel.        | Hyperlink  | N/A       | 0      |
| Related History | Link to Related History panel. | Hyperlink  | N/A       | 0      |
| Related Payment | Link to Related Payment panel. | Hyperlink  | N/A       | 0      |

### 14.4.4 Activity Maintenance Panel Field Edit Error Codes

| Field   | Error Message | To Correct |
|---|---------------|------------|
| No field edit error codes found for this panel. |               |            |

### 14.4.5 Activity Maintenance Panel Extra Features

| Field   | Field Type |
|---|------------|
| If the Activity Type is not Maternity, the panel will hide the maternity section. |            |

### 14.4.6 Activity Maintenance Panel Accessibility

#### 14.4.6.1 To Access the Activity Maintenance Panel

| Step | Action   | Response                              |
|------|--|---------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> . Click <b>Login</b> .  | Main Menu displays.                   |
| 2    | Point to <b>Case Management</b> and Click <b>Activity Search</b> . | Activity Search panel displays.       |
| 3    | Enter Search Criteria and click <b>search</b> .                    | Activity search results list appears. |
| 4    | Click a member of the search results.                              | Activity detail panel appears.        |
| 5    | Click the <b>Messages</b> link below the Activity Detail panel.    | Activity Messages panel displays.     |

## 14.5 Activity Messages

### 14.5.1 Activity Messages Panel Narrative

The Activity Messages panel displays message codes associated with Case Management records.

**Navigation Path:** [Case Mgmt] – [Activity Search] – [Click on member of Activity Search Results] - [Messages]

### 14.5.2 Activity Messages Panel Layout

| Messages     |           |             |  |                                |              | Top | Nav | ? | ⌵ | ✕ |
|--------------|-----------|-------------|--|--------------------------------|--------------|-----|-----|---|---|---|
| Message Date | Message # | Disposition | Message                                  | Source                         | Error Status |     |     |   |   |   |
| 04/24/2019   | 403       | R - Reject  | NETWORK PROVIDER/REGION MISMATCH         | S - Activity Processing Errors | C - Current  |     |     |   |   |   |
| 04/24/2019   | 408       | R - Reject  | NETWORK PROVIDER MUST BE ACHN            | S - Activity Processing Errors | C - Current  |     |     |   |   |   |
| 04/24/2019   | 603       | R - Reject  | ADJ - ORIGINAL NETWORK PROVIDER MISMATCH | S - Activity Processing Errors | C - Current  |     |     |   |   |   |

### 14.5.3 Activity Messages Panel Field Descriptions

| Field        | Description   | Field Type | Data Type         | Length |
|--------------|---|------------|-------------------|--------|
| Disposition  | Code that represents the action of the error on the activity record. Valid values include:<br>R – Reject<br>I – Informational P – Pay<br>S - Suspend  | Field      | Character         | 1      |
| Error Status | Code used to indicate whether the error on the activity is current ('C') or historical ('H').   | Field      | Character         | 1      |
| Message      | Case management message code description.   | Field      | Character         | 50     |
| Message #    | System assigned key that uniquely identifies a message.   | Field      | Number (Integer)  | 9      |
| Message Date | Date on which the error occurred.   | Field      | Date (MM/DD/CCYY) | 10     |
| Source       | Code that indicates whether the error status code was added during activity processing, through the error recycle rejection process, or in payment process. Valid values include:<br>S - Activity processing errors.<br>U - Final recycle errors.<br>P - Payment process. | Field      | Character         | 1      |

### 14.5.4 Activity Messages Panel Field Edit Error Codes

| Field   | Error Message | To Correct |
|---|---------------|------------|
| No field edit error codes found for this panel. |               |            |

### 14.5.5 Activity Messages Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 14.5.6 Activity Messages Panel Accessibility

#### 14.5.6.1 To Access the Activity Messages Panel

| Step | Action   | Response                              |
|------|--|---------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> . Click <b>Login</b> .  | Main Menu displays.                   |
| 2    | Point to <b>Case Management</b> and Click <b>Activity Search</b> . | Activity Search panel displays.       |
| 3    | Enter Search Criteria and click <b>search</b> .                    | Activity search results list appears. |
| 4    | Click a member of the search results.                              | Activity detail panel appears.        |
| 5    | Click the <b>Messages</b> link below the Activity Detail panel.    | Activity Messages panel displays.     |



## 14.6 Activity Search

### 14.6.1 Activity Search Panel Narrative

The Activity Search panel allows users with appropriate security level to search for Case Management Activities.

After entering search criteria in the Activity Search panel, click search. The matching Activity's will be displayed in the search results list.

**Navigation Path:** [Case Mgmt] – [Activity Search]

### 14.6.2 Activity Search Panel Layout

The screenshot shows the 'Activity Search' panel with the following fields and options:

- Recipient ID:** [Text Input]
- CCN:** [Text Input]
- Service From:** [Text Input]
- Service To:** [Text Input]
- Activity Type:** [Dropdown Menu]
- Activity Service Code:** [Text Input]
- Show All:**
- Show Accepted:**
- Show Informational:**
- Show Rejected:**
- Show Suspended/Recycle:**
- Buttons:** search, clear

**Search Results Table:**

| CCN           | RECIPIENT ID | NETWORK ID | DATE OF SERVICE | ACTIVITY SERVICE                               | DATE SUBMITTED | ACTIVITY TYPE       | STATUS            |
|---------------|--------------|------------|-----------------|--|----------------|---------------------|-------------------|
| 6019105004167 |              | 7777777777 |                 | F0003 - FP Phone Care Coordination             |                | F - Family Planning | R - Rejected      |
| 6019105004169 |              | 7777777777 |                 | G0011 - Multi-disciplinary Care Team Meeting   |                | G - General         | R - Rejected      |
| 2018183490403 |              | 7777777777 |                 | G0001 - Face to Face Assessment / Reassessment |                | G - General         | I - Informational |
| 2018183490406 |              | 7777777777 |                 | F0001 - FP Face to Face Case Care Coordination |                | F - Family Planning | I - Informational |
| 2019183490522 |              | 7777777777 |                 | -  |                | F - Family Planning | S - Suspended     |
| 2018183490402 |              | 7777777777 |                 | A0002 - Chart Audit                            |                | G - General         | A - Accepted      |
| 2019183490530 |              | 7777777777 |                 | F0001 - FP Face to Face Case Care Coordination |                | F - Family Planning | A - Accepted      |
| 2019183490502 |              | 7777777777 |                 | M0006 - One-time transfer payment              |                | M - Maternity       | S - Suspended     |
| 2019121000007 |              | 7777777777 |                 | G0007 - Community Resources Assistance         |                | G - General         | S - Suspended     |
| 2018183490404 |              | 7777777777 |                 | G0001 - Face to Face Assessment / Reassessment |                | G - General         | S - Suspended     |

1 2 Next >

### 14.6.3 Activity Search Panel Field Descriptions

| Field                 | Description   | Field Type | Data Type        | Length |
|-----------------------|---|------------|------------------|--------|
| Activity Service Code | Code indicates service provided.  | Field      | Character        | 5      |
| Activity Status       | Identifies the status of an activity record in the system.                    | Field      | Character        | 1      |
| Activity Type         | Identifies the case management record type.                                   | Combo Box  | Character        | 1      |
| CCN                   | The internal case control number that uniquely identifies an activity record. | Field      | Number (Integer) | 13     |
| Clear                 | This button clears the search criteria fields.                                | Button     | N/A              | 0      |

| Field                  | Description   | Field Type | Data Type         | Length |
|------------------------|---|------------|-------------------|--------|
| Date of Service        | Date of Case Management Activity.   | Field      | Date (MM/DD/CCYY) | 10     |
| Date Submitted         | Date Case Management Activity record was submitted.   | Field      | Date (MM/DD/CCYY) | 10     |
| Network ID             | NPI of the Network submitted on the CM Activity.  | Field      | Character         | 10     |
| Recipient ID           | The first 12-digits of an assigned number which uniquely identifies a recipient.  | Field      | Alphanumeric      | 12     |
| Search                 | This button initiates the search.   | Button     | N/A               | 0      |
| Service From           | Start of search span for Date service completed.  | Field      | Date (MM/DD/CCYY) | 10     |
| Service To             | End of search span for Date service completed.  | Field      | Date (MM/DD/CCYY) | 10     |
| Show Accepted          | A valid service record and considered for activity payment.   | Check Box  | N/A               | 0      |
| Show All               | All statuses are returned.  | Check Box  | N/A               | 0      |
| Show Informational     | A valid service record but not considered for activity payment.   | Check Box  | N/A               | 0      |
| Show Rejected          | An invalid service record and not considered for payment.   | Check Box  | N/A               | 0      |
| Show Suspended/Recycle | Suspended – A service record with errors that will recycle.<br>Recycle – temporary status to trigger recycling of the record. | Check Box  | N/A               | 0      |
| Status                 | Identifies the status of an activity record in the system.  | Field      | Character         | 1      |

### 14.6.4 Activity Search Panel Field Edit Error Codes

| Field  | Field Type | Error Code | Error Message   | To Correct   |
|--------|------------|------------|---|--|
| Search | Button     | 1          | Either Recipient ID or Case Control Number (CCN) is required. | Enter a Recipient ID or a Case Control Number (CCN).                   |
|        |            | 2          | Date of Service From must be less than Date of Service To.    | Enter a Service From date that is less great than the Service To date. |

### 14.6.5 Activity Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 14.6.6 Activity Search Panel Accessibility

#### 14.6.6.1 To Access the Activity Search Panel

| Step | Action   | Response                        |
|------|--|---------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> . Click <b>Login</b> .  | Main Menu displays.             |
| 2    | Point to <b>Case Management</b> and Click <b>Activity Search</b> . | Activity Search panel displays. |

## 14.7 Related History

### 14.7.1 Related History Panel Narrative

The Related History panel displays Activity Audit related history records. Related history can either be a payment or activity.

**Navigation Path:** [Case Mgmt] – [Activity Search] – [Click on member of Activity Search Results] - [Related History]

### 14.7.2 Related History Panel Layout

| CCN/PCN       | Service Type |
|---------------|--------------|
| 6019113000006 | Activity     |
| 6019150000003 | Activity     |
| 6519149000028 | Payment      |
| 6519150000001 | Payment      |

### 14.7.3 Related History Panel Field Descriptions

| Field        | Description   | Field Type | Data Type        | Length |
|--------------|---|------------|------------------|--------|
| CCN/PCN      | The internal case control number or payment control number that uniquely identifies an activity record. | Field      | Number (Integer) | 13     |
| Service Type | Identifies the case management record type.   | Field      | Character        | 1      |

### 14.7.4 Related History Panel Field Edit Error Codes

| Field   | Error Message | To Correct |
|---|---------------|------------|
| No field edit error codes found for this panel. |               |            |

### 14.7.5 Related History Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 14.7.6 Related History Panel Accessibility

#### 14.7.6.1 To Access the Related History Panel

| Step | Action  | Response                              |
|------|---|---------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> . Click <b>Login</b> .         | Main Menu displays.                   |
| 2    | Point to <b>Case Management</b> and Click <b>Activity Search</b> .        | Activity Search panel displays.       |
| 3    | Enter Search Criteria and click <b>search</b> .                           | Activity search results list appears. |
| 4    | Click a member of the search results.                                     | Activity Detail panel appears.        |
| 5    | Click on the <b>Related History</b> link below the Activity Detail panel. | Related History panel appears.        |

## 14.8 Related Payment

### 14.8.1 Related Payment Panel Narrative

The Related Payment panel shows payments related to the selected activity.

**Navigation Path:** [Case Mgmt] – [Activity Search] – [Click on member of Activity Search Results] - [Related Payment]

### 14.8.2 Related Payment Panel Layout

| Related Payment |              |            |                 |              |                                |            |        | Top        | Nav | ? | ⌂ | ✕ |
|-----------------|--------------|------------|-----------------|--------------|--------------------------------|------------|--------|------------|-----|---|---|---|
| PCN             | RECIPIENT ID | NETWORK ID | DATE OF SERVICE | PAYMENT TYPE | PM SERVICE                     | AMOUNT     | STATUS | DATE PAID  |     |   |   |   |
| 6012345678912   | 500000100702 | 1821089244 | 12/12/2018      | M            | PG001 - GEN Intense Management | \$100.00   | P      | 12/10/2018 |     |   |   |   |
| 6519135000003   | 500000100702 | 4444444444 | 01/05/2019      | G            | PG001 - GEN Intense Management | \$1,100.99 | P      | 05/15/2019 |     |   |   |   |
| 6519136000013   | 500000100702 | 1750773743 | 01/05/2019      | G            | PG001 - GEN Intense Management | \$1,100.99 | P      | 05/16/2019 |     |   |   |   |
| 6012345678901   | 500000100702 | 7777777777 | 04/12/2019      | M            | PG001 - GEN Intense Management | \$100.00   | R      | 04/12/2019 |     |   |   |   |

### 14.8.3 Related Payment Panel Field Descriptions

| Field           | Description   | Field Type | Data Type         | Length |
|-----------------|---|------------|-------------------|--------|
| Amount          | Amount of payment   | Field      | Number (Integer)  | 0      |
| Date of Service | Date of service.  | Field      | Date (MM/DD/CCYY) | 0      |
| Date Paid       | Date payment made in financial CCYYMMDD.  | Field      | Date (MM/DD/CCYY) | 0      |
| Network ID      | Provider ID value.  | Field      | Character         | 15     |
| Payment Type    | Identifies the case management record type. G= General F=Family Planning M=Maternity.   | Field      | Character         | 1      |
| PCN             | Payment Control Number (PCN) - The internal payment control number that uniquely identifies a payment record. Digits 1 and 2 are the region. Region 60 = new service record, region 62 = system voids region 69 = network submitted void. | Field      | Character         | 13     |
| PM Service      | Code used to identify a case management service and a short description of a case management service.   | Field      | Character         | 0      |
| Recipient ID    | The first 12-digits of an assigned number which uniquely identifies a recipient.  | Field      | Character         | 12     |
| Status          | Identifies the status of the payment record in the system. Valid values include:<br>P = Paid<br>R = Recoup<br>D = Payment denied because of network limitation<br>F = Pending force payment   | Field      | Character         | 1      |

|  |  |  |  |  |
|--|--|--|--|--|
|  | S = Pending force recoupment<br>C = Cancelled force payment<br>E = Forced payment or recoupment that encountered an error in batch processing. |  |  |  |
|--|--|--|--|--|

#### 14.8.4 Related Payment Panel Field Edit Error Codes

| Field   | Error Message | To Correct |
|---|---------------|------------|
| No field edit error codes found for this panel. |               |            |

#### 14.8.5 Related Payment Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 14.8.6 Related Payment Panel Accessibility

##### 14.8.6.1 To Access the Related Payment Panel

| Step | Action  | Response                             |
|------|---|--------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> . Click <b>Login</b> .         | Main Menu displays.                  |
| 2    | Point to <b>Case Management</b> and Click <b>Activity Search</b> .        | Activity Search panel displays.      |
| 3    | Enter Search Criteria and click <b>search</b> .                           | Payment search results list appears. |
| 4    | Click a member of the search results.                                     | Activity Detail panel appears.       |
| 5    | Click on the <b>Related Payment</b> link below the Activity Detail panel. | Related Payment panel appears.       |

## 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

**DME Provider**

**Prior Authorization Search: 009935888 MCD**

|                                  |                                 |                              |  |
|----------------------------------|---------------------------------|------------------------------|--|
| <b>Prior Authorization</b>       | <input type="text"/>            | <b>Recipient ID</b>          | <input type="text" value="009935888"/> |
| <b>Start Date</b>                | <input type="text"/>            | <b>Recipient Name</b>        | <input type="text" value="MCD"/>       |
| <b>Authorized Effective Date</b> | <input type="text"/>            | <b>Authorized End Date</b>   | <input type="text"/>                   |
| <b>NDC</b>                       | <input type="text"/> [ Search ] | <b>Status</b>                | <input type="text"/>                   |
| <b>Procedure</b>                 | <input type="text"/> [ Search ] | <b>PA Assignment</b>         | <input type="text"/>                   |
| <b>Diagnosis</b>                 | <input type="text"/> [ Search ] | <b>Include All Providers</b> | <input checked="" type="checkbox"/>    |

| Search Results      |              |           |            |                     |                     |            |                |                                 |            |
|---------------------|--------------|-----------|------------|---------------------|---------------------|------------|----------------|---------------------------------|------------|
| Prior Authorization | Recipient ID | Last Name | First Name | Authorized Eff Date | Authorized End Date | Status     | PA Assignment  | Provider Name                   | Start Date |
|                     |              |           |            | 0                   | 0                   | Denied     | DME - PURCHASE | MIDSOUTH RESPIRATORY SERVICEHME | 05/05/2008 |
|                     |              |           |            | 09/06/2006          | 07/26/2007          | Approved   | DME - PURCHASE | NATIONAL SEATING & MOBILITY     | 09/14/2006 |
|                     |              |           |            | 05/01/2008          | 07/31/2008          | Approved   | DME - PURCHASE | MIDSOUTH RESPIRATORY SERVICEHME | 05/07/2008 |
|                     |              |           |            | 03/29/2006          | 08/23/2006          | Pending    | DME - PURCHASE | THE CHILDRENS HOSPITAL          | 11/13/2006 |
|                     |              |           |            | 09/21/2005          | 07/21/2006          | Approved   | DME - PURCHASE | TRUMBULL DENSLOW A              | 10/17/2005 |
|                     |              |           |            | 0                   | 0                   | Evaluation | DME - PURCHASE | USA CHILDRENS & WOMENS HOSPITAL | 07/29/2009 |
|                     |              |           |            | 0                   | 0                   | Evaluation | DME - PURCHASE | WALGREENS #06484                | 08/21/2018 |
|                     |              |           |            | 05/23/2008          | 04/23/2009          | Approved   | DME - PURCHASE | ALL SOUTH SERV ICES INC         | 05/28/2008 |
|                     |              |           |            | 0                   | 0                   | Approved   | DME - PURCHASE | GOODMAN DANIEL C                | 11/03/2012 |
|                     |              |           |            | 0                   | 0                   | Evaluation | DME - PURCHASE | GOODMAN DANIEL C                | 07/29/2009 |

1 2 3 4 5 6 7 Next >

### Case Manager (CM) Provider

**Prior Authorization Search: 590140079 MCD** ? ▲

|   |  |
|---|--|
| <b>Prior Authorization</b> <input type="text"/>                       | <b>Recipient ID</b> <input type="text"/>         |
| <b>Start Date</b> <input type="text"/>                                | <b>Recipient Name</b> <input type="text"/>       |
| <b>Authorized Effective Date</b> <input type="text"/>                 | <b>Authorized End Date</b> <input type="text"/>  |
| <b>NDC</b> <input type="text"/> [ Search ]                            | <b>Status</b> <input type="text"/>               |
| <b>Procedure</b> <input type="text"/> [ Search ]                      | <b>PA Assignment</b> <input type="text"/>        |
| <b>Diagnosis</b> <input type="text"/> [ Search ] <input type="text"/> | <b>Submitted CM PAs</b> <input type="checkbox"/> |

| Search Results      |              |           |            |                     |                     |            |                 |                       |            |      |  |
|---------------------|--------------|-----------|------------|---------------------|---------------------|------------|-----------------|-----------------------|------------|------|--|
| Prior Authorization | Recipient ID | Last Name | First Name | Authorized Eff Date | Authorized End Date | Status     | PA Assignment   | Provider Name         | Start Date | Proc |  |
| 0                   | 0            |           |            | 0                   | 0                   | Evaluation | CASE MANAGEMENT | WESTERN HEALTH CENTER | 12/21/2020 | 000  |  |
| 0                   | 0            |           |            | 0                   | 0                   | Evaluation | CASE MANAGEMENT | WESTERN HEALTH CENTER | 12/21/2020 | 000  |  |

### 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      |
| 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      |
| clear                     | This button clears all the search criteria fields.   | Button     | N/A                | 0      |
| Diagnosis                 | Displays the diagnosis code.   | Field      | Alphanumeric       | 7      |
| First Name                | Displays the first name of the recipient.  | Field      | Alphanumeric       | 13     |
| 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      |
| Include All Providers     | Allow DME providers an option to search all DME PAs.   | Combo Box  | Checkbox           | 0      |
| NDC                       | Displays the National Drug Code used to identify a specific drug.  | Field      | Alphanumeric       | 11     |
| Last Name                 | Displays the last name of the recipient.   | Field      | Alphanumeric       | 15     |
| 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     |



| Field            | Description   | Field Type      | Data Type          | Length |
|------------------|---|-----------------|--------------------|--------|
| 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     |
| search           | This button initiates the query.                                  | Button          | N/A                | 0      |
| 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      |
| Submitted CM PAs | Allow CM (Case Manager) providers an option to search all CM PAs. | Field Check Box | Field Check 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.  |

### 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 <b>Prior Authorization</b> . | Prior Authorization page displays.         |
| 2    | Click <b>Search</b> .              | 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: <b>Prior Authorization</b> number, <b>Start Date</b> , <b>Authorized Effective Date</b> , <b>NDC</b> or click [Search] to select from list, <b>Procedure</b> or click [Search] to select from list, <b>Diagnosis</b> or click [Search] to select from list, <b>Recipient ID</b> , <b>Authorized End Date</b> , <b>Status</b> and/or <b>PA Assignment</b> . | 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 <b>search</b> .  | 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 Gainwell Provider Assistance Center at 1 (800) 688-7989 for additional assistance during normal business hours; Monday – Friday from 8:00am – 5:00pm CST.

## 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               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | SURGICAL       | 04/17/2009 |           |     |             |           |
| 50101               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | SURGICAL       | 05/25/2010 | D2951     |     |             |           |
| 50102               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | SURGICAL       | 09/08/2010 | 0002F     |     |             |           |
| 50101               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | SURGICAL       | 05/25/2010 | D2951     |     |             |           |
| 50101               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | MEDICAL CARE   | 05/25/2010 | D2951     |     |             |           |
| 50111               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | DME - PURCHASE | 04/28/2011 | 0006F     |     | 9           | V874678   |
| 50121               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | MEDICAL CARE   | 04/12/2012 | 0001F     |     |             |           |
| 50094               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | DENTAL CARE    | 03/19/2009 |           |     | 9           | 0020      |
| 50094               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | DENTAL CARE    | 03/18/2009 | D2951     |     | 9           | 0011      |
| 50091               | 50001        | SH        | JO         | 0                   | 0                   | Evaluation | DENTAL CARE    | 04/15/2009 |           |     |             |           |

### 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     |

| 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 <b>Prior Authorization</b> .              | Prior Authorization page displays.                 |
| 2    | Click <b>Search</b> .                           | Prior Authorization Search panel displays.         |
| 3    | Enter search criteria and click <b>search</b> . | Prior Authorization Search Results panel displays. |

## 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 corresponding panel is not considered complete until those fields have been completed with the appropriate data.

### 15.3.2 Prior Authorization Submit Panel Layout

The screenshot displays the 'Prior Authorization Submit Panel' layout, divided into two main sections: 'Base Information' and 'Line Item'.

**Base Information Section:**

- Prior Authorization:** Recipient ID, Last Name, First Name, MI, Date of Birth.
- PA Assignment:** ADJUNCTIVE DENTAL SERVICES.
- Diagnosis:** [Search] dropdown.
- Servicing Provider:** [Search] dropdown, NPI.
- Clerk:** [Search] dropdown.
- Provider:** [Search] dropdown, NPI.
- Managed Care Indicator:** [Search] dropdown.

**Line Item Section:**

| Line Item | Requested Units | Requested Dollars | Authorized Units | Authorized Dollars | Procedure | Thru Service | NDC | Code | Revenue | Status     |
|-----------|-----------------|-------------------|------------------|--------------------|-----------|--------------|-----|------|---------|------------|
| 01        | 0.000           | \$2.00            | 0.000            | \$0.00             | 0001F     |              |     |      |         | Evaluation |
| 02        | 1.000           | \$0.00            | 0.000            | \$0.00             |           |              |     |      |         | Evaluation |

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

**Line Item Form Fields:**

- Line Item: [Search] dropdown
- Service Type Code: [Search] dropdown
- Procedure: [Search] dropdown
- Thru Service: [Search] dropdown
- Modifier 1: [Search] dropdown
- Modifier 2: [Search] dropdown
- Modifier 3: [Search] dropdown
- Modifier 4: [Search] dropdown
- Tooth 1: [Search] dropdown
- Tooth 2: [Search] dropdown
- Tooth 3: [Search] dropdown
- Tooth 4: [Search] dropdown
- Tooth 5: [Search] dropdown
- Tooth 6: [Search] dropdown
- Tooth 7: [Search] dropdown
- Tooth 8: [Search] dropdown
- Quad: [Search] dropdown
- NDC Lock: [Search] dropdown
- NDC: [Search] dropdown
- Revenue Code: [Search] dropdown
- Status: [Search] dropdown
- Requested Eff/End Dates: [Search] dropdown
- Requested Units/Dollars: [Search] dropdown
- Authorized Eff/End Dates: [Search] dropdown
- Balance Units/Dollars: [Search] dropdown
- Quantity Used Units/Dollars: [Search] dropdown
- Authorized Units/Dollars: [Search] dropdown

Buttons: delete, add

**-Reason-**

\*\*\* No rows found \*\*\*

The screenshot displays three distinct sections of the AMMIS interface:

- Analyst Remarks:** A table with columns 'Date Entered' and 'Description'. It lists three entries from 8/13/2015 to 10/28/2015. Below the table is a large text area labeled 'Description\*' containing the text: 'This is an analyst remark entered in MMIS. Testing 'Date Entered''.
- Notes:** A table with columns 'Date Entered' and 'Description'. It lists four entries from 08/24/2011. Below the table is a text area labeled 'Description' and a 'select row above to update -or- click Add button below.' instruction. At the bottom right are 'delete' and 'add' buttons.
- Attachments:** A table with columns 'Line Item', 'Type', 'Transmission Code', 'Control Number', and 'Description'. Below the table is a form with fields for 'Control Number', 'Transmission' (dropdown), 'Report Type' (dropdown), and 'Description'. At the bottom right are 'delete' and 'add' buttons. Below the entire section are 'save' and 'cancel' buttons.

### 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      |
| Back Button                 | Return back to the PA Search 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    |
| 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     |

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|        |   |        |     |   |
|--------|---|--------|-----|---|
| cancel | This button cancels the current operation and discards any changes. | Button | N/A | 0 |
|--------|---|--------|-----|---|

| Field                          | Description   | Field Type | Data Type          | Length |
|--------------------------------|---|------------|--------------------|--------|
| 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     |
| delete                         | This button removes the record.   | Button     | N/A                | 0      |
| 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      |
| Managed Care Indicator         | Displays whether a recipient participates in Managed care.  | Combo Box  | Drop Down List Box | 0      |



| Field                       | Description  | Field Type | Data Type          | Length |
|-----------------------------|--|------------|--------------------|--------|
| 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      |
| 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     |

| Field                   | Description  | Field Type | Data Type          | Length |
|-------------------------|--|------------|--------------------|--------|
| 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      |
| save                    | This button saves current operation and re-submits the request to Medicaid.  | Button     | N/A                | 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      |
| 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      |

| Field        | Description   | Field Type | Data Type          | Length |
|--------------|---|------------|--------------------|--------|
| 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; 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                   | Error Message   | To Correct  |
|-------------------------|---|---|
|                         | 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.  |
|                         | 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 |

| Field                   | Error Message   | To Correct   |
|-------------------------|---|--|
|                         |   | 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.   |
|                         | Assignment Type invalid for Recipient with RCO coverage for PA effective date of service.           | If the PA requested effective date falls within the recipient's active assignment to an RCO, verify PA requested date. If entered incorrectly, re-enter the date. If entered correctly, the PA request should be submitted with the RCO on file. |
| 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 Gainwell 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 1 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.  |

| 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 <b>Prior Authorization</b> .              | Prior Authorization page displays.                 |
| 2    | Click <b>Search</b> .                           | Prior Authorization Search panel displays.         |
| 3    | Enter search criteria and click <b>search</b> . | 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 <b>add</b> in Line Item section.   | Activates fields for entry of data or selection from lists.  |
| 2    | Select a <b>Service Type Code</b> from the drop down list.   |  |
| 3    | If applicable, enter a <b>Procedure</b> 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 <b>Modifier 1, Modifier 2, Modifier 3</b> or <b>Modifier 4</b> 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 <b>Tooth 1, Tooth 2, Tooth 3, Tooth 4, Tooth 5, Tooth 6, Tooth 7</b> or <b>Tooth 8</b> 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 <b>Quad</b> 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 <b>Revenue Code</b> 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. |

| Step | Action  | Response  |
|------|---|---|
| 8    | If applicable, enter a <b>Thru Service</b> 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 <b>Requested Eff Dates</b> date.  |   |
| 10   | Enter <b>Requested End Dates</b> date.  |   |
| 11   | Enter <b>Requested Units</b> number.  |   |
| 13   | Enter <b>Requested Dollars</b> amount.  |   |
| 14   | Click <b>add</b> in Notes section.  | Activates fields for entry of data or selection from lists.   |
| 15   | Enter <b>Description</b> .  |   |
| 16   | Click <b>add</b> in Attachments section.  | Activates fields for entry of data or selection from lists.   |
| 17   | Enter <b>Control Number</b> .   |   |
| 18   | Select <b>Transmission</b> from drop down list.   |   |
| 19   | Select <b>Report Type</b> from drop down list.  |   |
| 20   | Enter <b>Description</b> .  |   |
| 21   | Click <b>save</b> .   | Prior Authorization information saved and re-<br>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 <b>save</b> .                             | Prior Authorization information saved and re-<br>sent to Medicaid for further review. |

## 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.

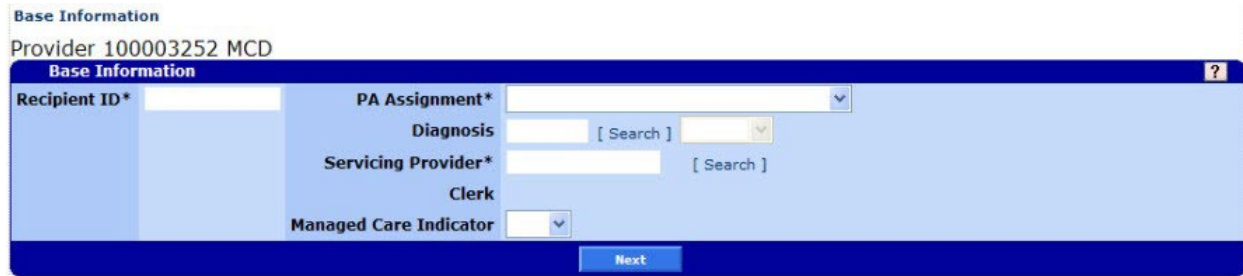
The Base Information panel is the first of four steps in the prior authorization wizard process, used to submit a new prior authorization.

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

**NOTE:**

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel 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 |
|------------------------|--|------------|--------------------|--------|
| Clerk                  | Displays the clerk that entered the prior authorization. (Read-Only)   | Field      | Alphanumeric       | 8      |
| Diagnosis              | Displays the diagnosis code.   | Field      | Alphanumeric       | 7      |
| 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      |
| New                    | This button is used to add a new PA request.   | Button     | N/A                | 0      |



| 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      |
| 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. |

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 <b>Prior Authorization</b> .                            | Prior Authorization page displays. |
| 2    | Click <b>New</b> or click <b>Search</b> and then <b>add</b> . | Base Information panel displays.   |

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

| Step | Action  | Response  |
|------|---|---|
| 1    | Enter <b>Recipient ID</b> .                                   |   |
| 2    | Select <b>PA Assignment</b> from drop down list.              |   |
| 3    | Enter <b>Diagnosis</b> 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 <b>Servicing Provider</b> .                             |   |
| 5    | Select <b>Managed Care Indicator</b> from drop down list.     |   |
| 6    | Click <b>Next</b> .   | Line Item panel displays  |

## 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 corresponding panel is not considered complete until those fields have been completed with the appropriate data.

### 15.5.2 Prior Authorization Submit - Line Item Panel Layout

The screenshot displays the 'Line Item' panel. At the top, there is a table with the following columns: Line Item, Requested Units, Requested Dollars, Authorized Units, Authorized Dollars, Procedure, Thru Service, NDC, Revenue Code, and Status. The first row shows 'A' in the Line Item column, '0' in Requested Units, '\$0.00' in Requested Dollars, '0' in Authorized Units, '\$0.00' in Authorized Dollars, and 'Evaluation' in the Status column. Below the table, there is a message: 'Select row above to update -or- click Add button below.' The main area of the panel contains various input fields and search buttons for: Line Item, Service Type Code, Procedure, Thru Service, Modifier 1, 2, 3, 4, Tooth 1 through 8, Quad, NDC Lock, Revenue Code, Status, NDC, Requested Eff/End Dates, Requested Units/Dollars, Authorized Eff/End Dates, Balance Units/Dollars, Quantity Used Units/Dollars, and Authorized Units/Dollars. At the bottom right, there are 'delete' and 'add' buttons. At the bottom center, there is a message: '\*\*\* No rows found \*\*\*'. At the bottom left, there is a '-Reason-' field. At the bottom, there are 'Previous' and 'Next' buttons.

### 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      |

| Field                    | Description  | Field Type | Data Type          | Length |
|--------------------------|--|------------|--------------------|--------|
| 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      |
| 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  | Field      | Alphanumeric       | 6      |

| Field                       | Description  | Field Type | Data Type          | Length |
|-----------------------------|--|------------|--------------------|--------|
|                             | selected from the 'Service Type Code' drop down list.  |            |                    |        |
| 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      |
| 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      |

| Field   | Description   | Field Type | Data Type    | Length |
|---------|---|------------|--------------|--------|
| 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 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.  |
| 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 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. |
|                          | Assignment Type invalid for Recipient with RCO coverage for PA effective date of service. | If the PA requested effective date falls within the recipient's active assignment to an RCO, verify PA requested date. If entered incorrectly, re-enter the date. If entered correctly, the PA request should be submitted with the RCO on file.   |
| 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  | Enter a value in either the Requested Dollars or Requested Units fields.   |

|                   |                                |  |
|-------------------|--------------------------------|--|
|                   | required.                      |  |
| 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 1 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.<br><br>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 <b>Prior Authorization</b> . | Prior Authorization page displays. |
| 2    | Click <b>New</b> .                 | Base Information panel displays.   |
| 3    | Click <b>Next</b> .                | Line Item panel displays.          |

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

| Step | Action  | Response  |
|------|---|---|
| 1    | Select a <b>Service Type Code</b> from the drop down list.  |   |
| 2    | Enter a <b>Procedure</b> 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 <b>Modifier 1, Modifier 2, Modifier 3</b> or <b>Modifier 4</b> 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 <b>Tooth 1, Tooth 2, Tooth 3, Tooth 4, Tooth 5, Tooth 6, Tooth 7</b> or <b>Tooth 8</b> 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 <b>Quad</b> 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 <b>Revenue Code</b> 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 <b>Thru Service</b> 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 <b>Requested Eff Dates</b> date.  |  |
| 9  | Enter <b>Requested End Dates</b> date.  |  |
| 10 | Enter <b>Requested Units</b> number.  |  |
| 11 | Enter <b>Requested Units</b> dollar amount.   |  |
| 12 | Click <b>add</b> 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 <b>Next</b> .   | 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 <b>Next</b> .                             | Notes panel displays. |

## 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.

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

### 15.6.2 Prior Authorization Submit New – Analyst Remarks Panel Layout

The screenshot shows a window titled "Analyst Remarks" with a help icon. It contains a table with the following data:

| Date Entered | Description  |
|--------------|--|
| 8/13/2015    | Evaluations for PA have a 30 day process time limit. (Analyst Remark Test)       |
| 8/18/2015    | The PA has recently been updated to include the recipient's current Medicaid ID, |
| 10/28/2015   | This is an analyst remark entered in MMIS. Testing 'Date Entered'                |

Below the table is a "Description\*" field containing the text: "This is an analyst remark entered in MMIS. Testing 'Date Entered'"

### 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 <b>Prior Authorization</b> .              | Prior Authorization page displays.                  |
| 2    | Click <b>Search</b> .                           | Prior Authorization Search panel displays.          |
| 3    | Enter search criteria and click <b>search</b> . | Prior Authorization Search Results panel displays.  |
| 4    | Click line item from search results panel.      | Prior Authorization Analyst Remarks panel displays. |

## 15.7 Prior Authorization Submit New – Notes Panel

### 15.7.1 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]

### 15.7.2 Prior Authorization Submit New – Notes Panel Layout

Base Information > Line Item > Notes  
 Provider 516916416 MCD

### 15.7.3 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      |
| 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      |

### 15.7.4 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. |

### 15.7.5 Prior Authorization Submit New – Notes Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 15.7.6 Prior Authorization Submit New – Notes Panel Accessibility

#### 15.7.6.1 To Access the Prior Authorization Submit New – Notes Panel

| Step | Action                             | Response                           |
|------|------------------------------------|------------------------------------|
| 1    | Click <b>Prior Authorization</b> . | Prior Authorization page displays. |
| 2    | Click <b>New</b> .                 | Base Information panel displays.   |
| 3    | Click <b>Next</b> .                | Line Item panel displays.          |
| 4    | Click <b>Next</b> .                | Notes panel displays.              |

#### 15.7.6.2 To Add on the Prior Authorization Submit New – Notes Panel

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

#### 15.7.6.3 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 <b>save</b> or <b>Next</b> .              | Notes information saves and/or Attachments panel displays. |

## 15.8 Prior Authorization Submit - Attachments

### 15.8.1 Prior Authorization Submit - Attachments Panel Narrative

The Prior Authorization Submit – Attachments panel allows users to create Attachment Type line items for the PA. This is for information purposes only. All supporting documentation must be electronically uploaded to Alabama Medicaid through the use of Forms under the Trade Files menu.

**Navigation Path:** [Prior Authorization] - New – [click on Next from the Notes 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. Providers may submit PA supporting documentation electronically through the use of Forms as discussed in Section 13.6 of this document. The same PA number must be included on the Form when uploading supporting documentation.

### 15.8.2 Prior Authorization Submit - Attachments Panel Layout

Base Information > Line Item > Notes  
**Attachments**  
 Provider 516916416 MCD

### 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     |

| Field             | Description   | Field Type | Data Type          | Length |
|-------------------|---|------------|--------------------|--------|
| Description       | Displays the free form text for the attachment/paperwork.   | Field      | Character          | 80     |
| 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 <b>Prior Authorization</b> . | Prior Authorization page displays. |
| 2    | Click <b>New</b> .                 | Base Information panel displays.   |
| 3    | Click <b>Next</b> .                | Line Item panel displays.          |
| 4    | Click <b>Next</b> .                | Notes panel displays.              |
| 5    | Click <b>Next</b> .                | Attachments panel displays.        |

**15.8.6.2 To Add on the Prior Authorization Submit - Attachments Panel**

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>add</b> .                              | Activates fields for entry of data or selection from lists. |
| 2    | Enter <b>Control Number</b> .                   |   |
| 3    | Select <b>Transmission</b> from drop down list. |   |
| 4    | Select <b>Report Type</b> from drop down list.  |   |
| 5    | Enter <b>Description</b> .                      |   |
| 6    | Click <b>save</b> .                             | 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 <b>save</b> .                             | Attachments information saved. |

## 16 Provider Maintenance

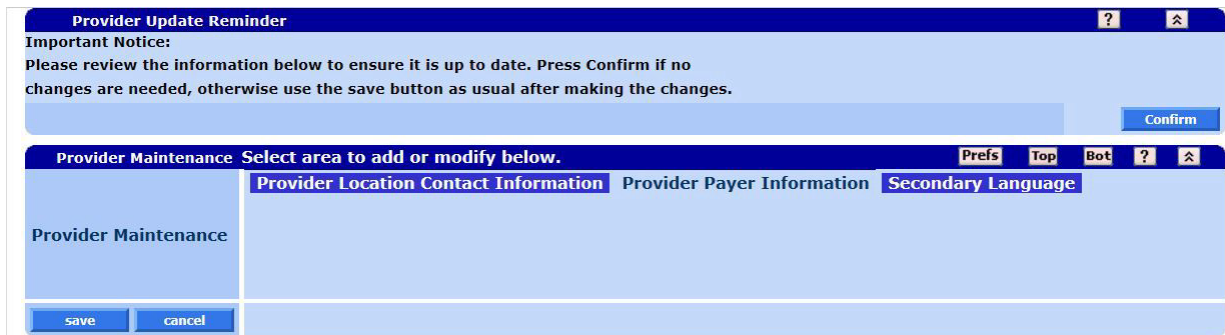
### 16.1 Provider Maintenance Panel Overview

#### 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      |
| Secondary Language                     | Link to Secondary Language 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. |            |

### 16.1.6 Provider Maintenance Panel Accessibility

#### 16.1.6.1 To Access the Provider Maintenance Panel

| Step | Action  | Response                             |
|------|---|--------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.             |
| 2    | Point to <b>Provider</b> and click <b>ProviderMaintenance</b> .   | Provider Maintenance panel displays. |

## 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 |
|------------------------|---|------------|-----------|--------|
| 24 Hour Phone          | 24-hour phone number of the Primary Contact for the Service Location.         | Field      | Number    | 10     |
| Accepting New Patients | Indicates whether or not provider is accepting new patients at this location. | Combo Box  | Character | 1      |
| 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     |

| Field                         | Description   | Field Type | Data Type         | Length |
|-------------------------------|---|------------|-------------------|--------|
| 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     |
| Patient Contact Email         | Provider's email address that is displayed in the Public Provider Directory.  | Field      | Character         | 50     |
| Provider ID                   | Provider ID of the Provider.  | Field      | Character         | 15     |
| 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.<br>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.<br>Email addresses must be in the format <a href="#">XXXXX@xxx.xxx</a><br>Fields must be completely filled in. |

| Field                  | Error Message                       | To Correct                                       |
|------------------------|-------------------------------------|--|
| 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. |            |

### 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 <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.                              |
| 2    | Point to <b>Provider</b> and click <b>ProviderMaintenance</b> .   | Provider Maintenance panel displays.                  |
| 3    | Click on <b>Provider Location Contact Information</b> Hyperlink.  | Provider Location Contact Information panel displays. |

## 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      |

### 16.3.4 Provider Payer Information Panel Field Edit Error Codes

| Field      | Error Message          | To Correct  |
|------------|------------------------|---|
| All Fields | Enter a valid value.   | <p>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.</p> <p>Email addresses must be in the format <a href="#">XXXXXX@xxx.xxx</a></p> <p>Fields such as phone number must be completely filled in when present.</p> |
| 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 <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.                   |
| 2    | Point to <b>Provider</b> and click <b>ProviderMaintenance</b> .   | Provider Maintenance panel displays.       |
| 3    | Click on <b>Provider Payer Information</b> Hyperlink.             | Provider Payer Information panel displays. |

## 16.4 Provider Language Panel Overview

### 16.4.1 Provider Language Panel Narrative

The Provider Language panel allows the user to associate one or more languages to a provider.

**Navigation Path:** [Providers - Provider Maintenance - Language]

### 16.4.2 Provider Language Panel Layout

### 16.4.3 Provider Language Panel Field Descriptions

| Field              | Description  | Field Type | Data Type          | Length |
|--------------------|--|------------|--------------------|--------|
| add                | This button is used to add data to a panel.  | Button     | N/A                | 0      |
| Effective Date     | This is the effective date of the language segment for a specific provider service location. | Field      | Date (MM/DD/CCYY)  | 10     |
| End Date           | This is the end date of the language segment for a specific provider service location.       | Field      | Date (MM/DD/CCYY)  | 10     |
| Secondary Language | This is the description of the spoken language.  | Field      | Drop Down List Box | 0      |

### 16.4.4 Provider Language 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.<br>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.<br>Email addresses must be in the format <a href="#">XXXXXX@xxx.xxx</a><br>Fields must be completely filled in. |
| Effective Date | Effective Date is required.         | Enter an Effective Date in MM/DD/CCYY format.   |
|                | Invalid date. Format is mm/dd/ccyy. | Enter a valid date.   |

| Field              | Error Message   | To Correct  |
|--------------------|---|---|
|                    | Effective Date must be less than or equal to End Date.      | Enter an Effective Date less than or equal to the End Date.   |
|                    | Effective Date must be greater than or equal to 01/01/1900. | Enter an Effective Date greater than or equal to 01/01/1900.  |
|                    | Effective Date must be less than or equal to 12/31/2299.    | Enter an Effective Date less than or equal to 12/31/2299.   |
| End Date           | End Date is required.                                       | Enter a Valid End Date.   |
|                    | Invalid date. Format is mm/dd/ccyy.                         | Enter an End Date in MM/DD/CCYY format.   |
|                    | End Date must be greater than or equal to 01/01/1900.       | Enter an End Date greater than or equal to 01/01/1900.  |
|                    | End Date must be less than or equal to 12/31/2299.          | Enter an End Date less than or equal to 12/31/2299.   |
| Secondary Language | A valid Language is required.                               | Select a valid Language.  |
|                    | Language Date segments cannot overlap.                      | Make sure the Language being added or modified does not overlap dates with another record with the same language. |

### 16.4.5 Provider Language Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 16.4.6 Provider Language Panel Accessibility

#### 16.4.6.1 To Access the Provider Language Panel

| Step | Action  | Response                             |
|------|---|--------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.             |
| 2    | Point to <b>Provider</b> and click <b>Provider Maintenance</b> .  | Provider Maintenance panel displays. |
| 3    | Click on <b>Language</b> Hyperlink.                               | Language panel displays.             |



## 16.5 LTC Search Panel Overview

### 16.5.1 LTC Search Panel Narrative

This panel enables authorized users to submit electronic LTC Admission Notifications on behalf of Alabama Medicaid recipients

**Navigation Path:** [Providers] – [LTC]

### 16.5.2 LTC Search Panel Layout

The screenshot displays the LTC Search Panel interface. It is divided into several sections:

- LTC Search:** Contains search criteria for Provider ID, Perf Provider ID, Perf Provider Name, Recipient ID, and Recipient Name, each with a search button. It also includes fields for Status, Admit Date, Submit Date, File Track No, and a Records dropdown set to 20. Search and clear buttons are present.
- Search Results:** A table with columns: Perf Provider ID, Recipient ID, Recipient First Name, Recipient Last Name, Status, Submission Reason, Admit/Disch Date, Submission Date, and File Track No. The table shows three records with statuses like 'F - Transmitted' and 'R - Ready to transmit'.
- Total Count:** A summary bar indicating 'Total Count: 3'.
- Record Details:** A detailed view of a selected record with fields for Perf Provider ID, Perf Provider Name, Recipient ID\*, Recipient Name, Submission Reason\* (2 - Readmission), Admission Source (H - Home), Discharge Reason, NH Short Term Stay, Hospice Provided in NH, File Track No, PCN, Admit Or Discharge Date\* (01/01/2022), Submit Date, Waiver Income\* (1 - 300%Slot), Waiver Income Begin Date (01/01/2023), Waiver Reinstatement Begin Date, Waiver Reinstatement End Date, and Medicare Begin Date (01/01/2023). Buttons for delete and add are at the bottom right.
- Global Actions:** A row of buttons at the bottom right includes save, cancel, copy, and submit.

### 16.5.3 LTC Search Panel Field Descriptions

| Field  | Description   | Field Type | Data Type | Length |
|--------|---|------------|-----------|--------|
| Add    | To add new LTC Record.  | Button     | N/A       | 0      |
| Cancel | This button cancels the current operation and discards any changes. | Button     | N/A       | 0      |
| Clear  | This button clears all the search criteria fields.                  | Button     | N/A       | 0      |
| Delete | Initiate the delete operation for the record selected.              | Button     | N/A       | 0      |
| Save   | To Save the modification to the record.                             | Button     | N/A       | 0      |
| Search | This button initiates the search.                                   | Button     | N/A       | 0      |

|                         |   |        |              |    |
|-------------------------|---|--------|--------------|----|
| copy                    | This button creates a new record from the current record.   | Button | N/A          | 0  |
| submit                  | This button submits an electronic LTC Admission Notifications on behalf of Alabama Medicaid recipients. | Button | N/A          | 0  |
| Admission Source        | Admission source code.  | Field  | Alphanumeric | 1  |
| Admit Date              | The date on which the recipient was admitted to a hospital or long term care facility.                  | Field  | Number       | 8  |
| Admit Or Discharge Date | The date on which the recipient was admitted to a hospital or long term care facility.                  | Field  | Number       | 8  |
| Discharge Reason        | Discharge reason code.  | Field  | Alphanumeric | 1  |
| File Track No           | Identifies the file and message information passing through EDI environment.                            | Field  | Number       | 9  |
| Hospice Provided in NH  | Hospice Provided in Nursing Home. Valid Values are N, Y   | Field  | Character    | 1  |
| Medicare Begin Date     | Date Medicare started.  | Field  | Number       | 8  |
| NH Short Term Stay      | Short Term Stay Indicator. Valid Values are N, Y  | Field  | Character    | 1  |
| PCN                     | Waiver Control Number.  | Field  | Character    | 10 |
| Perf Provider ID        | Performing provider ID.   | Field  | Alphanumeric | 12 |
| Perf Provider Name      | Performing Provider name that identifies the provider.  | Field  | Character    | 40 |
| Provider ID             | Performing Provider identification number that uniquely identifies the provider.                        | Field  | Alphanumeric | 12 |
| Recipient ID            | The first 12-digits of an assigned number which uniquely identifies a recipient.                        | Field  | Number       | 12 |
| Recipient Name          | The name of the Recipient for the selected Recipient ID.  | Field  | Character    | 29 |
| Status                  | Code Status of the record. R - Ready to transmit. F - Transmitted.                                      | Field  | Character    | 12 |
| Submission Reason       | Submission reason code.   | Field  | Character    | 2  |

|                                 |   |       |           |   |
|---------------------------------|---|-------|-----------|---|
| Submit Date                     | The date LTC record submitted from the panel. | Field | Number    | 8 |
| Waiver Income                   | Waiver income.                                | Field | Character | 1 |
| Waiver Income Begin Date        | Waiver Income Begin Date.                     | Field | Number    | 8 |
| Waiver Reinstatement Begin Date | Waiver Reinstatement Begin Date.              | Field | Number    | 8 |
| Waiver Reinstatement End Date   | Waiver Reinstatement End Date.                | Field | Number    | 8 |

### 16.5.4 LTC Search Panel Field Edit Error Codes

| Field  | Error Message  | To Correct  |
|--------|--|---|
| Save   | Please select at least one row to update.                              | Select any record before doing any operation in panel.  |
| Search | You are not logged in or the selected Provider was not found.          | Login in with a proper provider account.  |
|        | You are not logged in as LTC Provider/Clerk.                           | Login with Provider type "Nursing Home" or "Pace Organization".   |
| Submit | There is no record to Submit to LTC.                                   | At least one record with status 'R-Ready to Transmit' exists.   |
|        | LTC Admission Records Submitted Successfully. File Tracking Number is: | Submit successful with the given File tracking number.  |
|        | Error occurred. Error tracking File:                                   | Submit encountered error.   |
|        | Error occurred. Error Gathering information for Upload                 | Submit encounter error on File update.  |
|        | Status Update Failed, please verify your information.                  | On Submit , as part of Process, it will update the status of the records to 'F' . and this encountered error. |
|        | The session has been timed out. Please try login again.                | Login again before doing any operation.   |

|                         |   |  |
|-------------------------|---|--|
|                         | You are not logged in or the selected Provider was not found                  | Login before doing any operation in panel.                             |
| Admission Source        | Admission Source Code is only allowed when submission Reason is 1-6.          | Set Admission code only when submission Reason is 1-6.                 |
|                         | Admission Source Code must be entered when Submission Reason is 1-6.          | Enter Admission Source Code when Submission Reason is 1-6.             |
| Admit Date              | Admit Date cannot be greater than Current Date.                               | Enter Admit Date cannot be less than Current Date.                     |
|                         | Invalid date. Format is mm/dd/ccyy.   | Enter valid date   |
| Admit Or Discharge Date | Invalid date. Format is mm/dd/ccyy.   | Enter valid date   |
|                         | Admit Or Discharge Date must be greater than or equal to 1/1/1900.            | Enter date greater than or equal to 1/1/1900.                          |
|                         | Admit Or Discharge Date must be less than or equal to 12/31/2299.             | Enter an date less than or equal to 12/31/2299.                        |
|                         | Admit Date or Discharge Date must be less than or equal to Today.             | Enter Admit Date or Discharge Date less than or equal to Today.        |
| Discharge Reason        | A Discharge Reason must be entered when submission Reason is 7.               | Enter a Discharge Reason when submission Reason is 7.                  |
|                         | A Discharge Reason Code is only allowed when submission Reason 7 is selected. | Enter Discharge Reason Code only when submission Reason 7 is selected. |
| Medicare Begin Date     | Invalid date. Format is mm/dd/ccyy  | Enter valid Medicare Begin Date.                                       |
|                         | Medicare Begin Date must be less than or equal to Today.                      | Enter Medicare Begin Date less than or equal to Today.                 |
|                         | Medicare Begin Date must be greater than or equal to 1/1/1900.                | Enter Medicare Begin Date greater than or equal to 1/1/1900.           |

|                                 |  |   |
|---------------------------------|--|---|
|                                 | Medicare Begin Date must be less than or equal to 12/31/2299.  | Enter Medicare Begin Date less than or equal to 12/31/2299.       |
| Perf Provider ID                | Performing Provider Number must be valid.  | Enter valid Performing Provider Number.                           |
|                                 | A Valid Perf Provider ID is required.  | Enter valid Performing Provider Number.                           |
| Submit Date                     | Submit Date cannot be greater than Current Date.   | Enter Submit Date cannot be greater than Current Date.            |
|                                 | Invalid date. Format is mm/dd/ccyy.  | Enter valid date  |
|                                 | Admissions Notifications with a Submit Date greater than 180 days before the Current Date exceed the panel retention limit and are no longer available. For admissions notifications with a Submit Date greater than 180 days, please refer to the LTC Accepted and Rejected Reports available in 'Downloads' under the 'Trade Files' tab. | Enter submit date > Current date - 180                            |
| Waiver Income Begin Date        | Invalid date. Format is mm/dd/ccyy.  | Enter valid Waiver Income Begin Date.                             |
|                                 | Waiver Income Begin Date must be entered when Waiver Income entered.   | Enter Waiver Income Begin Date when Waiver Income entered.        |
|                                 | Waiver Income Begin Date cannot be entered without Waiver Income.  | Set Waiver Income Begin Date = empty when Waiver Income is empty  |
|                                 | Waiver Income Begin Date must be less than or equal to Today.  | Enter Waiver Income Begin Date less than or equal to Today.       |
|                                 | Waiver Income Begin Date must be greater than or equal to 1/1/1900.  | Enter Waiver Income Begin Date greater than or equal to 1/1/1900. |
|                                 | Waiver Income Begin Date must be less than or equal to 12/31/2299.   | Enter Waiver Income Begin Date less than or equal to 12/31/2299.  |
| Waiver Reinstatement Begin Date | Invalid date. Format is mm/dd/ccyy.  | Enter valid Waiver Reinstatement Begin Date.                      |

|                               |  |  |
|-------------------------------|--|--|
|                               | Waiver Reinstatement begin Date must be less than or equal to Waiver Reinstatement end Date. | Enter Waiver Reinstatement begin Date less than or equal to Waiver Reinstatement end Date. |
|                               | Waiver Reinstatement Begin Date must be greater than or equal to 1/1/1900.                   | Enter Waiver Reinstatement Begin Date greater than or equal to 1/1/1900.                   |
|                               | Waiver Reinstatement Begin Date must be less than or equal to 12/31/2299.                    | Enter Waiver Reinstatement Begin Date less than or equal to 12/31/2299.                    |
| Waiver Reinstatement End Date | Invalid date. Format is mm/dd/ccyy.  | Enter valid Waiver Reinstatement End Date.   |
|                               | Waiver Reinstatement begin Date must be less than or equal to Waiver Reinstatement end Date. | Enter Waiver Reinstatement begin Date less than or equal to Waiver Reinstatement end Date. |
|                               | Waiver Reinstatement End Date must be less than or equal to 12/31/2299.                      | Enter Waiver Reinstatement End Date less than or equal to 12/31/2299.                      |
|                               | Waiver Reinstatement End Date must be greater than or equal to 1/1/1900.                     | Enter Waiver Reinstatement End Date greater than or equal to 1/1/1900.                     |

### 16.5.5 LTC Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 16.5.6 LTC Search Panel Accessibility

#### 16.5.6.1 To Access the LTC Search Panel

| Step | Action                                    | Response                                   |
|------|---|--|
| 1    | Enter Username and Password; Click Login. | Main Menu page displays.                   |
| 2    | Point to Provider and click Related Data. | Related Data panel displays.               |
| 3    | Select Codes.                             | A list of hyperlinks to panel(s) displays. |
| 4    | Select Review Reason.                     | Review Reason panel displays.              |

#### 16.5.6.2 To Add an item to the LTC Search Panel

| Step | Action               | Response  |
|------|----------------------|---|
| 1    | Click Add.           | Activates fields for entry of data or selection from lists. |
| 2    | Enter Review Reason. |   |
| 3    | Enter Description.   |   |
| 4    | Click Save.          | Review Reason information is saved.                         |

### 16.5.6.3 To Update an item to the LTC Search Panel

| Step | Action                         | Response   |
|------|--------------------------------|--|
| 1    | Click line item to be deleted. | Fields are populated with data related to the line selected. |
| 2    | Click Delete.                  | Line item is deleted.  |

### 16.5.6.4 To Delete an item to the LTC Search Panel

| Step | Action  | Response                            |
|------|---|-------------------------------------|
| 1    | Click to highlight the row to be updated.       | Data is populated in fields.        |
| 2    | Click in field(s) to update and perform update. |                                     |
| 3    | Click Save.                                     | Review Reason information is saved. |

## 17 Consent Form Search

### 17.1 Consent Form Search Panel Overview

#### 17.1.1 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]

#### 17.1.2 Consent Form Search Panel Layout

#### 17.1.3 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      |
| Consent Form Number (optional) | This is an 11 to 20 digit Consent Form Number.     | Field      | Character      | 20     |
| Date of Surgery (MM/CCYY)      | The date Surgery was performed.                    | Field      | Date (MM/CCYY) | 7      |
| Recipient ID                   | This is 12 digit Recipient Identification Number.  | Field      | Character      | 12     |
| Recipient Name                 | Recipient Last Name First Name, Middle Name.       | Field      | Character      | 39     |
| Search                         | This button initiates the search.                  | Button     | N/A            | 0      |

#### 17.1.4 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. |



| Field                     | Error Message   | To Correct   |
|---------------------------|---|--|
|                           | Consent Form Number must be between 11 and 20 digits.                               | Enter a Consent Form Number Between 11 and 20 digits.  |
| 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.                   |

### 17.1.5 Consent Form Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 17.1.6 Consent Form Search Panel Accessibility

#### 17.1.6.1 To Access the Consent Form Search Panel

| Step | Action  | Response                            |
|------|---|-------------------------------------|
| 1    | Enter <b>User Name</b> and <b>Password</b> ; Click <b>Login</b> . | Main Menu page displays.            |
| 2    | Point to <b>Providers</b> and click <b>ConsentFormSearch</b> .    | Consent Form Search panel displays. |

## 18 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 Gainwell 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.

## 18.1 Admission Type Search

### 18.1.1 Admission Type Search Panel Narrative

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

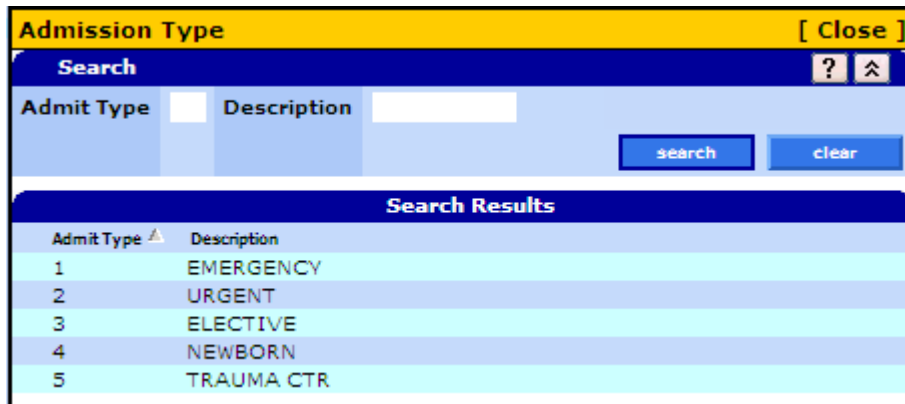
**NOTE:**

This information is pulled from the Gainwell 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.

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]

### 18.1.2 Admission Type Search Panel Layout



### 18.1.3 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     |

### 18.1.4 Admission Type Search Panel Field Edit Error Codes

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

### 18.1.5 Admission Type Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.1.6 Admission Type Search Panel Accessibility

#### 18.1.6.1 To Access the Admission Type Search Panel

| Step | Action                       | Response                              |
|------|------------------------------|---------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.                 |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays.   |
| 3    | Click <b>[Search]</b> .      | Admission Type Search panel displays. |

#### 18.1.6.2 To Search on the Admission Type Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Admit Type</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                           |  |
| 3    | Select row from search results.                 | Adds search result selected to the main panel. |

## 18.2 Carrier Code Search

### 18.2.1 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 Gainwell 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.

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]

### 18.2.2 Carrier Code Search Panel Layout

### 18.2.3 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     |

| 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      |

### 18.2.4 Carrier Code Search Panel Field Edit Error Codes

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

### 18.2.5 Carrier Code Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.2.6 Carrier Code Search Panel Accessibility

#### 18.2.6.1 To Access the Carrier Code Search Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>Claims</b> .  | Claims page displays.                                      |
| 2    | Select a <b>Dental, Institutional</b> or <b>Professional</b> 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 <b>[Search]</b> .  | Carrier Code Search panel displays.                        |

#### 18.2.6.2 To Search on the Carrier Code Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Carrier Number</b> or <b>Carrier Name</b> . |  |
| 2    | Click <b>search</b> .                                |  |
| 3    | Select row from search results.                      | Adds search result selected to the main panel. |

## 18.3 Condition Search

### 18.3.1 Condition Search Panel Narrative

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

**NOTE:**

This information is pulled from the Gainwell 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.

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]

### 18.3.2 Condition Search Panel Layout



### 18.3.3 Condition Search Panel Field Descriptions

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

### 18.3.4 Condition Search Panel Field Edit Error Codes

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

### 18.3.5 Condition Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.3.6 Condition Search Panel Accessibility

#### 18.3.6.1 To Access the Condition Search Panel

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

#### 18.3.6.2 To Add on the Condition Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Condition</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                          |  |
| 3    | Select row from search results.                | Adds search result selected to the main panel. |



## 18.4 Diagnosis Search

### 18.4.1 Diagnosis Search Panel Narrative

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

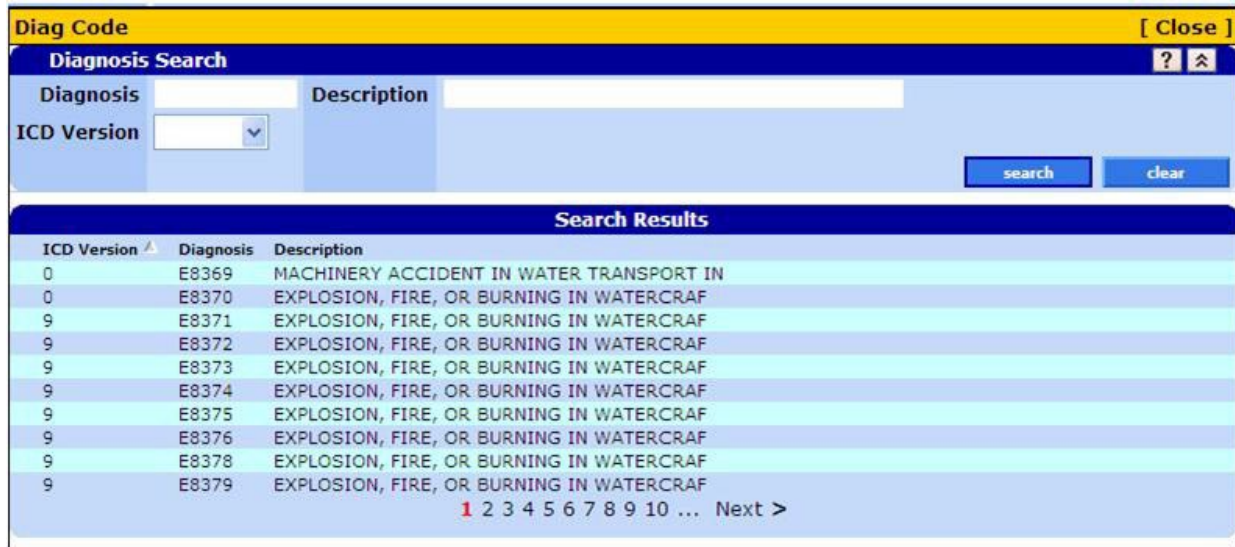
**NOTE:**

This information is pulled from the Gainwell 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.

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]

### 18.4.2 Diagnosis Search Panel Layout



### 18.4.3 Diagnosis Search Panel Field Descriptions

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

| 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      |
| search      | This button initiates the search.   | Button     | N/A                | 0      |

#### 18.4.4 Diagnosis Search Panel Field Edit Error Codes

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

#### 18.4.5 Diagnosis Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 18.4.6 Diagnosis Search Panel Accessibility

##### 18.4.6.1 To Access the Diagnosis Search Panel

| Step | Action  | Response   |
|------|---|--|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .   | 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 <b>Diagnosis</b> . If viewing a prior authorization form, proceed to step 4. | If viewing a claim form, Diagnosis panel displays. |
| 4    | Click <b>[Search]</b> .   | Diagnosis Search panel displays.                   |

##### 18.4.6.2 To Search on the Diagnosis Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Diagnosis</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                          |  |
| 3    | Select row from search results.                | Adds search result selected to the main panel. |

## 18.5 Drug Search Panel

### 18.5.1 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]

### 18.5.2 Drug Search Panel Layout

| NDC ▲       | Drug Name                |
|-------------|--------------------------|
| 00024540131 | AMBIEN 5 MG TABLET       |
| 00024542131 | AMBIEN 10 MG TABLET      |
| 00024542150 | AMBIEN 10 MG TABLET      |
| 00024550110 | AMBIEN CR 6.25 MG TABLET |
| 00024550131 | AMBIEN CR 6.25 MG TABLET |
| 00024552110 | AMBIEN CR 12.5 MG TABLET |
| 00024552131 | AMBIEN CR 12.5 MG TABLET |
| 00024552150 | AMBIEN CR 12.5 MG TABLET |

### 18.5.3 Drug Search Panel Field Descriptions

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

### 18.5.4 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.              |

## 18.5.5 Drug Search Panel Extra Features

| Field  | Field Type |
|--|------------|
| <p>Pagination is provided 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.</p> |            |

## 18.5.6 Drug Search Panel Accessibility

### 18.5.6.1 To Access the Drug Search Panel

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

## 18.6 Modifiers Search

### 18.6.1 Modifiers Search Panel Narrative

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

**NOTE:**

This information is pulled from the Gainwell 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.

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]

### 18.6.2 Modifiers Search Panel Layout

| Modifier | Category | Description                              |
|----------|----------|--|
| H        | H        | DEFAULT MODIFIER                         |
| **       | H        | FOR GROUPS                               |
| 00       | H        | DEFAULT MODIFIER IN PLACE OF SPACES      |
| 1A       | H        | BEDRIDDEN                                |
| 1B       | H        | MYOCARDIAL INFARCTION                    |
| 1C       | H        | PARALYSIS                                |
| 1P       | H        | PERFORMANCE MEASURE EXCLUSION DUE TO MED |
| 20       | H        | MICROSURGERY; WHEN THE SURGICAL SERVICE  |
| 21       | H        | PROLONGED EVALUATION AND MANAGEMENT SERV |
| 22       | H        | UNUSUAL SERVICES                         |

### 18.6.3 Modifiers Search Panel Field Descriptions

| Field    | Description   | Field Type | Data Type    | Length |
|----------|---|------------|--------------|--------|
| clear    | This button clears the search criteria fields.                              | Button     | N/A          | 0      |
| Category | Displays whether the modifier is a HCPCS modifier or an Ambulance modifier. |            | Alphanumeric | 1      |

| Field       | Description                                     | Field Type | Data Type    | Length |
|-------------|---|------------|--------------|--------|
| Description | Displays the short description of the modifier. | Field      | Alphanumeric | 40     |
| Modifier    | Displays the modifier.                          | Field      | Character    | 2      |
| search      | This button initiates the search.               | Button     | N/A          | 0      |

### 18.6.4 Modifiers Search Panel Field Edit Error Codes

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

### 18.6.5 Modifiers Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.6.6 Modifiers Search Panel Accessibility

#### 18.6.6.1 To Access the Modifiers Search Panel

| Step | Action   | Response                                     |
|------|--|--|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .                                  | 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 <b>[Search]</b> .  | Modifiers Search panel displays.             |

#### 18.6.6.2 To Search on the Modifiers Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Modifier</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                         |  |
| 3    | Select row from search results.               | Adds search result selected to the main panel. |

## 18.7 NDC Search

### 18.7.1 NDC Search Panel Narrative

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

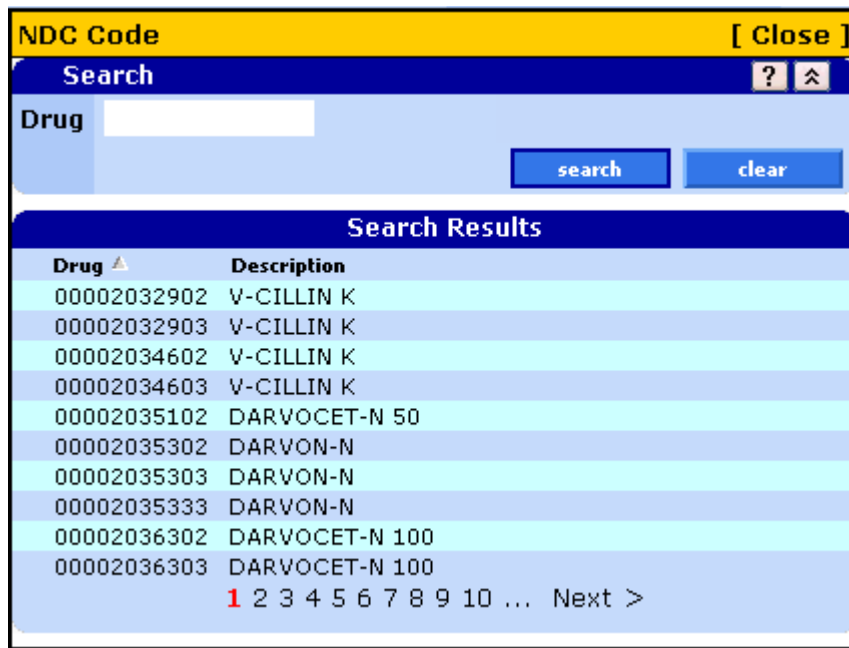
**NOTE:**

This information is pulled from the Gainwell 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]

### 18.7.2 NDC Search Panel Layout



### 18.7.3 NDC Search Panel Field Descriptions

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

| 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     |
| search      | This button initiates the search.   | Button     | N/A          | 0      |

### 18.7.4 NDC Search Panel Field Edit Error Codes

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

### 18.7.5 NDC Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.7.6 NDC Search Panel Accessibility

#### 18.7.6.1 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.                           |

#### 18.7.6.2 To Search on the NDC Search Panel

| Step | Action                          | Response                                       |
|------|---------------------------------|--|
| 1    | Enter <b>Drug</b> code.         |  |
| 2    | Click <b>search</b> .           |  |
| 3    | Select row from search results. | Adds search result selected to the main panel. |



## 18.8 Occurrence Code Search

### 18.8.1 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 Gainwell 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]

### 18.8.2 Occurrence Search Panel Layout

### 18.8.3 Occurrence Search Panel Field Descriptions

| Field       | Description  | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields.   | Button     | N/A          | 0      |
| Description | Displays the description of a significant event relating to a particular UB04 claim that may affect payer processing occurred. | Field      | Alphanumeric | 50     |
| Occurrence  | Displays the code which defines a significant event relating to a particular UB04 claim that may affect payer processing.      | Field      | Character    | 2      |

| Field  | Description                       | Field Type | Data Type | Length |
|--------|-----------------------------------|------------|-----------|--------|
| search | This button initiates the search. | Button     | N/A       | 0      |

### 18.8.4 Occurrence Code Search Panel Field Edit Error Codes

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

### 18.8.5 Occurrence Code Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.8.6 Occurrence Code Search Panel Accessibility

#### 18.8.6.1 To Access the Occurrence Code Search Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>Claims</b> .                              | Claims page displays.  |
| 2    | Click <b>Institutional</b> .                       | Institutional Claim panel displays.                                  |
| 3    | Click <b>Occurrence</b> .                          | 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 <b>[Search]</b> .                            | Procedure Search panel displays.                                     |

#### 18.8.6.2 To Search on the Occurrence Code Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Occurrence</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                           |  |
| 3    | Select row from search results.                 | Adds search result selected to the main panel. |

## 18.9 Patient Status Search

### 18.9.1 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 Gainwell 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]

### 18.9.2 Patient Status Search Panel Layout

### 18.9.3 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      |
| 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     |

| Field          | Description   | Field Type | Data Type | Length |
|----------------|---|------------|-----------|--------|
| 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      |
| search         | This button initiates the search.   | Button     | N/A       | 0      |

### 18.9.4 Patient Status Search Panel Field Edit Error Codes

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

### 18.9.5 Patient Status Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.9.6 Patient Status Search Panel Accessibility

#### 18.9.6.1 To Access the Patient Status Search Panel

| Step | Action                       | Response                              |
|------|------------------------------|---------------------------------------|
| 1    | Click <b>Claims</b> .        | Claims page displays.                 |
| 2    | Click <b>Institutional</b> . | Institutional Claim panel displays.   |
| 3    | Click <b>[Search]</b> .      | Patient Status Search panel displays. |

#### 18.9.6.2 To Search on the Patient Status Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Patient Status</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                               |  |
| 3    | Select row from search results.                     | Adds search result selected to the main panel. |

## 18.10 POS Search

### 18.10.1 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 Gainwell 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]

### 18.10.2 POS Search Panel Layout

### 18.10.3 POS Search Panel Field Descriptions

| Field       | Description  | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields.   | Button     | N/A          | 0      |
| Description | Displays the description of the location where the medical assistance service was performed. | Field      | Alphanumeric | 50     |

| Field            | Description   | Field Type | Data Type | Length |
|------------------|---|------------|-----------|--------|
| Place Of Service | Displays the location code where the medical assistance service was provided. | Field      | Character | 2      |
| search           | This button initiates the search.   | Button     | N/A       | 0      |

#### 18.10.4 POS Search Panel Field Edit Error Codes

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

#### 18.10.5 POS Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 18.10.6 POS Search Panel Accessibility

##### 18.10.6.1 To Access the POS Search Panel

| Step | Action                                       | Response                                     |
|------|--|--|
| 1    | Click <b>Claims</b> .                        | Claims page displays.                        |
| 2    | Click <b>Dental</b> or <b>Professional</b> . | Dental or Professional Claim panel displays. |
| 3    | Click <b>[Search]</b> .                      | POS Search panel displays.                   |

##### 18.10.6.2 To Search on the POS Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Place Of Service</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                                 |  |
| 3    | Select row from search results.                       | Adds search result selected to the main panel. |

## 18.11 Prescriber License Search

### 18.11.1 Prescriber License Search Panel Narrative

The Prescriber License Search pop-up panel allows for the search of a prescriber license number.

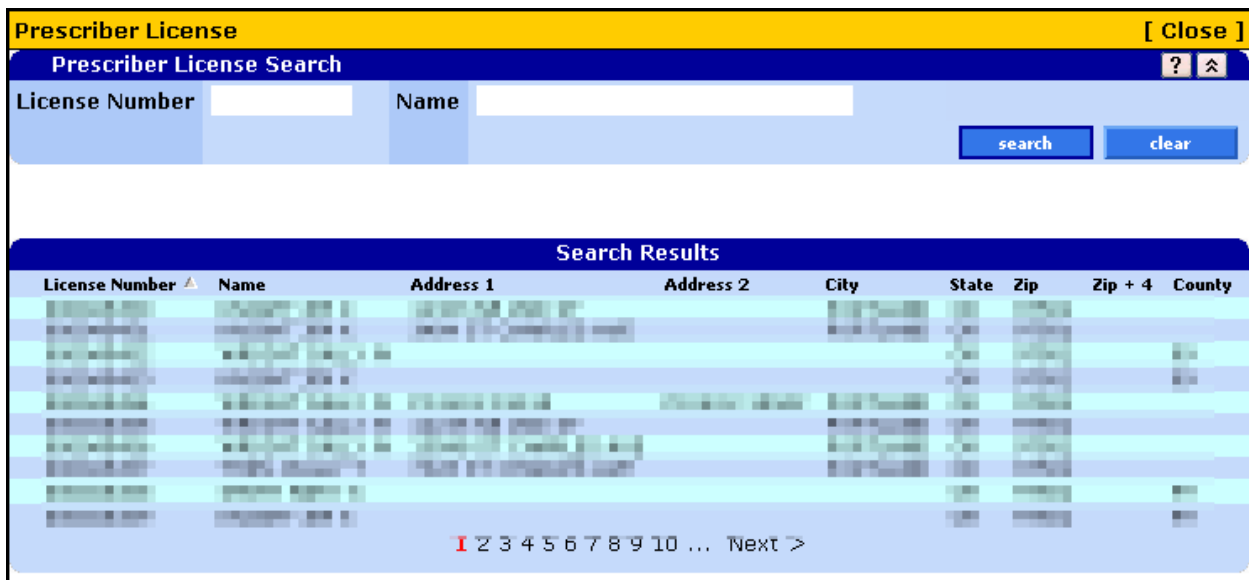
**NOTE:**

This information is pulled from the Gainwell 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]

### 18.11.2 Prescriber License Search Panel Layout



### 18.11.3 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      |
| Address 1 | Displays the provider's primary address.       | Field      | Alphanumeric | 40     |
| Address 2 | Displays the provider's secondary address.     | Field      | Alphanumeric | 20     |

| Field          | Description   | Field Type | Data Type        | Length |
|----------------|---|------------|------------------|--------|
| 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     |
| search         | This button initiates the search.                                   | Button     | N/A              | 0      |
| 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      |

### 18.11.4 Prescriber License Search Panel Field Edit Error Codes

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

### 18.11.5 Prescriber License Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.11.6 Prescriber License Search Panel Accessibility

#### 18.11.6.1 To Access the Prescriber License Search Panel

| Step | Action                   | Response                                  |
|------|--------------------------|---|
| 1    | Click <b>Claims</b> .    | Claims page displays.                     |
| 2    | Click <b>Pharmacy</b> .  | Pharmacy Claim panel displays.            |
| 3    | Click [ <b>Search</b> ]. | Prescriber License Search panel displays. |

#### 18.11.6.2 To Search on the Prescriber License Search Panel

| Step | Action                                       | Response                                       |
|------|--|--|
| 1    | Enter <b>License Number</b> or <b>Name</b> . |  |
| 2    | Click <b>search</b> .                        |  |
| 3    | Select row from search results.              | Adds search result selected to the main panel. |



## 18.12 Procedure Search

### 18.12.1 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 Gainwell 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]

### 18.12.2 Procedure Search Panel Layout

### 18.12.3 Procedure Search Panel Field Descriptions

| Field       | Description                                    | Field Type | Data Type    | Length |
|-------------|--|------------|--------------|--------|
| clear       | This button clears the search criteria fields. | Button     | N/A          | 0      |
| Description | Displays the description of the procedure.     | Field      | Alphanumeric | 40     |
| Procedure   | Displays the code for the procedure.           | Field      | Alphanumeric | 6      |
| search      | This button initiates the search.              | Button     | N/A          | 0      |

### 18.12.4 Procedure Search Panel Field Edit Error Codes

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

### 18.12.5 Procedure Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.12.6 Procedure Search Panel Accessibility

#### 18.12.6.1 To Access the Procedure Search Panel

| Step | Action   | Response                                     |
|------|--|--|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .                                  | 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 <b>[Search]</b> .  | Procedure Search panel displays.             |

#### 18.12.6.2 To Search on the Procedure Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Procedure</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                          |  |
| 3    | Select row from search results.                | Adds search result selected to the main panel. |

## 18.13 Procedure ICD Search

### 18.13.1 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 Gainwell 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]

### 18.13.2 Procedure ICD Search Panel Layout

| ICD Version | ICD     | Description   |
|-------------|---------|---|
| 0           | 01934ZX | DRAINAGE OF BRACHIAL PLEXUS, PERC ENDO APPROACH, DIAGN      |
| 0           | 01934ZZ | DRAINAGE OF BRACHIAL PLEXUS, PERC ENDO APPROACH             |
| 0           | 019400Z | DRAINAGE OF ULNAR NERVE WITH DRAINAGE DEVICE, OPEN APPROACH |
| 0           | 01940ZX | DRAINAGE OF ULNAR NERVE, OPEN APPROACH, DIAGNOSTIC          |
| 0           | 01940ZZ | DRAINAGE OF ULNAR NERVE, OPEN APPROACH                      |
| 0           | 019430Z | DRAINAGE OF ULNAR NERVE WITH DRAINAGE DEVICE, PERC APPROACH |
| 0           | 01943ZX | DRAINAGE OF ULNAR NERVE, PERCUTANEOUS APPROACH, DIAGNOSTIC  |
| 0           | 01943ZZ | DRAINAGE OF ULNAR NERVE, PERCUTANEOUS APPROACH              |
| 0           | 019440Z | DRAINAGE OF ULNAR NERVE WITH DRAIN DEV, PERC ENDO APPROACH  |
| 0           | 01944ZX | DRAINAGE OF ULNAR NERVE, PERC ENDO APPROACH, DIAGN          |

### 18.13.3 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      |
| 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      |

| 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      |
| search      | This button initiates the search.  | Button     | N/A       | 0      |

### 18.13.4 Procedure ICD Search Panel Field Edit Error Codes

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

### 18.13.5 Procedure ICD Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.13.6 Procedure ICD Search Panel Accessibility

#### 18.13.6.1 To Access the Procedure ICD Search Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>Claims</b> .                             | Claims page displays.   |
| 2    | Click <b>Institutional</b> .                      | Institutional Claim panel displays.                           |
| 3    | Click <b>Procedure</b> .                          | Procedures panel displays.                                    |
| 4    | Select a row or click add on the Procedure panel. | Procedure panel is activated, displaying the Procedure field. |
| 5    | Click <b>[Search]</b> .                           | Procedure ICD Search panel displays.                          |

#### 18.13.6.2 To Search on the Procedure ICD Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>ICD</b> code or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                         |  |
| 3    | Select row from search results.               | Adds search result selected to the main panel. |

## 18.14 Provider ID Search

### 18.14.1 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 Gainwell 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]

### 18.14.2 Provider ID Search Panel Layout

### 18.14.3 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      |
| 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     |
| Medicaid Provider ID | Displays the Medicaid number of the provider.  | Field      | Alphanumeric | 9      |

| Field                | Description  | Field Type | Data Type        | Length |
|----------------------|--|------------|------------------|--------|
| 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     |
| search               | This button initiates the search.                            | Button     | N/A              | 0      |
| State                | Displays the provider's state.                               | Field      | Alphanumeric     | 2      |
| Zip, 4               | Displays the provider's zip code plus 4.                     | Field      | Number (Integer) | 5      |

### 18.14.4 Provider ID Search Panel Field Edit Error Codes

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

### 18.14.5 Provider ID Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.14.6 Provider ID Search Panel Accessibility

#### 18.14.6.1 To Access the Provider ID Search Panel

| Step | Action  | Response  |
|------|---|---|
| 1    | Click <b>Claims</b> .   | Claims page displays.   |
| 2    | Select a <b>Dental, Institutional</b> , Professional claim form or <b>Prior Authorization</b> and then <b>New</b> . | Claim panel displays or Prior Authorization New panel displays. |
| 3    | Click <b>[Search]</b> .   | Provider ID Search panel displays.                              |

#### 18.14.6.2 To Search on the Provider ID Search Panel

| Step | Action   | Response                                       |
|------|--|--|
| 1    | Enter <b>Provider ID, Address, City, State</b> or <b>Zip + 4</b> . |  |
| 2    | Click <b>search</b> .  |  |
| 3    | Select row from search results.                                    | Adds search result selected to the main panel. |

## 18.15 Quadrant Search

### 18.15.1 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 Gainwell 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]

### 18.15.2 Quadrant Search Panel Layout

### 18.15.3 Quadrant Search Panel Field Descriptions

| Field          | Description                                     | Field Type | Data Type    | Length |
|----------------|---|------------|--------------|--------|
| clear          | Clears the search criteria fields.              | Button     | N/A          | 0      |
| Description    | Displays the tooth quadrant code description.   | Field      | Alphanumeric | 50     |
| search         | Search button initiates the search results.     | Button     | N/A          | 0      |
| Tooth Quadrant | Displays the corresponding tooth quadrant code. | Field      | Alphanumeric | 3      |

### 18.15.4 Quadrant Search Panel Field Edit Error Codes

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

### 18.15.5 Quadrant Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.15.6 Quadrant Search Panel Accessibility

#### 18.15.6.1 To Access the Quadrant Search Panel

| Step | Action   | Response  |
|------|--|---|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .  | Claims or Prior Authorization page displays.  |
| 2    | Click <b>Prior Authorization</b> and then <b>New</b> . If viewing the Prior Authorization New panel, click <b>Next</b> . | Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays. |
| 3    | Click <b>[Search]</b> .  | Quadrant Search panel displays.   |

#### 18.15.6.2 To Search on the Quadrant Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Tooth Quadrant</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                               |  |
| 3    | Select row from search results.                     | Adds search result selected to the main panel. |



## 18.16 Revenue Code Search

### 18.16.1 Revenue Code Search Panel Narrative

The Revenue Code Search pop-up panel allows for the search of a revenue code.

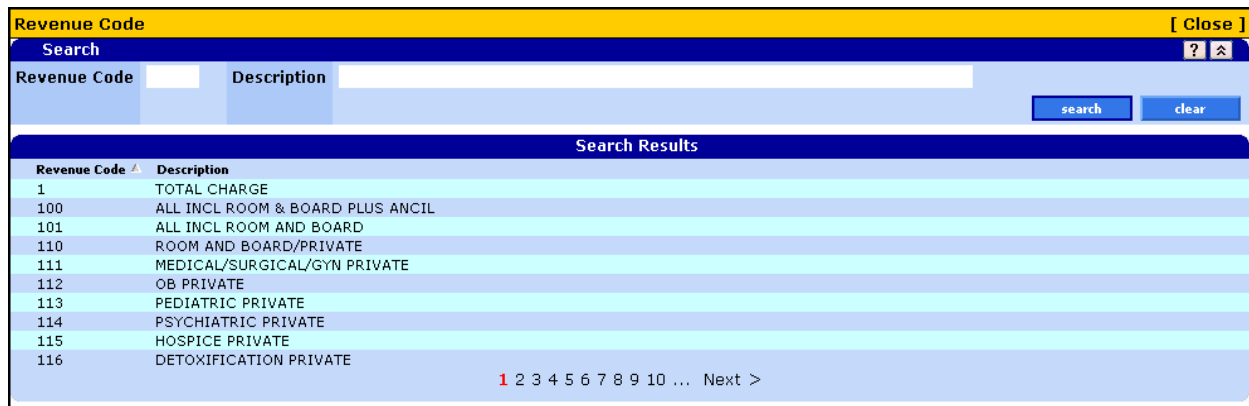
**NOTE:**

This information is pulled from the Gainwell 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]

### 18.16.2 Revenue Code Search Panel Layout



### 18.16.3 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      |
| 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      |
| search       | This button initiates the search results.                                  | Button     | N/A          | 0      |

### 18.16.4 Revenue Code Search Panel Field Edit Error Codes

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

### 18.16.5 Revenue Code Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.16.6 Revenue Code Search Panel Accessibility

#### 18.16.6.1 To Access the Revenue Code Search Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>Claims</b> or <b>Prior Authorization</b> .  | Claims or Prior Authorization page displays.   |
| 2    | Click <b>Institutional</b> , or <b>Prior Authorization</b> and then <b>New</b> . If viewing the Prior Authorization New panel, click <b>Next</b> . | Institutional Claim or Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays. |
| 3    | Click <b>[Search]</b> .  | Revenue Code Search panel displays.  |

#### 18.16.6.2 To Search on the Revenue Code Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Revenue Code</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                             |  |
| 3    | Select row from search results.                   | Adds search result selected to the main panel. |

## 18.17 Tooth Search

### 18.17.1 Tooth Search Panel Narrative

The Tooth Search pop-up panel allows for a search of a valid tooth number.

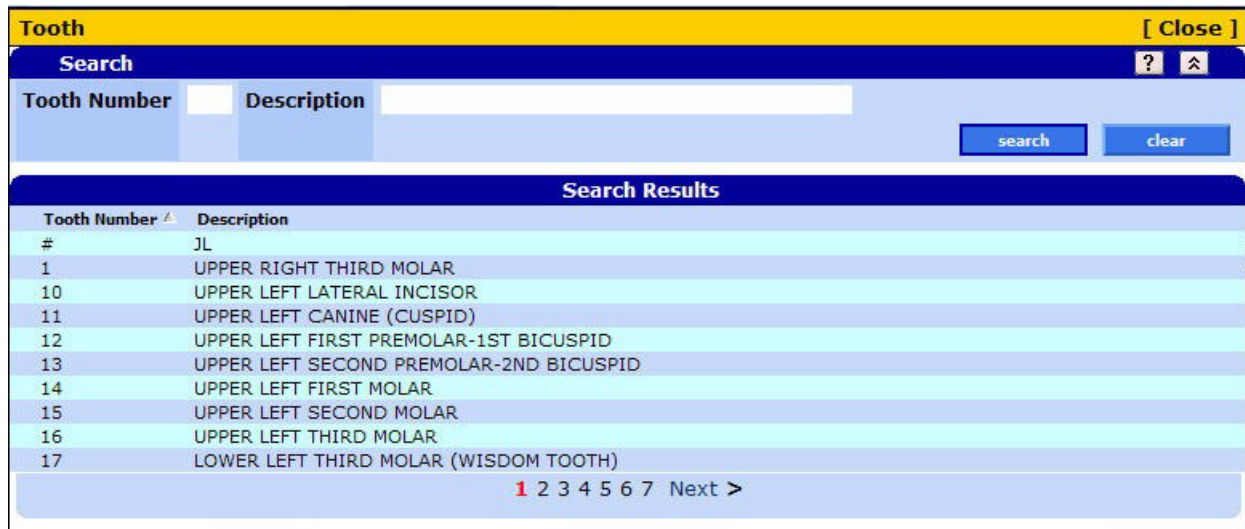
**NOTE:**

This information is pulled from the Gainwell 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]

### 18.17.2 Tooth Search Panel Layout



### 18.17.3 Tooth Search Panel Field Descriptions

| Field        | Description                                    | Field Type | Data Type    | Length |
|--------------|--|------------|--------------|--------|
| clear        | This button clears the search criteria fields. | Button     | N/A          | 0      |
| Description  | Displays the description of the tooth number.  | Field      | Alphanumeric | 40     |
| search       | This button initiates the search.              | Button     | N/A          | 0      |
| Tooth Number | Displays the correspondent tooth number.       | Field      | Character    | 2      |

### 18.17.4 Tooth Search Panel Field Edit Error Codes

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

### 18.17.5 Tooth Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.17.6 Tooth Search Panel Accessibility

#### 18.17.6.1 To Access the Tooth Search Panel

| Step | Action                             | Response                           |
|------|------------------------------------|------------------------------------|
| 1    | Click <b>Prior Authorization</b> . | Prior Authorization page displays. |
| 2    | Click <b>New</b> .                 | Base Information panel displays.   |
| 3    | Click <b>Next</b> .                | Line Item panel displays.          |
| 4    | Click <b>[Search]</b> .            | Tooth Search panel displays.       |

#### 18.17.6.2 To Search on the Tooth Search Panel

| Step | Action  | Response                                       |
|------|---|--|
| 1    | Enter <b>Tooth Number</b> or <b>Description</b> . |  |
| 2    | Click <b>search</b> .                             |  |
| 3    | Select row from search results.                   | Adds search result selected to the main panel. |

## 18.18 User Name Search

### 18.18.1 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]

### 18.18.2 User Name Search Panel Layout

| Search Results |            |           |
|----------------|------------|-----------|
| User Name ▲    | First Name | Last Name |
| PHARMACYCLERK  | Smith      | Joe       |

### 18.18.3 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      |
| First Name | Displays the first name of the user.           | Field      | Character    | 50     |
| Last Name  | Displays the last name of the user.            | Field      | Character    | 50     |
| search     | This button initiates the search results.      | Button     | N/A          | 0      |
| User Name  | Displays the login identification of the user. | Field      | Alphanumeric | 20     |

### 18.18.4 User Name Search Panel Field Edit Error Codes

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

### 18.18.5 User Name Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

### 18.18.6 User Name Search Panel Accessibility

#### 18.18.6.1 To Access the User Name Search Panel

| Step | Action                           | Response                               |
|------|----------------------------------|--|
| 1    | Click <b>Account</b> .           | Account page opens.                    |
| 2    | Click <b>Clerk Maintenance</b> . | Clerk Maintenance panel opens.         |
| 3    | Click <b>add clerk</b> .         | Activates the Clerk Maintenance panel. |
| 4    | Click <b>[Search]</b> .          | Activates the User Name Search panel.  |

#### 18.18.6.2 To Search on the User Name Search Panel

| Step | Action                          | Response                                       |
|------|---------------------------------|--|
| 1    | Enter <b>User Name</b> .        |  |
| 2    | Click <b>search</b> .           |  |
| 3    | Select row from search results. | Adds search result selected to the main panel. |

## 18.19 Group Member Provider ID Search

### 18.19.1 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.

### 18.19.2 Group Member Provider ID Search Panel Layout

### 18.19.3 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      | Alphanumeric | 15     |
| Group Member Name             | Last Name, First Name and Middle Initial of Group Member Provider     | Field      | Character    | 50     |

| Field                             | Description   | Field Type | Data Type    | Length |
|-----------------------------------|---|------------|--------------|--------|
| Group Member National Provider ID | Displays the Group Member Provider's National Provider Identification Number. | Field      | Alphanumeric | 15     |
| Group Member Medicaid Provider ID | Displays the Group Member Provider's Medicaid Provider Identification Number. | Field      | Alphanumeric | 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      |

#### 18.19.4 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. |

#### 18.19.5 Group Member Provider ID Search Panel Extra Features

| Field                                   | Field Type |
|---|------------|
| No extra features found for this panel. |            |

#### 18.19.6 Group Member Provider ID Search Panel Accessibility

##### 18.19.6.1 To Access the Group Member Search Panel

| Step | Action   | Response   |
|------|--|--|
| 1    | Click <b>Trade Files - Download</b>  | File Download Search Panel opens.                      |
| 2    | Select <b>"PRV-A035 - M-Provider Revalidation Facsimile"</b> from dropdown | "Group Member Provider ID" Field is displayed.         |
| 3    | Click <b>[Search]</b> .  | Opens "Group Member Provider ID Search" pop-up search. |

##### 18.19.6.2 To Search on the Group Member Search Panel

| Step | Action                          | Response                                       |
|------|---------------------------------|--|
| 1    | Click <b>search</b> .           |  |
| 2    | Select row from search results. | Adds search result selected to the main panel. |



## 19 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<br>1(334) 215-4272 (fax) | Gainwell Technologies<br>Attn: EMC Helpdesk<br>301 Technacenter Drive<br>Montgomery, AL 36117 | <a href="mailto:AlabamaSystemsEMC@gainwelltechnologies.com">AlabamaSystemsEMC@gainwelltechnologies.com</a> |

**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.