



AMMIS Interactive Services Website User Manual

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1 Introduction

1.1 Interactive Services Website User Manual Overview

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

This manual covers the following:

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

1.2 Interactive Services Website User Manual Objective

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

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:	61.0
Location:	https://medicaid.alabama.gov/content/7.0_Providers/7.6_Manuals.aspx
Owner:	Gainwell / Agency
Author:	Web Portal Team
Last Reviewed Date:	03/25/2026

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) 9265 – Pharmacy Claim panel (12.10) 8330 – Elig Verification (12.1) 8557 – Prior Authorization (15.1, 15.2, 15.3) 8791 - Pharmacy Claim panel (12.10) 9162- Information (9.1, 9,2)
10/14/2011	0.2	Marcia Conner	Agency request Added additional Defect	Added PA Assignment Code table to section 15.1.1. 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. Updated section 4.1 Web Browser Set Up and 4.1.2 Screen Display Features Add Drug Look Up section (CO 8279) (sections 8.1, 8.2 and 8.3) Updated screen shots/ field descriptions where needed.

11/29/2011	0.4	Marcia Conner/Sarah Hathaway	Responding to Agency comments received 11/10/2011.	Comments 1-17 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. 12.11 - Professional Claim Panel (12.11.2, 12.11.3, 12.11.4, 12.11.6.2) 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. 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 change 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 CO 8891 – 7.1.2 Home Panel Layout 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

04/04/2013	4.0	Marcia Conner	Application of Production change orders	CO 7169 - Dental Claim Panel (12.4)-update Carrier Code field length. Professional Claim Panel – 12.11- update Carrier Code field length. Institutional Claim Panel – 12.5- update Carrier Code field length. 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 CO 7930 – Occurrence Panel- updated field edit error messages CO 8098 – Update Eligibility Verification Panel. Add Recipient Application Status panel
05/29/2013	5.0	Marcia Conner	Application of Production Change Orders	CO 8814 – Update 12.11.3 Professional Claim Panel Field Descriptions 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 CO 9966 – Update 9.1.2 AL Links Panel Layout CO 8490 – Update layout and extra features in Section 7 Home panel

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

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

07/15/2015	17.0	M. Spear	Application of ACA III production change orders	CO 12130 12.4 Dental Claim panel 12.5 Institutional Claim panel 12.10 Pharmacy Claim panel 12.11 Professional Claim panel All 4 Claim Status Information panel replaced with new layouts to reflect the addition of the 'Checkwrite Date' field. CO 12163 – Home page – update layout
07/21/2015	18.0	M. Spear	Application of CO 12475	Addition of the 13.6 PRCO Information panel.
01/14/2016	19.0	M. Spear	Application of CO 12410	Addition of section 19 PMP Dismiss
04/01/2016	20.0	M. Spear	Application of Cos 12902, 12579, 12314, 11399, 12588, 13290, 13378, 13414	CO 12902 Section 13 - Eligibility Verification Request Panel Field Descriptions- Add Recipient Application Status Section 13.6.2 Household Inquiry Search Results panel layout replaced Section 13.3.2 – Recipient Application Status Panel layout replaced CO 12579 Section 15.5.4 – Prior Authorization Submit – Line Item Panel Field Edit Error Codes – Add Line Item CO 12314 Section 15.5 Prior Authorization Submit – Line Item Panel – replaced layout, added Reason field description, and extra feature. Section 15.3.Prior Authorization Submit Panel- updated layout, field descriptions Section 15.6 – added new section: Prior Authorization

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

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

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

				13.15.2 HouseHold Inquiry Panel Layout 13.16.1 HouseHold Inquiry Search Results Panel Layout 14.1.2 File Download Search and Results Layout 14.2.2 Current Files Available for Download Panel Layout 14.5.2 Claim Level Detail Panel Layout 15.3.2 Prior Authorization Submit Panel Layout 16.2.2 Provider Location Contact Information Panel Layout 16.3.2 Provider Payer Information Panel Layout 18.1.2 Consent Form Search Panel Layout 20.11.2 Prescriber License Search Panel Layout 20.14.2 Provider ID Search Panel Layout 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 Professional Claim panel Dental Claim Panel Institutional Claim Panel Pharmacy Claim Panel CO 14514 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 Professional Claims Panel – revised layout and field descriptions

			Application of CO 14737	Institutional Panel- revised layout and field descriptions 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 Forms Panels – revised field descriptions
04/09/2019	38.0	D. Flumm	Application of CO 14754	CO 14754 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 CO 15350 – Section 13.1 Eligibility Verification – updated layout CO 15350 – Section 12.2.2 Claim Search Panel – layout update CO 15350 – Section 15.1.1 Prior Authorization Search Panel Update CO 15351 –Remove Provider Search Panel CO 15351 –Remove PMP Assignment Panel CO 15351 –Remove PMP Dismiss Panel CO 15351 Section 7.1.2 Home Panel – replace layout CO 15508 –Section 6.1.Info Panel Layout – update layout, 6.1.1 – add field description CO 15546- Added Payment Search Panel and Payment Detail Payment CO 15654 – Added Activity Detail, Activity Maintenance, Activity Messages, Activity Search, Related History and Related Payment Panel CO 14552-Section 12.10 - Pharmacy Claim Panel – updated layout and field descriptions

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

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	CO 16506 – Section 13.1.2 – Updated layout, Section 13.6.3 – Updated Field Description, Section 18.19.6.1 – Updated Step Action. CO 16671 – Sections 15.1.2 and 15.1.3 – Updated layout and field description CO 16616 – Added Section 12.4 – New Recipient Additional Information Panel CO 16679 – Section 13.6.3 – Updated Form Name list. CO 16783 – Deleted Provider Look Up Search – formerly Section 17
06/29/2021	45.00	Laura Powell	Application of COs	CO 16799 – Section 12.7.2 – Updated layout. 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.
12/09/2021	46.0	Laura Powell	Application of COs	CO 16854 – Section 13.6.3 Updated field descriptions CO 16878 – Section 8.2.4 Added an Error Code CO 17029 – Section 7.1.2 and 7.1.5 – Updated layout and extra features to include chatbot CO 17055 – Sections 14.3.2 and 14.3.3 – Updated layout and field descriptions to include Misc Info
03/29/2022	47.0	Laura Powell	Application of COs	CO 17180 – Section 13.6.3 – Updated Forms list. 17124 – Sections 11.3.4, 11.4.4, 11.10.4 – Added Patient Account Edit.
07/06/2022	48.0	Laura Powell	Application of COs	CO 17431 – Updated Section 12.3.2 and 12.3.3 Added Section 12.6

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

06/24/2024	55.0	Laura Powell	Application of COs	CO 18503 – Section 13.5.3 – Added PE – ACHN PCP Group Agreement Documentation to Forms list. CO 18555 – Section 5.1 – Updated screenshot with Current Medicaid Seal CO 18558 – Sections 16.2.2 and 16.2.3 – Added 24 Hour Phone. CO 18038 – Added Section 16.5 – LTC Search Panel
9/24/2024	56.0	Laura Powell	Application of COs	CO 18225 – Added Sections 10.2 and 10.3 – Multi-factor Authentication CO 18336 – Sections 11.3, 11.4, 11.10 -- Modified TPL Supplemental Documentation panel and added Barcode Generation panel. CO 18820 – Sections 11.3, 11.4, 11.10 – Updated Layout and Added “Enter ACN” checkbox to field descriptions.
12/24/2024	57.0	Laura Powell	Application of COs	CO 18978 --- Section 13.3 – Updated Narrative.
5/9/2025	58.0	Laura Powell	Application of COs	CO 18742 – Added Section 10.6 – Trading Partner Contact Information
6/24/2025	59.0	Laura Powell	Application of COs	CO 16967 – Added Sections 16.3 -- EFT Account Panel CO 19316 – Added Section 16.2 – Accommodation Panel CO 19318 – Section 16.4 – Updated Layout, Field Descriptions, and Edit Error Codes
12/19/2025	60.0	Laura Powell	Application of COs	CO 19600 – Section 16.7 – Updated Layout, Field Descriptions, and Edit Error Codes. CO 19523 – Section 15.4 – Updated Layout and Field Descriptions.
03/25/2026	61.0	Laura Powell	Application of COs	CO 19446 – Section 12.14 – Updated Layout and Field Descriptitons.

				CO 19448 – Section 16.1.4 – Updated Field Edits Error Codes Section 16.4 – Updated Layout, Field Descriptions, and Field Edit Error Codes. Section 16.5 – Updated Layout and Field Edit Error Codes CO 19523 – Section 15.3 – Updated Layout and Field Descriptions

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 View from browser toolbar.	View menu displays.
3	Point to Text Size and click Smaller .	Default text size is set to medium. After the user selects smaller, the system objects will appear smaller.

4.2 Web Address

The address to access the Interactive Services website is:

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

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
Home	✓	✓	✓	✓	✓	✓	✓
Site Settings	✓	✓	✓	✓	✓	✓	✓
NDC Look Up	✓	✓	✓	✓	✓	✓	✓
Information	✓	✓	✓	✓	✓	✓	✓
AL Links	✓	✓	✓	✓	✓	✓	✓
Contact Us	✓	✓	✓	✓	✓	✓	✓
Account	✓	✓	✓	✓	✓	✓	✓
Account Setup	✓				✓	✓	
Account Maintenance		✓	✓	✓	✓	✓	✓
Clerk Maintenance		✓			✓	✓	✓
Change Password		✓	✓	✓	✓	✓	✓
Messages		✓	✓	✓	✓	✓	✓
Switch Provider			✓		✓	✓	
Logoff		✓	✓	✓	✓	✓	✓
Reset Password	✓	✓	✓	✓	✓	✓	✓
Secure Site	✓	✓	✓	✓	✓	✓	✓
Claims		✓	✓				

Feature	Guest	Provider	Clerk*	Trading Partner	OPR Provider/ Clerk	ACHN Provider/ Clerk	Drug Manufacturer/ Clerk
Search		✓	✓				
Dental		✓	✓				
Institutional		✓	✓				
Pharmacy		✓	✓				
Professional		✓	✓				
Eligibility		✓	✓			✓	
Eligibility Verification		✓	✓			✓	
HouseHold Inquiry		✓	✓			✓	
Trade Files		✓	✓	✓	✓	✓	✓
Download		✓	✓	✓	✓	✓	✓
Upload				✓	✓		
Forms			✓	✓	✓		
Prior Authorization		✓	✓				
Search		✓	✓				
New		✓	✓				
Providers		✓					
Provider Look Up	✓	✓	✓	✓	✓	✓	✓
Case Management						✓	
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 https://www.medicaid.alabamaservices.org/ALPortal ; press Enter 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

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 ...

Login

The Alabama Medicaid Interactive secure site is intended for providers, clerks and billing agents.

For first time users who have received a Personal Identification Number (PIN) letter, click the Setup Account button. First time users who have not received a PIN letter must contact the EMC Helpdesk for support. Refer to the Contact Us page, from the Information menu, for contact information.

[setup account](#)

User Name*

Password*

[login](#)

If you have forgotten your password, please click the Reset Password button.

[reset password](#)

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 Account .	Account page opens.
2	Click Secure Site .	Login panel opens.

4.7.6.2 To Add on the Login Panel

Step	Action	Response
1	Enter User Name .	
2	Enter Password .	
3	Click login .	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 setup account .	Account Setup panel displays.
2	Click reset password .	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:

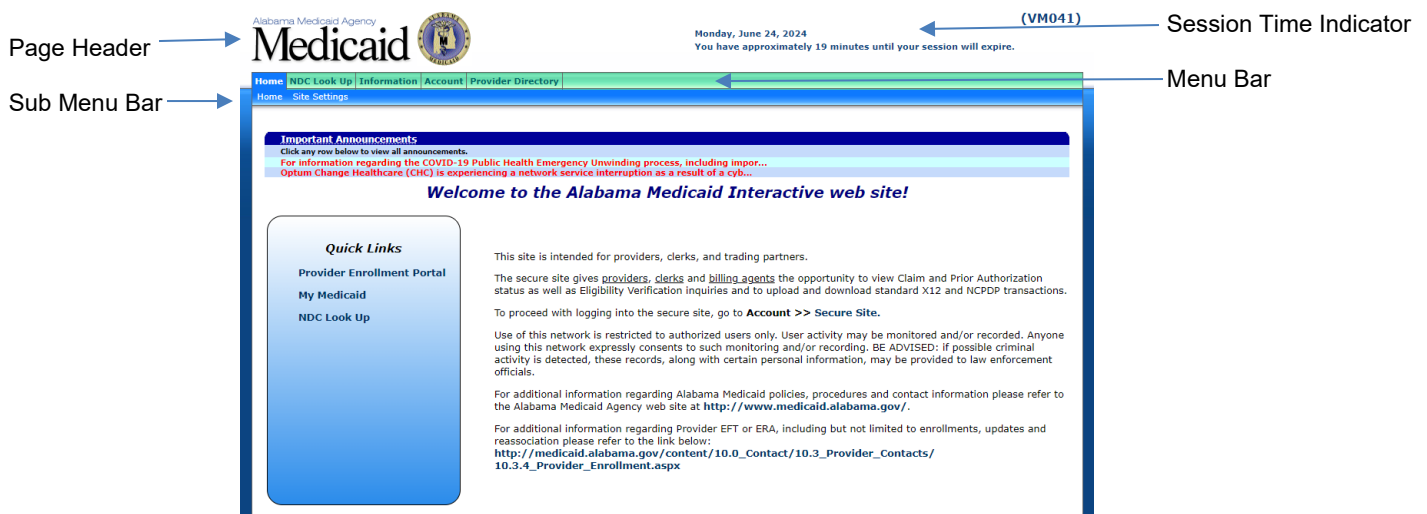
- Page
- Page Header
- Main Menu
- Sub Menu
- Search Panel
- Data List Panel
- Mini Search Panel
- Pop Up Search Panel
- Panel

5.1 Page Layout

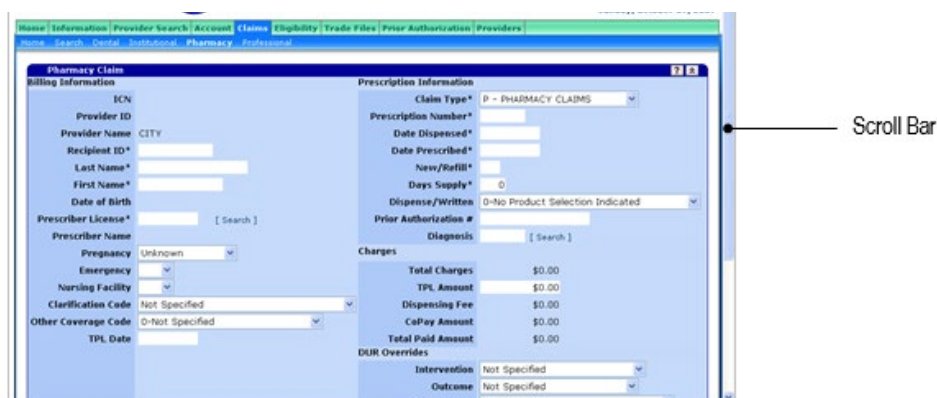
A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed a Main Menu bar, a Sub Menu bar, and any associated panels.

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.

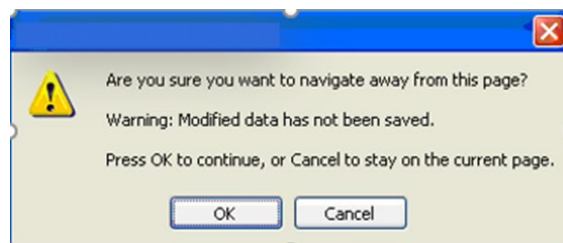
Beneath the Main Menu bar is the Sub Menu bar of horizontal links that open an associated page within the system. The Sub Menu bar appears in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.



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	[Search]
Recipient ID	Claim Type	
Recipient Name	Status	
TCN	Date Paid	
FDOS	Show Non-remitted Claims Only	☐
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	03/07/2011	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 [] Description [] [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 bar. Inside the window, there is a "Search" section with a blue header bar. Below the header, there are four input fields: "Provider ID *" (a single line), "Address" (a single line), "City, State" (a single line), and "Zip, 4" (two separate boxes for the first three digits and the last digit). At the bottom right of the search section, there are two buttons: "search" and "clear". In the top right corner of the pop-up window, there is a "[Close]" button and a small icon with a question mark and an upward arrow.

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.

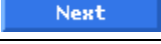
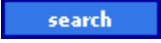
All of the pop-up Search panels are described in detail in Chapter 14.

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

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

6.3.3 Messages Panel Field Descriptions

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

6.3.4 Messages Panel Field Edit Error Codes

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

6.3.5 Messages Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.3.6 Messages Panel Accessibility

6.3.6.1 To Access the Messages Panel

Step	Action	Response
1	Click Providers .	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

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 ...

Welcome to the Alabama Medicaid Interactive web site!

Quick Links

- Provider Enrollment Portal
- My Medicaid
- NDC Look Up

This site is intended for providers, clerks, and trading partners.

The secure site gives providers, clerks and billing agents the opportunity to view Claim and Prior Authorization status as well as Eligibility Verification inquiries and to upload and download standard X12 and NCPDP transactions.

To proceed with logging into the secure site, go to **Account >> Secure Site**.

Use of this network is restricted to authorized users only. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.

For additional information regarding Alabama Medicaid policies, procedures and contact information please refer to the Alabama Medicaid Agency web site at <http://www.medicaid.alabama.gov/>.

For additional information regarding Provider EFT or ERA, including but not limited to enrollments, updates and reassociation please refer to the link below:
http://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.4_Provider_Enrollment.aspx

Chat

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 Home .	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

Personal Settings

Activate Dropdown Menus ☒

Activate Linearized Tables ☐

Activate Focus Return ☐

Activate Shortcut Keys ☐

Shortcut Key Display Mode Underline ▾

update

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 Home .	Home page displays.
2	Click Site Settings .	Site Settings panel displays.

7.2.6.2 To Update on the Site Settings Panel

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

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

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 ...

Information contained on this website is not a guarantee of payment. The Agency will continue to pay for medication pursuant to current Agency policies.

NDC Look Up
?
⌕

NDC

Drug Information Status Date

☒ Today
☐ Other Date

Drug Name

HYDROCODONE

Dispense As Written
☐

search

clear

Search Results

NDC	Drug Name	Covered
00527164901	HYDROCODONE-ACETAMIN 5-325 MG	Yes
00527164905	HYDROCODONE-ACETAMIN 5-325 MG	Yes
00527165001	HYDROCODONE-ACETAMIN 7.5-325	Yes
00527165005	HYDROCODONE-ACETAMIN 7.5-325	Yes
00527165101	HYDROCODONE-ACETAMIN 10-325 MG	Yes
10702019110	HYDROCODONE-ACETAMIN 10-325 MG	Yes
10702019301	HYDROCODONE-ACETAMIN 7.5-300	Yes
00121231640	HYDROCODONE-ACETAMIN 7.5-325/15	Yes
31722094105	HYDROCODONE-ACETAMIN 5-325 MG	Yes
31722094101	HYDROCODONE-ACETAMIN 5-325 MG	Yes

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

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. 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 NDC Look Up 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: NDC, Drug Name And Drug Status Information Date.	
2	Click search .	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

NDC

Drug Name

HYDROCODONE

Drug Information Status Date

Today

Other Date

Dispense As Written

search

clear

Search Results

NDC	Drug Name	Covered
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

Coverage Status

Covered

Drug Name

HYDROCODONE-ACETAMINOPHEN SOLN

Generic Name

HYDROCODONE BIT/ACETAMINOPHEN ORAL 7.5-500/15 SOLUTION

NDC Number

00121-0655-04

PA Status

No

PDL Status

Preferred

Maximum Qty

240.000

Reimbursement Rate Per Unit

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

8.2.6 Drug Information Status Date Panel Accessibility

8.2.6.1 To Access the Drug Information Status Date Results Panel

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

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 Information .	Information panel displays.
2	Click AL Links .	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@dx.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 Information .	Information page displays.
2	Click Contact Us .	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 section titled 'Important Announcements' with a blue header and a light blue background. It 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 this is the 'Account Setup' section with a blue header and a light blue background. It contains two input fields: 'Login ID*' and 'Personal Identification Number*'. Below the input fields, there is a note: 'Please note Login ID and Personal Identification Number are case sensitive.'.

Required fields are indicated with an asterisk (*).

User Name*		Password*	
Contact Last Name*		Confirm Password*	
Contact First Name*		EEmail*	
Phone Number*		Confirm Email*	
1st Secret Question*			
1st Answer*			
2nd Secret Question*			
2nd Answer*			

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: 1 Lower and 1 Upper Case value; 1 numeric value; and - be at least 8 bytes in length.	Field	Alphanumeric	30
Personal Identification Number	Enter the personal identification number (PIN).	Field	Alphanumeric	10
Phone Number	Enter the Phone Number of the account user.	Field	Number (Integer)	10
Phone Number Ext	Enter the extension for the phone number of the account user. This field is optional.	Field	Number (Integer)	4
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. (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 st Secret Question entered.
1st Secret Question	1st Secret Question is required.	Enter the 1 st 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 Account .	Account page opens.
2	Click Account Setup .	Account Setup panel opens.

10.1.6.2 To Add on the Account Setup Panel

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

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:

8234 2345 6789 1011 1213 1415

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.	Verify that you are displaying the correct account in your authenticator program and re-enter the password. 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 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.

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 Account .	Account page opens.
2	Click Secure Site .	Multi-factor Authentication Setup panel opens.
1	Enter User Name .	
2	Enter Password .	
3	Click Multi-factor Authentication Setup .	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. 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. Please try again.	Verify that you are displaying the correct account in your authenticator program and re-enter the password. 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 Account .	Account page opens.
2	Click Secure Site .	Multi-factor Authentication Setup panel opens.
1	Enter User Name .	
2	Enter Password .	
3	Click Multi-factor Authentication Setup .	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

The screenshot shows a web form titled "Account Maintenance" with a sub-header "User Profile". The form contains the following fields:

- User Name: USERTEST3
- Contact First Name*: User
- Contact Last Name*: test3
- Phone Number*: (123)456-7890 1
- EMail*: user.test3@dx.com
- Confirm EMail: (empty)
- 1st Secret Question*: (empty)
- 1st Answer: (empty)
- 2nd Secret Question*: (empty)
- 2nd Answer: (empty)

At the bottom right of the form are three buttons: "save", "cancel", and "change password".

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 Account .	Account page opens.
2	Click Account Maintenance .	Account Maintenance panel opens.

10.4.6.2 To Add on the Account Maintenance Panel

Step	Action	Response
1	Enter Contact First Name .	

2	Enter Contact Last Name .	
3	Enter Phone Number and (optional) extension.	
4	Enter Email address.	
5	Re-enter email address in Confirm Email field.	
6	Enter 1st Secret Question .	
7	Enter 1st Answer that corresponds with the 1 st Secret Question entered.	
8	Enter 2nd Secret Question .	
9	Enter 2nd Answer that corresponds with the 2 nd Secret Question entered.	
10	Click save .	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 save .	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: 1 Lower and 1 Upper Case value; 1 numeric value; and - be at least 8 bytes in length.	Field	Alphanumeric	30
Phone Number	Displays the phone number of the account user.	Field	Number (Integer)	10
Phone Number Ext	Displays the phone number extension of the clerk.	Field	Number (Integer)	4
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 Account .	Account page opens.
2	Click Clerk Maintenance .	Clerk Maintenance panel opens.

10.5.6.2 To Add on the Clerk Maintenance Panel

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

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

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 Assigned Roles , and then click [>] or [>>] to return to Available Roles or click [<] or [<<] to add to Assigned Roles .	
3	Click save .	Clerk Maintenance information saves.

10.6 Trading Partner Contact Information

10.6.1 Trading Partner Contact Information Narrative

The Trading Partner Contact Information panel allows trading partners to submit updates to contact information.

If the trading partner's contact information has not been modified or validated for 6 months, then when the Trading Partner Contact Information panel is displayed the panel will include an Update Reminder pane and a "confirm" button. If the information is correct, simply click on the "confirm" button and the contact information will be validated. When the Trading Partner Contact Information panel is displayed automatically upon login and the "confirm" button is clicked then the contact information will be validated, and the screen will forward automatically to the normal login panel.

If modifications are necessary, make the required changes and press the "save" button.

When the Trading Partner Contact Information panel is accessed, and it has not been more than 6 months since the information was last modified or confirmed then the Reminder panel and "confirm" button will not be displayed. The information can be confirmed by clicking the "save" button, either with or without having made changes to the information.

Navigation Path: [Account] - [Trading Partner Maint]

10.6.2 Trading Partner Contact Information Layout

10.6.3 Trading Partner Contact Information Field Descriptions

Field	Description	Field Type	Data Type	Length
Address Line 1	The first line of the address of the Trading Partner.	Field	Character	55
Address Line 2	The second line of the address of the Trading Partner.	Field	Character	55
cancel	Clears all data changes made to the panel.	Button	N/A	0
City	The city of the Trading Partner.	Field	Character	30
confirm	Confirms that the unchanged data displayed on the panel is correct.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Contact Name	The name of the of the contact for the Trading Partner.	Field	Character	60
Email Address	The e-mail address of the contact for the Trading Partner.	Field	Character	100
save	Saves changed data displayed on the panel.	Button	N/A	0
State	The two-letter state abbreviation of the Trading Partner's address.	Field	Drop Down List Box	2
Telephone	The phone number of the contact for the Trading Partner.	Field	Number	15
Trading Partner ID	The Trading Partner's ID. This field is read-only.	Field	Number	15
Trading Partner Name	The name of the Trading Partner entity.	Field	Character	50
Zip	The Zip and Zip+4 of the Trading Partner's address.	Field	Number	9

10.6.4 Trading Partner Contact Information Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Address Line 1	Field	1	Address 1 is required.	Enter Address 1 information.
City	Field	1	City is required.	Enter City information.
Contact Name	Field	1	Contact Name is required.	Enter Contact Name information.
Email Address	Field	1	Email Address is required.	Enter Email Address information.
	Field	2	Enter a valid value.	Ensure that the format of the data in the Email field is correct. The correct format is xxxxx@xxx.xxx
Telephone	Field	1	Telephone is required.	Enter a 10-digit telephone number. The extension field is optional.
	Field	2	Enter a valid value.	Enter a 10-digit telephone number. The extension field is optional.
Trading Partner Name	Field	1	Trading Partner Name is required.	Enter Trading Partner Name information.
Zip	Field	1	Zip is required.	Enter a valid 5-digit zip code. The Zip+4 field is optional, but if it is filled, it must contain 4

Field	Field Type	Error Code	Error Message	To Correct
				digits.
	Field	2	Enter a valid value.	Enter a valid 5-digit zip code. The Zip+4 field is optional, but if it is filled, it must contain 4 digits.

10.6.5 Trading Partner Contact Information Extra Features

Field	Field Type
No extra features found for this panel.	

10.6.6 Trading Partner Contact Information Panel Accessibility

10.6.6.1 To Access the Trading Partner Contact Information Panel

Step	Action	Response
1	Enter a valid login name and password for a trading partner.	Trading Partner is logged in. If it has been more than 6 months since the Trading Partner Contact Information has been validated or updated, the Trading Partner Contact Information panel will display automatically.
2	Select Account / Trading Partner Maint from the menu.	The Trading Partner Contact Information panel is displayed.

10.6.6.2 To Update the Trading Partner Contact Information Panel

Step	Action	Response
1	Select Account / Trading Partner Maint from the menu.	The Trading Partner Contact Information panel is displayed.
2	Update information as necessary and press the 'save' button.	Trading Partner Contact Information is updated.

10.7 Change Password

10.7.1 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.

10.7.2 Change Password Panel Layout

10.7.3 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: 1 Lower 1 Upper Case value; 1 numeric value; 1 Special Character (~!@#\$%^&* _ - += '\(\)\{\}\[\];:;'"<>.,,?/)and Passwords cannot be changed more than once in each 24 hour period.	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

10.7.4 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.

10.7.5 Change Password Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.7.6 Change Password Panel Accessibility

10.7.6.1 To Access the Change Password Panel

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

10.7.6.2 To Update on the Change Password Panel

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

10.8 Messages

10.8.1 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]

10.8.2 Messages Panel Layout

Message Panel Layout for Introduction and Notification Messages

Message						
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	☐
			Deselect All	Select All	Save	

Message	
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 EMC 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	

10.8.3 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

10.8.4 Messages Panel Field Edit Error Codes

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

10.8.5 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.	

10.8.6 Messages Panel Accessibility

10.8.6.1 To Access the Messages Panel

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

10.9 Switch Provider

10.9.1 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]

10.9.2 Switch Provider Panel Layout

Current Provider 2003000000

National Provider ID	Medicaid Provider ID	Address	City	State	Zip	Zip + 4	Taxonomy	Provider Type	Default Provider ID
2003000000	2003000000	1000 1ST AVE S.W.	ATLANTA	GA	30303	30303-0000	9900000000000000	Physician	☐
2003000000	2003000000	1000 1ST AVE S.W.	ATLANTA	GA	30303	30303-0000	9900000000000000	Physician	☒
2003000000	2003000000	1000 1ST AVE S.W.	ATLANTA	GA	30303	30303-0000	9900000000000000	Physician	☐

Select row above to update.

Current Provider
Selected Provider

Medicaid Provider ID
Address
State
Zip + 4
Provider Type

National Provider ID
City
Zip
Taxonomy
Default Provider ID

set as default switch to

10.9.3 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

10.9.4 Switch Provider Panel Field Edit Error Codes

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

10.9.5 Switch Provider Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.9.6 Switch Provider Panel Accessibility

10.9.6.1 To Access the Switch Provider Panel

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

10.9.6.2 To Update on the Switch Provider Panel

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

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

10.10 Logoff

10.10.1 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

10.10.2 Logoff Panel Layout

Your session has expired and you have been logged off the Alabama Medicaid Secure Web Portal.

If you would like to continue working on the site, please login again. If you have finished, please close your browser for security reasons.

Login

10.10.3 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

10.10.4 Logoff Panel Field Edit Error Codes

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

10.10.5 Logoff Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.10.6 Logoff Panel Accessibility

10.10.6.1 To Access the Logoff Panel

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

10.10.6.2 To Update on the Logoff Panel

Step	Action	Response
1	Click Login .	Login panel displays.

10.11 Reset Password

10.11.1 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]

10.11.2 Reset Password Panel Layout

The screenshot displays the 'Reset Password' panel layout. At the top, there is a section for 'Important Announcements' with several lines of text. Below this, the 'Reset Password' header is visible, followed by instructions: '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.' The form includes a 'User Name*' field. A 'security questions' button is located at the bottom right of the panel. Below the panel, a second screenshot shows the 'Reset Password' panel after the user has entered their username. It prompts the user to 'Enter answers to all questions listed in the fields provided and click the "reset password" button.' and includes a note: 'Please note: Security answer(s) are case sensitive.' The form contains two sets of 'Secret Question' and 'Answer' fields. A 'reset password' button is located at the bottom right of this panel.

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 What state is this?
1st Answer

2nd Secret Question
2nd Answer

[reset password](#)

10.11.3 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: 1 Lower and 1 Upper Case value; 1 numeric value; and - be at least 8 bytes in length.	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

10.11.4 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. (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.

10.11.5 Reset Password Panel Extra Features

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

10.11.6 Reset Password Panel Accessibility

10.11.6.1 To Access the Reset Password Panel

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

10.11.6.2 To Update on the Reset Password Panel

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

10.12 Logon Secret Question

10.12.1 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]

10.12.2 Logon Secret Question Panel Layout



10.12.3 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

10.12.4 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 st Secret Question entered.
1st Secret Question	1st Secret Question is required.	Enter the 1 st 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.

10.12.5 Logon Secret Question Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.12.6 Logon Secret Question Panel Accessibility

10.12.6.1 To Access the Logon Secret Question Panel

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

10.12.6.2 To Save and Login on the Logon Secret Question Panel

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

10.13 Login Panel (Secure Site)

10.13.1 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]

10.13.2 Login 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 ...

Login
The Alabama Medicaid Interactive secure site is intended for providers, clerks and billing agents.

For first time users who have received a Personal Identification Number (PIN) letter, click the Setup Account button. First time users who have not received a PIN letter must contact the EMC Helpdesk for support. Refer to the Contact Us page, from the Information menu, for contact information.

[setup account](#)

User Name*
Password*
[login](#)

If you have forgotten your password, please click the Reset Password button.
[reset password](#)

10.13.3 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.

10.13.4 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.

10.13.5 Login Panel Extra Features

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

10.13.6 Login Panel Accessibility

10.13.6.1 To Access the Login Panel

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

10.13.6.2 To Add on the Login Panel

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

10.13.6.3 To Update on the Login Panel

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

10.14 Banner Messages

10.14.1 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]

10.14.2 Banner Messages 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 on...
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 ...

10.14.3 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: "Click any row below to view all announcements")	Displays the Banner Messages.	Field	Alphanumeric	100

10.14.4 Banner Messages Panel Field Edit Error Codes

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

10.14.5 Banner Messages Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.14.6 Banner Messages Panel Accessibility

10.14.6.1 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 Claims .	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 displays the 'Claim Search' interface. At the top, the title bar reads 'Claim Search: 580000014 MCD'. The search criteria section includes fields for ICN, Recipient ID (with a search button), Recipient Name (STALLWORTH JOHNNY R), TCN, FDOS, and TDOS. To the right, there are fields for Rendering Provider ID (with a search button), Claim Type (dropdown), Status (dropdown), and Date Paid. Below these are checkboxes for 'Show Non-remitted Claims Only' (unchecked) and 'Show Maternity Care Encounters' (checked). A 'Records' dropdown is set to 20. Search and clear buttons are at the bottom right. The 'Search Results' table below has columns: ICN, Recipient ID, FDOS, TDOS, Claim Type, Status, Date Paid, Amount Billed, and Amount Paid. It lists 16 rows of data, all with 'PROFESSIONAL CLAIMS' as the claim type and 'DENIED' as the status. The 'Amount Billed' and 'Amount Paid' columns show values like \$1.00 and \$0.00. At the bottom, it states 'Claim Count: 16' and '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: 40 - Converted Electronic Claim 47 - Converted Paper Claim 41 - Converted Medicare Claim 20 - Electronic Claim 22 - Web Claim 10 - Paper Example ICN fuzzy search: 2007011 (Electronic (20) Year 2007 (07) Date January 11th (011)).	Field	Number (Integer)	13
Recipient ID	Displays the recipient's first 12-digits of their Medicaid identification number.	Field	Character	12
Recipient Name	Displays the Recipient's name including Last Name, First Name and Middle Initial.	Field	Character	50
Records	Allows the user to select the number of search results to display per page.	Combo Box	Drop Down List Box	0
Rendering Provider ID	Displays the provider who performed the service on 1 st 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 Claims .	Claims page displays.
2	Click Search .	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: ICN, Recipient ID, TCN, FDOS, TDOS, Rendering Provider ID, Claim Type, Status and/or Date Paid .	
2	Click search .	Claim Search Results panel displays.

NOTE:

"No rows found" indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the 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' panel layout. It is divided into two main columns: 'Billing Information' on the left and 'Service Information' on the right. The 'Billing Information' column contains fields for ICN, Provider ID (1000000001 NPI), Provider Name (ANNA'S PHARMACY), Recipient ID* (empty), Last Name* (empty), First Name* (empty), Date of Birth (empty), and Patient Account # (empty). The 'Service Information' column contains a Service Authorization dropdown, a POS* field with a search button, and two Related Causes dropdowns (Cause 1 and Cause 2). Below these is a 'Total Charges' section with a table showing Total Charges (\$0.00), TPL Amount (\$0.00), and Total Paid Amount (\$0.00).

Billing Information		Service Information	
ICN		Service Authorization	
Provider ID	1000000001 NPI	POS*	[Search]
Provider Name	ANNA'S PHARMACY	Related Causes	
Recipient ID*		Cause 1	
Last Name*		Cause 2	
First Name*			
Date of Birth			
Patient Account #			
		Total Charges	
		Total Charges	\$0.00
		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*								
Carrier Code*	[Search]							
Carrier Name								
Payer Respons. Code*								
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	Enter ACN ☐				Submitter First Name*
Report Type*	EB - EOB				Submitter Last Name*
Transmission*	FT - FILE TRANSFER				Submitter Phone*
FDOS*					Submitter Email*
TDOS*					
Upload File	Choose File No file chosen Confirm				File To Upload*
	Print Barcode				Attachment Uploaded ☐
					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*					
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*			
Report Type*	EB - EOB		
Transmission*	FT - FILE TRANSFER		
			delete add
Surfaces (Detail Item 1)			
Surface			
A			
Type data below for new record.			
Surface*			
			delete add
Claim Status Information			
Claim Status	PAID		
Claim ICN			
Checkwrite Date			
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	Attachment Control Number
Recipient ID	Billing Provider ID (NPI)
From Date of Service	To Date of Service
Date of Denial	Provider Name
Submitter First Name	Submitter Last Name
Submitter Phone	Submitter Email

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.	Checkbo x	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: 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 Claims .	Claims page displays.
2	Click Dental .	Dental Claim panel displays.

11.3.6.2 To Add on the Dental Claim Panel

Step	Action	Response
1	Enter Recipient ID .	
2	Enter the recipient's Last Name .	
3	Enter the recipient's First Name .	
4	Enter Patient Account # .	
5	Select Emergency indicator from drop down list.	
6	Enter POS or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.

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

30	Click add in Detail section to add another service line and repeat steps 21 thru 30.	Activates fields for entry of data or selection from lists.
31	Click submit .	Submits dental claim.

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 adjust, void or re-submit .	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 0

Non Covered Days 0

District Plan

Charges

TPL Amount \$0.00

Total Charges \$0.00

Total Copay \$0.00

Total Paid Amount \$0.00

Click the link below to activate the corresponding panel:

Condition

Procedure

Occurrence

Diagnosis

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

delete

add

Add E-Code

TPL									
Plan Name	Policy Number	Payer Respons. Code	Relationship to Insured	Paid Amt	Last Name	First Name	MI	Date of Birth	
\$0 Type data below for new record.									
Policy Number* Plan Name* Relationship to Insured* Carrier Code* Carrier Name Payer Respons. Code* Paid Date* Paid Amt* 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 Control Number Report Type* Transmission* FDOS* TDOS* Upload File			Date of Denial* Submitter First Name* Submitter Last Name* Submitter Phone* Submitter Email* File To Upload* Attachment Uploaded		
Choose File No file chosen Confirm Print Barcode					
					delete add

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

Detail							
Item	Status	Revenue Code	HCPCS	Units	Charges	Non Covered Charges	Allowed Amount
A	1			0	\$0.00	\$0.00	\$0.00
Type data below for new record.							
Item		1		Revenue Code*		[Search]	
Provider Control Number				HCPCS		[Search]	
Detail Status				Modifier 1		[Search]	
From DOS				Modifier 2		[Search]	
To DOS				Modifier 3		[Search]	
Units*		0		Modifier 4		[Search]	
Charges*		\$0.00		Units of Measurement		Unit	
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*					
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*			
Report Type*	EB - EOB		
Transmission*	FT - FILE TRANSFER		
			delete add

Claim Status Information	
Claim Status	PAID
Claim ICN	
Checkwrite Date	
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
	09/10/2002	09/13/2002	DENIED	99	X989	

Claim Status Information	
Claim Status	PAID
Claim ICN	
Paid Date	
Allowed Amount	

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.



Record ID	Attachment Control Number
Recipient ID	Billing Provider ID (NPI)
From Date of Service	To Date of Service
Date of Denial	Provider Name
Submitter First Name	Submitter Last Name
Submitter Phone	Submitter Email

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 Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.

11.4.6.2 To Add on the Institutional Claim Panel

Step	Action	Response
1	Enter Recipient ID .	
2	Enter the recipient's Last Name .	

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

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

42	Enter TPL Paid Date .	
43	Enter policy holder Last Name .	
44	Enter policy holder First Name, MI .	
45	Enter policy holder Date of Birth .	
46	Click add in TPL section to add another TPL carrier and repeat steps 32 thru 39.	Activates fields for entry of data or selection from lists.
47	Enter Medicare Paid Date .	
48	Enter Medicare Allowed Amount .	
49	Enter Medicare Paid Amount .	
50	Enter Lifetime Reserve Days .	
51	Enter Deductible Amount .	
52	Enter Coinsurance Amount .	
53	Enter Coinsurance Days .	
54	Enter From DOS .	
55	Enter To DOS .	
56	Enter Units .	
57	Enter Charges .	
58	Enter Non Covered Charges .	
59	Enter Revenue Code or click [Search] to select from list.	Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
60	Enter HCPCS or click [Search] to select from list.	Clicking [Search] activates the HCPCS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
61	Enter Unit Rates .	
62	Enter Modifiers or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
63	Click add in Detail section to add another service line and repeat steps 48 thru 56.	Activates fields for entry of data or selection from lists.
64	Click submit .	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 adjust , void or re-submit .	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 the 'Condition' panel. It features a header with 'Sequence', 'Condition', and 'Description' tabs. Below the header is a text input area with the prompt 'Type data below for new record.' and a search button. At the bottom are 'delete' and 'add' buttons.

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 Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Condition .	Condition panel displays.

11.5.6.2 To Add on the Condition Panel

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

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 submit .	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

Sequence* 0 Payer* [dropdown] Prior Payment \$0.00

Type data below for new record.

delete add

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 Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Payer .	Payer panel displays.

11.6.6.2 To Add on the Payer Panel

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

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 submit .	Submits institutional claim.

11.7 ICD Procedures

11.7.1 ICD Procedures Panel Narrative

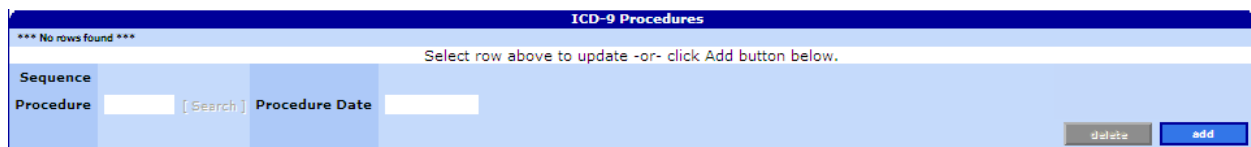
The ICD Procedures panel allows users to add surgical procedure information to an institutional claim.

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 Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Procedure .	ICD Procedures panel displays.

11.7.6.2 To Add on the ICD Procedures Panel

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

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 submit .	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

Occurrence				
Sequence	Occurrence Code	Description	From Date	To Date
A	I	Type data below for new record.		
Sequence	1	From Date*		
Occurrence Code*	[Search]	To Date		
				delete 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 Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Occurrence .	Occurrence panel displays.

11.8.6.2 To Add on the Occurrence Panel

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

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

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 submit .	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	1000000001 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		
Clarification Code 3	Not Specified		
Other Coverage Code	Not Specified		
TPL Date			
Compound Dispensing Unit			
Compound Dosage Code			
		Charges	
		Gross Due Amt*	\$0.00
		Usual/Cust Amt	\$0.00
		TPL Amount	\$0.00
		Dispensing Fee	\$0.00
		Copay	\$0.00
		Total Paid Amount	\$0.00
		Incentive Amt Paid	\$0.00
		Incentive Amt Sub	\$0.00
		Patient Responsibility Amt	\$0.00
		DUR Overrides	
		Intervention	Not Specified
		Outcome	Not Specified
		Conflict Code	Not Specified

Compound Drug Claim Detail

Detail				
Item	Status	NDC Code	Quantity 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		
delete add				
Claim Status Information				
Claim Status	PAID			
Claim ICN				
Checkwrite Date				
Allowed Amount	\$94.07			
EOB Information				
Detail Number	Code	Description		
0	9910	PHARMACY DISPENSING FEE APPLIED		
1	9908	PRICING ADJUSTMENT - PHARMACY PRICING APPLIED		
cancel void copy claim				

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. (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 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 Claims .	Claims page displays.
2	Click Pharmacy .	Pharmacy Claim panel displays.

11.9.6.2 To Add on the Pharmacy Claim Panel

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

Step	Action	Response
18	Enter Diagnosis or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
19	Enter TPL Amount .	
20	Select Intervention from drop down list.	
21	Select Outcome from drop down list.	
22	Select Conflict Code from drop down list.	
23	Enter Quantity .	
24	Enter NDC Code (without dashes) or click [Search] to select from list.	Clicking [Search] activates the NDC Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
25	Click add in Detail section to add another service line and repeat steps 24 thru 26.	Activates fields for entry of data or selection from lists.
26	Click submit .	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 adjust , void or re-submit .	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

Professional Claim			
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 #			
Patient Account #		Charges	
Referring Physician	[Search]	TPL Amount	\$0.00
Referral #		Total Charges	\$0.00
		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
A				\$0				
Type data below for new record.								
Policy Number*								
Plan Name*								
Relationship to Insured*								
Carrier Code*								
Carrier Name								
Payer Respons. Code*								
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	Enter ACN ☐			Submitter First Name*	
Report Type*	EB - EOB			Submitter Last Name*	
Transmission*	FT - FILE TRANSFER			Submitter Phone*	
FDOS*				Submitter Email*	
TDOS*					
Upload File	Choose File No file chosen			File To Upload*	
Print Barcode			Attachment Uploaded	☐	
					delete 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		
delete 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*	[Search]		
Provider Control Number				Procedure*	[Search]		
Detail Status				Emergency	☐		
From DOS*				EPSDT Ref	☐		
To DOS*				Family Planning	☐		
Units*	0			Copay Exemption	☐		
Charges*	\$0.00			Allowed Amount	\$0.00		
Rendering Physician*	[Search]			CoPay Amount	\$0.00		
Diagnosis Code Pointer*				Paid Amount	\$0.00		
Modifier 1	[Search]						
Modifier 2	[Search]						
Modifier 3	[Search]						
Modifier 4	[Search]						
Referring Physician	[Search]			Ordering Physician	[Search]		
Medicare Information							
Medicare Paid Date				Coinurance 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						
							delete add

NDC (Detail Item 1)			
*** No rows found ***			
Select row above to update -or- click Add button below.			
NDC Sequence Number	Drug Unit Price		
NDC [Search]	Unit Quantity Submitted		
UOM ☐	Unit Quantity Calculated		
Prescription Number	Primary NDC ☐		
Prescription Qualifier			
delete add			

Adjustment Information						
ICN	Date Adjusted	Claim Status	Claim Status History Date	Location	Adjustment Reason	Adjustment Analyst ID
	04/17/2014	DENIED	04/17/2014	99	8516	ALBAT
Claim Status Information						
Claim Status	ADJUSTED					
Claim ICN	[Search]					
Checkwrite Date	[Search]					
Allowed Amount	\$250.87					
EOB Information						
Detail Number	Code	Description				
2	9918	PRICING ADJUSTMENT - MAX FEE PRICING APPLIED				
cancel copy claim						

Adjustment Information						
ICN	Date Adjusted	Claim Status History Date	Claim Status	Location	Adjustment Reason	Adjustment Analyst ID
9918	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*	
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*	
Report Type*	EB - EOB
Transmission*	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	
Paid Date	
Paid Amt	

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.



Record ID Recipient ID From Date of Service Date of Denial Submitter First Name Submitter Phone	Attachment Control Number Billing Provider ID (NPI) To Date of Service Provider Name Submitter Last Name Submitter Email

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) Medicare: Displays the amount allowed by	Field	Number (Decimal)	10

Field	Description	Field Type	Data Type	Length
	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 Exemption	Enter 'Y' (Yes) if the Medicaid recipient is a Native American Indian with an active user letter	Combo Box	Drop Down List	0

Field	Description	Field Type	Data Type	Length
	from the Indian Health Services. Otherwise this field is left "blank".			
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 Pointer 3	Indicates which diagnosis (or diagnoses) for which services were provided. If a diagnosis	Field	Alphanumeric	2

Field	Description	Field Type	Data Type	Length
	code was entered, enter the matching sequence number as seen on the 'Diagnosis' panel to indicate which diagnosis the procedure is a result of.			
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
Last Name	Displays the last name of the recipient. TPL:	Field	Character	60

Field	Description	Field Type	Data Type	Length
	Displays the last name of third party policy holder			
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
Prescription	The prescription qualifier.	Field	Character	3

Field	Description	Field Type	Data Type	Length
Qualifier				
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 attachment form. MMDDYYYY	Field	Date (MM/DD/CC)	10

Field	Description	Field Type	Data Type	Length
			YY)	
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 Claims .	Claims page displays.
2	Click Professional .	Professional Claim panel displays.

11.10.6.2 To Add on the Professional Claim Panel

Step	Action	Response
1	Enter Recipient ID .	
2	Enter the recipient's Last Name .	
3	Enter the recipient's First Name .	
4	Enter Medical Record # .	
5	Enter Patient Account # .	
6	Enter Referring Physician or click [Search] to select from list.	Clicking [Search] activates the Referring Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	Select Claim Type from drop down list.	
8	Select Service Authorization from drop down list.	
9	Select Delay Reason from drop down list.	
10	Select Cause 1 accident related cause indicator from drop down list.	
11	Select Cause 2 accident related cause indicator from drop down list.	
12	Enter TPL Amount .	
13	Enter Sequence .	
14	Enter Diagnosis or click [Search] to select from list.	Clicking [Search] activates the Diagnosis Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
15	Click add in TPL section.	Activates fields for entry of data or selection from lists.
16	Enter Policy Number .	
17	Enter Plan Name .	

18	Select Relationship to Insured from drop down list.	
19	Enter Carrier Code or click [Search] to select from list.	Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
20	Select Payer Response Code from drop down list.	
21	Enter TPL Paid Date .	
22	Enter policy holder Last Name .	
23	Enter policy holder First Name, MI .	
24	Enter policy holder Date of Birth .	
25	Enter From DOS .	
26	Enter To DOS .	
27	Enter Units .	
28	Enter Charges .	
29	Enter Rendering Physician or click [Search] to select from list.	Clicking [Search] activates the Rendering Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
30	Enter Diagnosis Code Pointer(s) .	
31	Enter Modifier(s) or click [Search] to select from list. (Maximum of 4 can be added)	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
32	Enter Referring Physician or click [Search] to select from list.	Clicking [Search] activates the Referring Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
33	Enter POS or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
34	Enter Procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
35	Select Emergency indicator from drop down list.	
36	Select EPSDT Ref indicator from drop down list.	
37	Select Family Planning indicator from drop down list.	
38	Select Copay Exemption indicator from drop down list.	

39	Enter Medicare Paid Date .	
40	Enter Medicare Allowed Amount .	
41	Enter Original Medicare Paid Amount .	
42	Enter Medicare 2% Sequestration Amount .	
43	Enter Medicare eRX Reduction Amount .	
44	Enter Medicare Coinsurance Amount .	
45	Enter Medicare Deductible Amount .	
46	Enter Medicare Final Medicare Paid Amount .	
47	Click add in Detail section to add another service line and repeat steps 25 thru 42.	Activates fields for entry of data or selection from lists.
48	Click submit .	Submits professional claim.

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 adjust , void or re-submit .	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 interface. The top section contains input fields for Recipient ID, SSN, Last Name, First Name, Birth Date, From DOS, and To DOS. Below these are checkboxes for 'Display Dental Benefits', 'Recipient Application Status', and 'Service Type/Co-Pay'. The main area is divided into two columns: 'Selected' and 'Available'. The 'Available' column lists 18 service codes and their descriptions, including Medical Care, Surgical, Diagnostic X-Ray, Diagnostic Lab, Radiation Therapy, Anesthesia, Surgical Assistance, DME Purchase, Facility, and DME Rental. Navigation buttons (<, <<, >, >>) are positioned between the two columns. At the bottom right, there are 'search' and 'clear' buttons.

Selected	Available
	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
	18 - DME RENTAL

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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	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: Recipient ID, SSN, Last Name, First Name, Birth Date, From DOS and/or To DOS .	
2	Click search .	Displays Recipient Eligibility Information for the requested timeframe.

NOTE:

"No rows found" indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the 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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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	M
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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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	
Certification Update Date	05/21/2014
Certifying Agency	D Medicaid District Office
Unearned Income	\$1,005.00
DO Program Code	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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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 Medicaid&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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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 st	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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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 Eligibility .	Eligibility page opens.

2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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	
Most Recent Service : Service Description Date Of Service Provider Name	Paid Dental Fluoride 06/03/2008 [REDACTED]
Previous Services : Service Description Date Of Service Provider Name	Paid Dental Fluoride 12/03/2007 [REDACTED]
Most Recent Service : Service Description Date Of Service Provider Name	Paid Dental Prophylaxis 06/03/2008 [REDACTED]
Previous Services : Service Description Date Of Service Provider Name	Paid Dental Prophylaxis 12/03/2007 [REDACTED]
Most Recent Service : Service Description Date Of Service Provider Name	Paid Dental Oral Exam 12/03/2007 [REDACTED]
Previous Services : Service Description Date Of Service Provider Name	Paid Dental Oral Exam 05/31/2007 [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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Dental Benefit Limits panel displays.

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 Eligibility .	Eligibility page opens.
2	Click Dental History .	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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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	Provider Name	Provider Phone
LTC Waiver	08/12/2016	12/31/2017	SOUTHERNCARE NEW BRANCH S. BIRMINGHAM	(205) 944-1100
SNF Skilled Nursing Facility	08/12/2016	08/12/2016	NORTH HILL NURSING AND REHABILITATION CENTER, LLC	(205) 944-2352

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
Provider Name	Displays the name of the Provider.	Field	Alphanumeric	50
Provider Phone	Displays Provider phone number.	Field	Alphanumeric	13

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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Long Term Care Liability panel displays.

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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	Eligibility Verification Search Results panels display.

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

Search Results					
Recipient Name	Recipient ID	Date of Birth	Sex	Race	Certifying Program
123456789	123456789	12/31/2014	Female	Caucasian (State Value = W)	SOBRA
Not every member listed within the household will necessarily have AL Medicaid coverage, 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.					

12.18.3 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 Eligibility .	Eligibility page opens.
2	Click HouseHold Inquiry .	HouseHold Inquiry panel displays.

12.18.6.2 To Add on the HouseHold Inquiry Panel

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

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 Eligibility .	Eligibility page opens.
2	Click HouseHold Inquiry .	HouseHold Inquiry panel displays.
3	Enter search criteria and click search .	HouseHold Inquiry Search Results panel displays.

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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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 Eligibility .	Eligibility page opens.
2	Click Eligibility Verification .	Eligibility Verification panel displays.
3	Enter search criteria and click search .	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* RBT-2020-Q - Drug Rebate Invoice

Invoice Period 1/2014

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* PRV-A035-M - Provider Revalidation Facsimile

Group Member Provider ID [redacted] [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
PRV-A035-M-05790003423-05012018.pdf	PROVIDER REVALIDATION FACSIMILE	05790003423		05/01/2018

Provider Remittance Advance

File Download Search ?

Transaction Type* RA - Remittance Advice

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
[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* 271 - Eligibility Resp 5010

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	

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 http://www.adobe.com/products/acrobat/readstep2.html .

13.1.6 File Download Search Accessibility

13.1.6.1 To Access the File Download Search Panel

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

13.1.6.2 To Add on the File Download Search Panel

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

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	Eligibility Response	09/26/2007	09/26/2007	
Eligibility Response	Eligibility Response	09/20/2007	Has Not Been Downloaded	
Eligibility Response	Eligibility Response	09/14/2007	Has Not Been Downloaded	
Eligibility Response	Eligibility Response	09/13/2007	Has Not Been Downloaded	
Eligibility Response	Eligibility Response	09/08/2007	Has Not Been Downloaded	
Eligibility Response	Eligibility Response	09/08/2007	Has Not Been Downloaded	
Eligibility Response	Eligibility Response	09/08/2007	Has Not Been Downloaded	
Eligibility Response	Eligibility Response	08/22/2007	Has Not Been Downloaded	
Eligibility Response	Eligibility Response	08/17/2007	Has Not Been Downloaded	
Eligibility Response	Eligibility Response	08/17/2007	Has Not Been Downloaded	

1 2 Next >

Provider Download Panel Layout

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
Remittance Advice	Remittance Advice			10/13/2011
Remittance Advice	Remittance Advice			10/11/2011
Remittance Advice	Remittance Advice			10/06/2011
Remittance Advice	Remittance Advice			09/29/2011
Remittance Advice	Remittance Advice			09/21/2011
Remittance Advice	Remittance Advice			09/15/2011
Remittance Advice	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 Trade Files .	Trade Files page opens.
2	Click Download .	File Download Search panel opens.
3	Select a transaction type and click search .	Current Files Available for Download panel displays.

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

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

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 Trade Files .	Trade Files page opens.
2	Click Upload .	File Upload panel opens.

13.3.6.2 To Add on the File Upload Panel

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

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

00071-0002-04

Invoice Period

1/2005

Invoice Type

Federal

search

clear

Drug Information

Invoice Type

Federal

Invoice Period

1/2005

NDC

00071-0002-04

Drug Desc

Colchicine (100 mg) tabs

Strength

100 mg

Pkg Size

100

CMS Unit

CAP

Claim Details

Original Qtr Paid	Invoice Period	Provider ID	FDOS	ICN	Prescription Number	Paid Claims Units	Rebate Units	TPL Amt	Reimbursed Amt	Paid Date	Claim Type
1/2005	1/2005	00071-0002-04	08/26/2003	00071-0002-04	00071-0002-04	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY
1/2005	1/2005	00071-0002-04	10/31/2003	00071-0002-04	00071-0002-04	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY
1/2005	1/2005	00071-0002-04	12/30/2004	00071-0002-04	00071-0002-04	100	100	\$0.00	\$32.39	01/07/2005	PHARMACY
1/2005	1/2005	00071-0002-04	02/02/2005	00071-0002-04	00071-0002-04	100	100	\$0.00	\$33.83	01/07/2005	PROFESSIONAL
1/2005	1/2005	00071-0002-04	02/02/2005	00071-0002-04	00071-0002-04	100	100	\$0.00	\$33.83	02/04/2005	PHARMACY
1/2005	1/2005	00071-0002-04	02/02/2005	00071-0002-04	00071-0002-04	100	100	\$0.00	\$33.83	02/18/2005	OUTPATIENT
1/2005	1/2005	00071-0002-04	02/02/2005	00071-0002-04	00071-0002-04	100	100	\$0.00	\$33.83	02/18/2005	OUTPATIENT XOVER
1/2005	1/2005	00071-0002-04	02/02/2005	00071-0002-04	00071-0002-04	100	100	\$0.00	\$33.83	03/04/2005	PROFESSIONAL XOVER
1/2005	1/2005	00071-0002-04	03/04/2005	00071-0002-04	00071-0002-04	100	100	\$0.00	\$33.83	03/04/2005	PHARMACY
1/2005	2/2005	00071-0002-04	10/06/2003	00071-0002-04	00071-0002-04	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY
1/2005	3/2005	00071-0002-04	07/28/2003	00071-0002-04	00071-0002-04	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 User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Trade Files and click Claim Level Detail .	Claim Level Detail panel displays.

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: • CS1 – Consent Form • DIG – Digital Upload • DNT – Dental Administrative Review Form • ERU – Enrollment Updates • LTC - Hospice Records • LTC - LTC Records • LTC - PEC/Swing Bed Records • LTC - Psychiatric/Retrospective Review Records • LTC – SMI Waiver Form • PA - Prior Authorization Supporting Doco • PA- Prior Authorization Change Request • PA - TCM Recipient Transfer Form • PAR - PA Reconsideration Supporting	Combo Box	Character	0

	Doco • PE - ACHN PCP Group Agreement Documentation • REA - Revalidation Application Supporting Doco • TPL - TPL Claims Attachment Supporting Doco			
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 User Name and Password ; Click Login .	Main Menu page displays.

Step	Action	Response
2	Point to Trade Files and click Forms .	Forms panel displays.

13.5.6.2 To Submit a Form or Generate Barcode Fax Coversheet

Step	Action	Response
1	Select Form Name from drop down list.	
2	Click search .	Selected form displays.
3	Complete all fields. Please Note: Record ID 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 Browse button and select required documentation in PDF format.	Document will be uploaded upon form submission.
5	Press the Submit button.	Form will be successfully saved along with any supporting documentation uploaded. User is automatically taken to Fax Coversheet page for printing and retention.
6	Select the Print Friendly View button.	Print the barcode coversheet or save as a PDF and retain for records in the event additional documentation is required.
7	Fax required supporting documentation with barcode coversheet on top to (334) 215-7416. - Do not fax double sided pages. - Do not fax multiple sets of records at the same time. Each fax should be sent separately. - The bar code cover sheet is required for each fax submission. A fax submission cannot be processed without the bar coded cover sheet. DO NOT place anything on the barcode on the cover sheet or alter it in any manner. - The barcode cover sheet is unique to this transaction. To submit documentation for another recipient, please complete the process for that unique recipient transaction.	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' panel 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 panel is the 'Search Results' table.

PCN	Recipient ID	Network ID	Date of Service	Payment Type	Payment Code	Amount	Status	Date Paid
6012345678904		7777777777		G - General	PG001		P	
6012345678901		7777777777		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: P = Paid R = Recoup D = Payment denied because of network limitation F = Pending force payment S = Pending force recoupment C = Cancelled force payment 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: G= General F=Family Planning 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. Region 60 = New service record, Region 62 = System voids 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	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. 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 --> Switch Provider Panel.

14.1.6 Payment Search Panel Accessibility

14.1.6.1 To Access the Payment Search Panel

Step	Action	Response
1	Enter User Name and Password . Click Login .	Main Menu displays.
2	Point to Case Management and click Payment Search .	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									
PCN	6012345678901				Date of Service				
Amount					Recipient ID				
Payment Type	M - Maternity				Fund Code	123456789			
Recipient Name					Date Paid				
Payment Service Code/Desc	PG001 - GEN Intense Management				Network ID	7777777777			
Payment Status	R - Recoup				Network Region	AA			
Network Name	SOUTHEAST ACHN				History	History			
Manual	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: G = General F = Family Planning 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: spaces = not a manual payment P = Force payment, count as history R = Manual recoup H = Manual recoupment, retain history 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: P = Paid R = Recoup D = Payment denied because of network limitation F = Pending force payment S = Pending force recoupment C = Cancelled force payment 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: N= New activity 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. Valid values include: A = Accepted – A valid service record and considered for activity payment. R = Rejected – An invalid service record and not considered for payment I = Informational – A valid service record but not considered for activity payment. S = Suspended – A service record with errors that will recycle. C = Recycle – temporary status to trigger recycling of the record. 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 User Name and Password . Click Login .	Main Menu displays.
2	Point to Case Management and click Payment Search .	Payment Search panel displays.
3	Enter Search Criteria and click search .	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	Activity Type	Case Status
Recipient ID	Activity Service	Case Open Date
Recipient Name	Activity Status	Risk Level
Network ID	Date of Service	Assessment Date
Network Name	Submitter Control Number	Staff Level
Network Region	Batch Number	Staff Name
Maternity Information:		
Pregnancy Date	Gravida	Delivery Provider ID
First Prenatal Date	Para	Delivery Provider Name
Delivery Date	Prenatal Provider ID	Delivery Hospital ID
Prenatal Visits	Prenatal Provider Name	Delivery Hospital Name
Misc Info	01 - 1ST TRIMESTER	

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: • 01 – 1ST TRIMESTER • 02 – 2ND TRIMESTER • 03 – 3RD TRIMESTER	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 User Name and Password . Click Login .	Main Menu displays.
2	Point to Case Management and Click Activity Search .	Activity Search panel displays.
3	Enter Search Criteria and click search .	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 User Name and Password . Click Login .	Main Menu displays.
2	Point to Case Management and Click Activity Search .	Activity Search panel displays.
3	Enter Search Criteria and click search .	Activity search results list appears.
4	Click a member of the search results.	Activity detail panel appears.
5	Click the Messages 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: R – Reject I – Informational P – Pay 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: S - Activity processing errors. U - Final recycle errors. 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 User Name and Password . Click Login .	Main Menu displays.
2	Point to Case Management and Click Activity Search .	Activity Search panel displays.
3	Enter Search Criteria and click search .	Activity search results list appears.
4	Click a member of the search results.	Activity detail panel appears.
5	Click the Messages 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 displays the 'Activity Search' interface. It features a search panel with fields for Recipient ID, CCN, Service From, and Service To. There are also checkboxes for 'Show All', 'Show Accepted', 'Show Informational', 'Show Rejected', and 'Show Suspended/Recycle'. A 'search' button is located at the bottom right of the search panel. Below the search panel is a 'Search Results' table with columns for CCN, RECIPIENT ID, NETWORK ID, DATE OF SERVICE, ACTIVITY SERVICE, DATE SUBMITTED, ACTIVITY TYPE, and STATUS. The table contains 12 rows of data, including activity codes like F0003, G0011, G0001, A0002, F0001, M0006, G0007, and G0001, with corresponding activity types and statuses.

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

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. 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 User Name and Password . Click Login .	Main Menu displays.
2	Point to Case Management and Click Activity Search .	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

Related History		Top	Nav	?	⌵	✕
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 User Name and Password . Click Login .	Main Menu displays.
2	Point to Case Management and Click Activity Search .	Activity Search panel displays.
3	Enter Search Criteria and click search .	Activity search results list appears.
4	Click a member of the search results.	Activity Detail panel appears.
5	Click on the Related History 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: P = Paid R = Recoup D = Payment denied because of network limitation F = Pending force payment	Field	Character	1

	S = Pending force recoupment C = Cancelled force payment 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 User Name and Password . Click Login .	Main Menu displays.
2	Point to Case Management and Click Activity Search .	Activity Search panel displays.
3	Enter Search Criteria and click search .	Payment search results list appears.
4	Click a member of the search results.	Activity Detail panel appears.
5	Click on the Related Payment 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

Prior Authorization		Recipient ID	
Start Date		Recipient Name	
Authorized Effective Date		Authorized End Date	
NDC	[Search]	Status	
Procedure	[Search]	PA Assignment	
Diagnosis	[Search]	Include All Providers	☒

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 ? ^

Prior Authorization		Recipient ID	
Start Date		Recipient Name	
Authorized Effective Date		Authorized End Date	
NDC	[Search]	Status	
Procedure	[Search]	PA Assignment	
Diagnosis	[Search]	Submitted CM PAs	☐

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 Prior Authorization .	Prior Authorization page displays.
2	Click Search .	Prior Authorization Search panel displays.

15.1.6.2 To Search on the Prior Authorization Search Panel

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

NOTE:

“No rows found” indicates a match was not identified based on the search criteria. A user can refine his or her search or contact the 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			
50101	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			
50091	50001	SH	JO	0	0	Evaluation	DENTAL CARE	03/19/2009			9	0020
50091	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				
1 2 Next >												

15.2.3 Search Results Panel Field Descriptions

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

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

15.2.4 Search Results Panel Field Edit Error Codes

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

15.2.5 Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

15.2.6 Search Results Panel Accessibility

15.2.6.1 To Access the Search Results Panel

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

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' with two main sections: 'Base Information' and 'Line Item'.

Base Information:

Prior Authorization	PA Assignment
Recipient ID	SURGICAL
Last Name	Diagnosis [Search]
First Name, MI	Servicing Provider
Date of Birth	Clerk
	Provider
	Managed Care Indicator
	Expedited Yes

Line Item:

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	Status
01	10.000	\$10.00	0.000	\$0.00	0001A				Evaluation

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

Line Item Details:

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

-Reason-

*** No rows found ***

Analyst Remarks
?

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'

Description*

This is an analyst remark entered in MMIS. Testing 'Date Entered'

Notes
?

Date Entered	Description
08/24/2011	Requesting Provider Contact Name: [REDACTED]
08/24/2011	ACCEPTED - PENDING FURTHER REVIEW
08/24/2011	Servicing Provider Contact Name: [REDACTED]
08/24/2011	Principal Diagnosis = 2989 , date = 04/01/2011 //

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

Description

delete add

Attachments
?

Line Item	Type	Transmission Code	Control Number	Description
A	1			Type data below for new record.

Control Number

Transmission

Report Type

Description

delete add

save cancel

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
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
Expedited	Indicates whether a PA should be expedited or not. Valid Values: blank, Yes.	Field	Drop Down List Box	0
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
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 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 Prior Authorization .	Prior Authorization page displays.
2	Click Search .	Prior Authorization Search panel displays.
3	Enter search criteria and click search .	Prior Authorization Search Results panel displays.
4	Click line item from search results panel.	Prior Authorization Submit panel displays.

15.3.6.2 To Add on the Prior Authorization Submit Panel

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

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

15.3.6.3 To Update on the Prior Authorization Submit Panel

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

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

The screenshot shows the 'Base Information' panel in a web application. It features a header with 'Base Information' and a help icon. Below the header, there are several input fields and dropdown menus. The 'Recipient ID*' field is on the left. To its right are 'PA Assignment*' (a dropdown menu currently showing 'CASE MANAGEMENT'), 'Diagnosis' (a text field with a '[Search]' button), 'Servicing Provider*' (a text field with a '[Search]' button), 'Clerk' (a text field), 'Managed Care Indicator' (a dropdown menu), 'Expedited' (a dropdown menu), 'Case Manager Name*' (a text field), 'Case Manager Phone*' (a text field), and 'Case Manager Supervisor*' (a text field). A 'Next' button is located at the bottom right of the panel.

15.4.3 Prior Authorization Submit - Base Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Case Manager Name	Displays the name of the Case Manager for the Case Management PA Assignment.	Field	Alphanumeric	60
Case Manager Phone	Displays the phone number for the Case Manager for the Case Management PA Assignment and a possible extension.	Field	Alphanumeric	15
Case Manager Supervisor	Displays the name of the Case Manager Supervisor for the Case Management PA Assignment.	Field	Alphanumeric	60
Clerk	Displays the clerk that entered the prior authorization. (Read-Only)	Field	Alphanumeric	8
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
Expedited	Indicates whether a PA should be expedited or not. Valid Values: blank, Yes.	Field	Drop Down List Box	0

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
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 Prior Authorization .	Prior Authorization page displays.
2	Click New or click Search and then add .	Base Information panel displays.

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

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

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

Line Item

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	Evaluation	Status
A	0	\$0.00	0	\$0.00					Evaluation	

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

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

-Reason-

*** No rows found ***

Previous Next

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. Selecting "Revenue Code" from the Service Type Code drop down list option activates the Revenue Code fields.

15.5.6 Prior Authorization Submit - Line Item Panel Accessibility

15.5.6.1 To Access the Prior Authorization Submit - Line Item Panel

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

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

Step	Action	Response
1	Select a Service Type Code from the drop down list.	
2	Enter a Procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
3	Enter a Modifier 1, Modifier 2, Modifier 3 or Modifier 4 code, or click [Search] to select from list.	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.

4	Enter a Tooth 1, Tooth 2, Tooth 3, Tooth 4, Tooth 5, Tooth 6, Tooth 7 or Tooth 8 code, or click [Search] to select from list.	Clicking [Search] activates the Tooth Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
5	Enter a Quad or click [Search] to select from list.	Clicking [Search] activates the Quadrant Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
6	Enter Revenue Code or click [Search] to select from list.	Clicking [Search] activates the Revenue Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
7	Enter a Thru Service procedure or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
8	Enter Requested Eff Dates date.	
9	Enter Requested End Dates date.	
10	Enter Requested Units number.	
11	Enter Requested Units dollar amount.	
12	Click add in Line Item section to add another service line and repeat steps 1 thru 11.	Activates fields for entry of data or selection from lists.
13	Click Next .	Notes panel displays.

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

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

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

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'

Description*

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 Prior Authorization .	Prior Authorization page displays.
2	Click Search .	Prior Authorization Search panel displays.
3	Enter search criteria and click search .	Prior Authorization Search Results panel displays.
4	Click line item from search results panel.	Prior Authorization 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

Notes

Date Entered	Description
A 07/18/2007	

Type data below for new record.

Description*

delete add

Previous Next

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 Prior Authorization .	Prior Authorization page displays.
2	Click New .	Base Information panel displays.
3	Click Next .	Line Item panel displays.
4	Click Next .	Notes panel displays.

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

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

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 save or Next .	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 Prior Authorization .	Prior Authorization page displays.
2	Click New .	Base Information panel displays.
3	Click Next .	Line Item panel displays.
4	Click Next .	Notes panel displays.
5	Click Next .	Attachments panel displays.

15.8.6.2 To Add on the Prior Authorization Submit - Attachments Panel

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

15.8.6.3 To Update on the Prior Authorization Submit - Attachments Panel

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

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

Provider Update Reminder ?

Important Notice:
Please review the information below to ensure it is up to date. Press Confirm if no changes are needed, otherwise use the save button as usual after making the changes.

Provider Maintenance Select area to add or modify below. Prefs Top Bot ?

Accommodation	EFT Account	Provider Location Contact Information
Provider Payer Information	Secondary Language	

save cancel

16.1.3 Provider Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Accommodation	Link to Provider Accommodation Panel	Hyperlink	N/A	0
Cancel	Allows the user to cancel any changes on the Provider Maintenance panels.	Button	N/A	0
EFT Account	Link to EFT Account	Hyperlink	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
Save	Button	2	Accommodation is required.	Enter a row on the Accommodation panel that has a valid non-expired End Date.

	Button	3	Secondary Language is required.	Enter a row on the Secondary Language panel that has a valid non-expired End Date.

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 User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Provider and click Provider Maintenance .	Provider Maintenance panel displays.

16.2 Accommodation Panel Overview

16.2.1 Accommodation Panel Narrative

The Provider Accommodation panel allows the user to associate one or more Accommodation to a provider location.

Navigation Path: [Providers - Provider Maintenance - Accommodation]

16.2.2 Accommodation Panel Layout

Accommodation	Effective Date	End Date
Equipment	04/21/2025	04/30/2025
Exam Rooms	04/21/2025	04/30/2025
Offices	06/01/2025	06/15/2025
Offices	04/21/2025	04/30/2025

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

Accommodation: Effective Date: End Date:

16.2.3 Accommodation Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Accommodation	This is the accommodation in a specific provider service location. The valid values are Equipment, Exam Rooms, Offices.	Field	Drop Down List Box	0
Effective Date	Effective date for Accommodation.	Field	Date (MM/DD/CCYY)	8
End Date	End date for the Accommodation.	Field	Date (MM/DD/CCYY)	8

16.2.4 Accommodation Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Accommodation	Field	1	A Valid Accommodation is required	Please select an Accommodation.
	Field	2	Provider Accommodation Date segment cannot overlap.	Please enter dates for Accommodations that do not overlap.
Effective Date	Field	1	Effective Date is required.	Please enter a valid Effective Date.
	Field	2	Effective Date must be less than or equal to End Date.	Please enter an Effective Date that is less than or equal too the End Date.
	Field	3	Effective Date must be greater than or equal to 1/1/1900	Please enter an Effective Date that is greater than 1/1/1900
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date that is less than or equal to 12/31/2299.
	Field	5	Invalid date. Format is mm/dd/ccyy.	Enter date in the format mm/dd/ccyy that is less than or equal to 2299 or greater than or equal to 1900
End Date	Field	1	End Date is required.	Enter a valid End Date.
	Field	2	Effective Date must be less than or	Enter an End date that is

Field	Field Type	Error Code	Error Message	To Correct
			equal to End Date.	greater than the Effective Date.
	Field	3	End Date must be less than or equal to 12/31/2299.	Enter an End Date that is less than or equal to 12/31/2299.
	Field	4	End Date must be greater than or equal to 1/1/1900.	Enter an End Date that is greater than or equal to 1/1/1900.
	Field	5	Invalid date. Format is mm/dd/ccyy.	Enter date in the format mm/dd/ccyy that is less than or equal to 2299 or greater than or equal to 1900.

16.2.5 Accommodation Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.2.6 Accommodation Panel Accessibility

16.2.6.1 To Access the Accommodation Panel

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

16.2.6.2 To Add on the Accommodation Panel

Step	Action	Response
1	Click on Add button.	Fields are activated on panel.
2	Select Accommodation value from that fields dropdown box.	Selected item is displayed on field.
3	Enter Effective Date in MM/DD/CCYY format.	Valid date entered is displayed on the field.
4	Enter End Date in MM/DD/CCYY format.	End Date is displayed on field if valid.

16.2.6.3 To Update the Accommodation Panel

Step	Action	Response
1	Click row on data list to be updated.	Row on data list is highlighted. Data panel is populated with row data.
2	Click on field(s) to update and make the update(s).	Valid update(s) are displayed on the field(s)
3	Click on Save button.	Accommodation data for the row being updated is saved.

16.3 EFT Account Panel Overview

16.3.1 EFT Account Panel Narrative

The Provider EFT Account panel will be used to capture EFT information for providers who wish to receive their payments via EFT.

Navigation Path: [Providers - Provider Maintenance - EFT Account]

16.3.2 EFT Account Panel Layout

EFT Account Current EFT data is not displayed for security purposes

NPI* 987654310 Medicaid ID* 123456789

ABA Number* 123456789

Account Number* 9876543210

Confirm Account Number* 9876543210

Account Type*

Financial Institution ER

Street 1 1

Street 2

City COURT

State AL

Zip 36117

Signature* MICKEY

Title* MR

add

16.3.3 EFT Account Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button allows user to add a new EFT record.	Button	N/A	0
ABA Number	A unique number assigned to individual financial institutions for identification.	Field	Character	9
Account Number	This is the bank account number for the payees in which the payments are electronically transferred.	Field	Character	17
Account Type	The type of bank account that a payee is using for Electronic Funds Transfer. Valid values are Checking and Savings.	Field	Character	1
City	This is the city field in an address.	Field	Character	30
Confirm Account Number	Confirm value for validation.	Field	Character	17
Financial Institution	Financial Institution name.	Field	Character	39
Medicaid ID	The Medicaid ID of the provider at the service location.	Field	Character	15
NPI	The NPI ID of the provider at the service location.	Field	Alphanumeric	15
Signature	Electronic Signature of person submitting EFT Account information.	Field	Character	50
State	This is the abbreviated 2 character state code.	Field	Character	2
Street 1	This is the first street line in an address.	Field	Character	30
Street 2	This is the second street line in an address.	Field	Character	30

Field	Description	Field Type	Data Type	Length
Title	Title of person submitting EFT Account information.	Field	Character	40
Zip	The five digit zip code prefix in an address and the four digit zip code suffix in an address.	Field	Character	5

16.3.4 EFT Account Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
ABA Number	Field	1	Invalid ABA Number.	Enter a valid ABA number.
	Field	2	Invalid Financial Institution!!	Enter a valid ABA number.
	Field	3	ABA Number is required.	Enter ABA number.
Account Number	Field	1	The entered Account Numbers do not match.	Enter the same Account Number in both fields.
	Field	2	Account Number is required.	Enter Account Number.
Confirm Account Number	Field	1	Confirm Account Number is required.	Confirm Account Number.
Medicaid ID	Field	1	The NPI, Medicaid ID, or combination of the two IDs is invalid.	Verify the entered belongs to the log in provider.
	Field	2	Medicaid ID is required.	Enter Medicaid ID.
NPI	Field	1	Current EFT Account Information is in a pre-notification status and therefore cannot be updated.	Wait until the current modification has taken effect before changing the EFT account again.
	Field	2	Only active Providers can update their EFT Account information.	Verify if provider is active.
	Field	3	Current EFT Account Information is in an interrupt status and therefore cannot be updated.	Wait until the current modification has taken effect before changing the EFT account again.
	Field	6	The EFT Account Information is a duplicate of information currently on file. Update not accepted.	Enter a different EFT Account.
	Field	7	Current EFT Account Information is in a pending status and therefore cannot be updated.	Wait until the current modification has taken effect before changing the EFT account again.
	Field	8	The NPI, Medicaid ID, or combination of the two IDs is invalid.	Verify the entered NPI belongs to the log in provider.
	Field	9	NPI is required.	Enter NPI.
	Field	10	You are not authorized to make changes to this Provider.	Please fix the errors and try again.
Signature	Field	1	Signature is required.	Enter signature.
Title	Field	1	Title is required.	Enter title.

16.3.5 EFT Account Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.3.6 EFT Account Panel Accessibility

16.3.6.1 To Access the EFT Account Panel

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

16.4 Provider Location Contact Information Panel Overview

16.4.1 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]

16.4.2 Provider Location Contact Information Panel Layout

Provider Location Contact Information Top Nav ? X

Provider ID [Search]

search Clear

Search Results

National Provider ID	Medicaid Provider ID	Name	Address	City	State	Zip	Zip + 4
123456789	123456789	DR. J. D. DOCTOR	123456789	MONTGOMERY	AL	36117	

Address 1 []

Address 2 []

City MONTGOMERY

State AL

Zip 36117

Contact Name* []

Contact Phone Number* [] []

Contact Fax []

Contact Email* []

Service Location Email* []

Patient Contact Email []

Accepting New Medicaid Patients* [v]

Accepting New CHIP Patients* [v]

Website []

Service Location Phone* [] []

Toll Free Phone [] []

24 Hour Phone []

Service Location Fax* []

16.4.3 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 CHIP Patients	Indicates whether or not provider is accepting new CHIP patients at this location. Valid values include: Yes or No.	Drop Down List Box	Character	1
Accepting New Medicaid Patients	Indicates whether or not provider is accepting new patients at this location.	Drop Down List 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
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
Website	Provider's internet website address.	Field	Alphanumeric	50
Zip	Zip +4 of the provider's address.	Field	Numeric (Integer)	9

16.4.4 Provider Location Contact Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
24 Hour Phone	Field	1	Enter a valid value.	Phone number must be in the format (XXX)XXX-XXXX
Accepting New CHIP Patients	Field	20	Accepting New CHIP Patients is required.	Select Yes or No for Accepting New CHIP Patients.

Field	Field Type	Error Code	Error Message	To Correct
Accepting New Medicaid Patients	Field	22	Accepting New Medicaid Patients is required.	Select Yes or No for Accepting New Medicaid Patients.
Address 1	Field	1	Address 1 is required.	Enter Address 1 information.
City	Field	1	City is required.	Enter City.
Contact E-mail	Field	1	Enter a valid value.	Email addresses must be in the format XXXXXX@xxx.xxx
	Field	4	Contact Email is required.	Enter a valid Contact Email address.
Contact Phone Number	Field	20	Contact Phone Number is required.	Enter a valid Contact Phone Number.
E-Mail	Field	1	Enter a valid value.	Email address must be in the format XXXXXX@xxx.xxx
Patient Contact Email	Field	1	Enter a valid value.	Email addresses in the format XXXXX@xxx.xxx
Phone	Field	1	Phone is required.	Enter Phone Number.
Service Location Email	Field	1	Enter a valid value.	Email addresses must be in the format XXXXXX@xxx.xxx
	Field	2	Service Location Email is required.	Enter a valid Service Location Email address.
Service Location Fax Number	Field	3	Service Location Fax Number is required.	Enter a valid Service Location Fax Number.
State	Field	1	State is required.	Enter State.
Zip	Field	1	Zip is required.	Enter Zip Code.

16.4.5 Provider Location Contact Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.4.6 Provider Location Contact Information Panel Accessibility

16.4.6.1 To Access the Provider Location Contact Information Panel

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

16.5 Provider Payer Information Panel Overview

16.5.1 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]

16.5.2 Provider Payer Information Panel Layout

The screenshot shows the 'Provider Payer Information' form. At the top, there is a table with the following data:

Usage	Name	Street	City	State	Country	Zip	Zip + 4	Phone	Ext	E-Mail
Mail to		301 TECHNACENTER DR	MONTGOMERY	AL	US	36117	6008	(222)222-2222	2222	
Pay to		301 TECHNACENTER DR	MONTGOMERY	AL	US	36117	6008	(222)222-2222	2222	

Below the table, there is a section titled 'Type changes below.' with a dropdown menu for 'Usage' set to 'Mail to'. The form includes the following input fields:

- Address 1* (text box)
- Address 2* (text box)
- City* (text box, value: MONTGOMERY)
- State* (dropdown menu, value: AL)
- Zip* (text box, value: 36117) and Zip + 4 (text box, value: 6008)
- Phone* (text box, value: (222)222-2222) and Ext (text box, value: 2222)
- Fax (text box, value: (222)222-2222)
- E-Mail* (text box)
- Toll Free Phone (text box)

16.5.3 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

16.5.4 Provider Payer Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter Address 1 information.
City	Field	1	City is required.	Enter City.
Email	Field	1	Enter a valid value.	Email address must be in the format XXXXXXXX@xxx.xxx
	Field	2	Mail to (Pay to) Email is required.	Enter a valid Mail to (Pay to) Email address.
Phone	Field	1	Phone is required.	Enter Phone Number.
State	Combo Box	1	State is required.	Enter State.
Zip	Field	1	Zip is required.	Enter Zip Code.

16.5.5 Provider Payer Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.5.6 Provider Payer Information Panel Accessibility

16.5.6.1 To Access the Provider Payer Information Panel

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

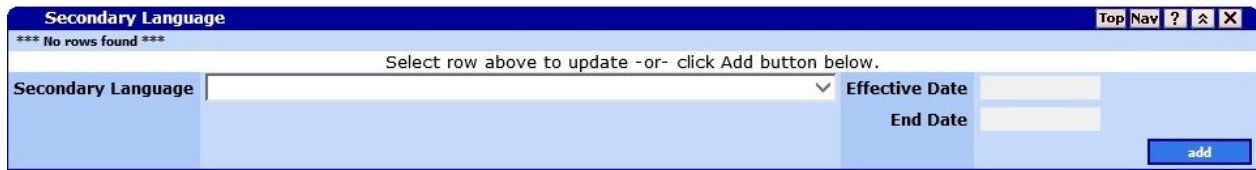
16.6 Provider Language Panel Overview

16.6.1 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]

16.6.2 Provider Language Panel Layout



16.6.3 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

16.6.4 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. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 - 9. Email addresses must be in the format XXXXXX@xxx.xxx Fields 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.

16.6.5 Provider Language Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.6.6 Provider Language Panel Accessibility

16.6.6.1 To Access the Provider Language Panel

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

16.7 LTC Search Panel Overview

16.7.1 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]

16.7.2 LTC Search Panel Layout

16.7.3 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
copy	This button creates a new record from the current record.	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
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
PPID/PID	PPID = 'Performing Provider ID' & PID = 'Provider ID'	Field	Alphanumeric	12
Provider ID	Performing Provider identification number that uniquely identifies the provider.	Field	Alphanumeric	12
Provider Name	The Provider or Performing Provider name that identifies the provider.	Field	Character	40
Provider or Perf Provider ID	The Provider or 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

16.7.4 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.
Provider or 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.
Recipient ID	A Valid Recipient is Required	A Valid Recipient is Required.
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.

16.7.5 LTC Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.7.6 LTC Search Panel Accessibility

16.7.6.1 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.

16.7.6.2 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.

16.7.6.3 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.

16.7.6.4 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

Consent Form Search Results								
Consent Form Number	Recipient ID	Recipient Last Name	Recipient First Name	Date of Surgery	Date Form Received	Date Last Status Change	Form Type	Status

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 User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Providers and click ConsentFormSearch .	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

Search Results	
Admit Type	Description
1	EMERGENCY
2	URGENT
3	ELECTIVE
4	NEWBORN
5	TRAUMA CTR

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 Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click [Search] .	Admission Type Search panel displays.

18.1.6.2 To Search on the Admission Type Search Panel

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

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

Carrier Number	Carrier Name	Address 1	Address 2	City	Zip	Mail Zip4	State	FEIN
00001	AAA	2001 PARK		BIRMINGHAM	35203	1516	AL	
00002	A A R P INS PLAN	UNITED HEA	P O BOX 7	ATLANTA	30374		GA	
00003	A F G E HEALTH PLAN	80 F STREE		WASHINGTON	20005		DC	
00004	A & M LIFE INSURANCE	CLAIMS DEP	C/O POSTMA	WAKEFIELD	01880		MA	
00005	ACACIA MUTUAL LIFE INS CO	51 LOUISIA		WASHINGTON	20001		DC	
00006	ACADEMY LIFE INS CO	SOUTHEASTE	PO BOX 100	VALLEY FOR	19398		PA	
00007	AETNA LIFE & CASUALTY CO	P O BOX 14		LEXINGTON	40512		KY	
00008	AETNA LIFE INS CO	P O BOX 14		LEXINGTON	40512		KY	
00009	AFRO-AMER LIFE INS CO	PO BOX 214		JACKSONVIL	32231		FL	
00010	SOC OF LUTHERAN -	INCORRECT		ADDRESS UN	55911			

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

18.2.6.2 To Search on the Carrier Code Search Panel

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

18.3.6.2 To Add on the Condition Search Panel

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

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

Diagnosis Search		
Diagnosis	Description	ICD Version
E8369	MACHINERY ACCIDENT IN WATER TRANSPORT IN	0
E8370	EXPLOSION, FIRE, OR BURNING IN WATERCRAFT	0
E8371	EXPLOSION, FIRE, OR BURNING IN WATERCRAFT	9
E8372	EXPLOSION, FIRE, OR BURNING IN WATERCRAFT	9
E8373	EXPLOSION, FIRE, OR BURNING IN WATERCRAFT	9
E8374	EXPLOSION, FIRE, OR BURNING IN WATERCRAFT	9
E8375	EXPLOSION, FIRE, OR BURNING IN WATERCRAFT	9
E8376	EXPLOSION, FIRE, OR BURNING IN WATERCRAFT	9
E8378	EXPLOSION, FIRE, OR BURNING IN WATERCRAFT	9
E8379	EXPLOSION, FIRE, OR BURNING IN WATERCRAFT	9

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

18.4.6.2 To Search on the Diagnosis Search Panel

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

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

Drug Name [Close]	
Drug Search ? ^	
NDC	Drug Name Ambien
[search] [clear]	
Search Results	
Please Select a Row to see drug coverage and information	
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
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.	

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 search	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	DEFAULT MODIFIER
00	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 Claims or Prior Authorization .	Claims or Prior Authorization page displays.
2	Click on form from the Claims or Prior Authorization page that you wish to complete.	Claim or Prior Authorization panel displays.
3	Click [Search] .	Modifiers Search panel displays.

18.6.6.2 To Search on the Modifiers Search Panel

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

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

Drug	Description
00002032902	V-CILLIN K
00002032903	V-CILLIN K
00002034602	V-CILLIN K
00002034603	V-CILLIN K
00002035102	DARVOCET-N 50
00002035302	DARVON-N
00002035303	DARVON-N
00002035333	DARVON-N
00002036302	DARVOCET-N 100
00002036303	DARVOCET-N 100

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

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 Drug code.	
2	Click search .	
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

Occurrence	Description
01	AUTO ACCIDENT
02	NO FAULT INS INVOLVED - INCLUD AUTO ACCIDENT/OTHER
03	ACCIDENT/TORTY LIABILITY
04	ACCIDENT/EMPLOYMENT RELATED
05	OTHER ACCIDENT
06	CRIME VICTIM
09	START OF INFERTILITY TREATMENT CYCLE
10	LAST MENSTRUAL PERIOD
11	ONSET OF SYMPTOMS/ILLNESS
12	DATE OF ONSET FOR A CHRONICALLY DEPENDENT INDIV.

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 Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Occurrence .	Occurrence panel displays.
4	Select a row or click add on the Occurrence panel.	Occurrence panel is activated, displaying the Occurrence Code field.
5	Click [Search] .	Procedure Search panel displays.

18.8.6.2 To Search on the Occurrence Code Search Panel

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

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

Patient Status	Description
01	DISCHARGED TO HOME OR SELF CARE (ROUTINE
02	DISCHARGED/TRANSFERRED TO ANOTHER SHORT
03	DISCHARGED/TRANSFERRED TO A SKILLED NURS
04	DISCHARGED/TRANSFERRED TO AN INTERMEDIAT
05	DISCH/TRANSFER TO OTHER TYPE OF INST FOR
06	DISCHARGED/TRANSFERRED TO HOME UNDER CAR
07	LEFT AGAINST MEDICAL ADVICE OR DISCONTIN
08	DISCHARGED/TRANSFERRED TO HOME UNDER CAR
09	ADMITTED AS AN INPATIENT TO THIS HOSPITA
10	DISCHARGE TO BE DEFINED BY STATE LEVEL,

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 Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click [Search] .	Patient Status Search panel displays.

18.9.6.2 To Search on the Patient Status Search Panel

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

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 Claims .	Claims page displays.
2	Click Dental or Professional .	Dental or Professional Claim panel displays.
3	Click [Search] .	POS Search panel displays.

18.10.6.2 To Search on the POS Search Panel

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

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 Claims .	Claims page displays.
2	Click Pharmacy .	Pharmacy Claim panel displays.
3	Click [Search] .	Prescriber License Search panel displays.

18.11.6.2 To Search on the Prescriber License Search Panel

Step	Action	Response
1	Enter License Number or Name .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

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

Procedure	Description	MedB NonCovered
0001F	HEART FAILURE ASSESSED	
0001T	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	
0002F	TOBACCO USE, SMOKING, ASSESSED	
0002T	AORTO-UNI-ILIAC OR AORTO-UNIFEMORAL PROS	
0003F	TOBACCO USE, NON-SMOKING, ASSESSED	
0003T	CERVICOGRAPHY	
0004F	TOBACCO USE CESSATION INTERVENTION, COUN	
0005F	TOBACCO USE CESSATION INTERVENTION, PHAR	
0005T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL	
0006F	STATIN THERAPY, PRESCRIBED	

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

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 Claims or Prior Authorization .	Claims or Prior Authorization page displays.
2	Click on form from the Claims or Prior Authorization page that you wish to complete.	Claim or Prior Authorization panel displays.
3	Click [Search] .	Procedure Search panel displays.

18.12.6.2 To Search on the Procedure Search Panel

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

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 Claims .	Claims page displays.
2	Click Institutional .	Institutional Claim panel displays.
3	Click Procedure .	Procedures panel displays.
4	Select a row or click add on the Procedure panel.	Procedure panel is activated, displaying the Procedure field.
5	Click [Search] .	Procedure ICD Search panel displays.

18.13.6.2 To Search on the Procedure ICD Search Panel

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

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 Claims .	Claims page displays.
2	Select a Dental, Institutional , Professional claim form or Prior Authorization and then New .	Claim panel displays or Prior Authorization New panel displays.
3	Click [Search] .	Provider ID Search panel displays.

18.14.6.2 To Search on the Provider ID Search Panel

Step	Action	Response
1	Enter Provider ID, Address, City, State or Zip + 4 .	
2	Click search .	
3	Select row from search results.	Adds search result selected to the main panel.

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

Search Results	
Tooth Quadrant	Description
00	ENTIRE ORAL CAVITY
01	MAXILLARY AREA
02	MANDIBULAR AREA
07	Entire Mouth
09	OTHER AREA OF ORAL CAVITY
10	UPPER RIGHT QUADRANT
20	UPPER LEFT QUADRANT
30	LOWER LEFT QUADRANT
40	LOWER RIGHT QUADRANT
L	LEFT

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 Claims or Prior Authorization .	Claims or Prior Authorization page displays.
2	Click Prior Authorization and then New . If viewing the Prior Authorization New panel, click Next .	Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays.
3	Click [Search] .	Quadrant Search panel displays.

18.15.6.2 To Search on the Quadrant Search Panel

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

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

The screenshot shows a web-based search interface. At the top is a yellow header bar with the text "Revenue Code" and a "[Close]" button on the right. Below this is a blue header bar with the word "Search" and a help icon "?". The main area has two input fields: "Revenue Code" and "Description". To the right of these fields are two buttons: "search" and "clear". Below the input fields is a section titled "Search Results" in a blue bar. This section contains a table with two columns: "Revenue Code" and "Description". The table lists several codes and their descriptions, including "1 TOTAL CHARGE", "100 ALL INCL ROOM & BOARD PLUS ANCIL", "101 ALL INCL ROOM AND BOARD", "110 ROOM AND BOARD/PRIVATE", "111 MEDICAL/SURGICAL/GYN PRIVATE", "112 OB PRIVATE", "113 PEDIATRIC PRIVATE", "114 PSYCHIATRIC PRIVATE", "115 HOSPICE PRIVATE", and "116 DETOXIFICATION PRIVATE". At the bottom of the results table is a pagination control showing "1 2 3 4 5 6 7 8 9 10 ... Next >".

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 Claims or Prior Authorization .	Claims or Prior Authorization page displays.
2	Click Institutional , or Prior Authorization and then New . If viewing the Prior Authorization New panel, click Next .	Institutional Claim or Prior Authorization New panel displays. If viewing the Prior Authorization New panel, the Line Item panel displays.
3	Click [Search] .	Revenue Code Search panel displays.

18.16.6.2 To Search on the Revenue Code Search Panel

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

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 Prior Authorization .	Prior Authorization page displays.
2	Click New .	Base Information panel displays.
3	Click Next .	Line Item panel displays.
4	Click [Search] .	Tooth Search panel displays.

18.17.6.2 To Search on the Tooth Search Panel

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

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

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 Account .	Account page opens.
2	Click Clerk Maintenance .	Clerk Maintenance panel opens.
3	Click add clerk .	Activates the Clerk Maintenance panel.
4	Click [Search] .	Activates the User Name Search panel.

18.18.6.2 To Search on the User Name Search Panel

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

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

Group Member National Provider ID	Group Member Medicaid Provider ID	Group Member Base Provider ID	Group Member Name	Address	City	State	Zip
1234567890	1234567890	1234567890	Dr. John Doe	1234 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Jane Smith	5678 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Michael Johnson	9012 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Sarah Williams	3456 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Robert Brown	7890 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Emily Davis	2345 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Christopher Miller	6789 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Ashley Garcia	1098 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Daniel Martinez	4567 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Victoria Lopez	8901 Main St	Mobile	AL	36601
1234567890	1234567890	1234567890	Dr. Benjamin Hill	2109 Main St	Mobile	AL	36601

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 Trade Files - Download	File Download Search Panel opens.
2	Select "PRV-A035 - M-Provider Revalidation Facsimile" from dropdown	"Group Member Provider ID" Field is displayed.
3	Click [Search] .	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 search .	
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 1(334) 215-4272 (fax)	Gainwell Technologies Attn: EMC Helpdesk 301 Technacenter Drive Montgomery, AL 36117	AlabamaSystemsEMC@gainwelltechnologies.com

NOTE:

The EMC Helpdesk can be reached Monday through Friday, 7:00 a.m. to 8:00 p.m. (CST); 9:00 a.m. to 5:00 p.m. on Saturdays; and 9:00 a.m. to 5:00 p.m. on all holidays.