



AMMIS Interactive Services Website User Manual

Date Modified: 09/25/2020

**Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, Alabama 36104**

**DXC Technology
301 Technacenter Drive
Montgomery, Alabama 36117**

Table of Contents

- Table of Contents ii**

- 1. Introduction 1**

 - 1.1 Interactive Services Website User Manual Overview 1**
 - 1.2 Interactive Services Website User Manual Objective 1**

- 2. Document Control 2**

 - 2.1 Document Information Page 2**
 - 2.2 Amendment History 2**

- 3. Introduction to the Interactive Services Website 1**

 - 3.1 Audience 1**
 - 3.2 Purpose 1**
 - 3.3 Applications 1**
 - 3.4 Supporting Documentation 1**
 - 3.5 Content Changes 1**

- 4. Interactive Services Website Navigation 2**

 - 4.1 Web Browser Setup 2**
 - 4.1.1 Navigation Buttons 2
 - 4.1.2 Screen Display Features 2
 - 4.1.3 To Set System Text Size 2
 - 4.2 Web Address 2**
 - 4.3 Users 3**
 - 4.3.1 User Roles 3
 - 4.3.2 User IDs and Passwords 4
 - 4.4 Application Lists 5**
 - 4.5 Login Page Rules 7**
 - 4.6 Connecting Through an Internet Service Provider (ISP) 7**
 - 4.7 Login 9**
 - 4.7.1 Login Panel Narrative 9

- 4.7.2 Login Panel Layout.....9
- 4.7.3 Login Panel Field Descriptions.....9
- 4.7.4 Login Panel Field Edit Error Codes.....10
- 4.7.5 Login Panel Extra Features.....10
- 4.7.6 Login Panel Accessibility10

- 5. System Wide Common Terminology and Layouts..... 12**
- 5.1 Page Layout..... 12**
- 5.2 Search Options..... 14**
 - 5.2.1 Search Panels.....14
 - 5.2.2 Data List Panels14
 - 5.2.3 Mini Search.....15
 - 5.2.4 Pop Up Search15
- 5.3 Panel Layout 16**
 - 5.3.1 Panel Type and Functions16

- 6. Providers..... 17**
- 6.1 Info Panel Layout..... 17**
 - 6.1.1 Info Panel Field Descriptions17
 - 6.1.2 Info Panel Field Edit Error Codes18
 - 6.1.3 Info Panel Extra Features18
 - 6.1.4 Info Panel Accessibility18
- 6.2 Messages 19**
 - 6.2.1 Messages Panel Narrative.....19
 - 6.2.2 Messages Panel Layout19
 - 6.2.3 Messages Panel Field Descriptions19
 - 6.2.4 Messages Panel Field Edit Error Codes19
 - 6.2.5 Messages Panel Extra Features.....20
 - 6.2.6 Messages Panel Accessibility20

- 7. Home 21**
- 7.1 Home..... 21**
 - 7.1.1 Home Panel Narrative.....21
 - 7.1.2 Home Panel Layout21
 - 7.1.3 Home Panel Field Descriptions.....22
 - 7.1.4 Home Panel Field Edit Error Codes.....22
 - 7.1.5 Home Panel Extra Features22
 - 7.1.6 Home Panel Accessibility.....22
- 7.2 Site Settings..... 23**
 - 7.2.1 Site Settings Panel Narrative23
 - 7.2.2 Site Settings Panel Layout.....23
 - 7.2.3 Site Settings Panel Field Descriptions.....23
 - 7.2.4 Site Settings Panel Field Edit Error Codes24

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright © 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

- 7.2.5 Site Settings Panel Extra Features24
- 7.2.6 Site Settings Panel Accessibility24

- 8. NDC Look Up Search..... 25**

- 8.1 NDC Look Up Search Panel Narrative 25**
- 8.1.1 NDC Look Up Panel Layout25
- 8.1.2 NDC Look Up Search Panel Field Descriptions25
- 8.1.3 NDC Look Up Search Panel Field Edit Error Codes26
- 8.1.4 NDC Look Up Search Panel Extra Features.....26
- 8.1.5 NDC Look Up Search Panel Accessibility27

- 8.2 Drug Information Status Date Panel 28**
- 8.2.1 Drug Information Status Date Panel Narrative28
- 8.2.2 Drug Information Status Date Search Results Panel Layout.....28
- 8.2.3 Drug Information Status Date Panel Field Descriptions28
- 8.2.4 Drug Information Status Date Panel Field Edit Error Codes29
- 8.2.5 Drug Information Status Date Panel Extra Features.....30
- 8.2.6 Drug Information Status Date Panel Accessibility30

- 9. Information..... 31**

- 9.1 AL Links..... 31**
- 9.1.1 AL Links Panel Narrative31
- 9.1.2 AL Links Panel Layout.....32
- 9.1.3 AL Links Panel Field Descriptions32
- Hyperlink to allow user to access the Carrier Code values and definitions.32
- Hyperlink to allow user to access the HIPAA Companion Guides.....33
- Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification Full Installs. (Only for LTC Providers.)33
- Hyperlink to allow user to access the Long Term Care (LTC) Admission Notification user guide. (Only for LTC Providers.)33
- Hyperlink to allow user to access the Microsoft Internet Explorer browser download.33
- Hyperlink to allow user to access the Provider Electronic Solutions Upgrades..33
- 9.1.4 AL Links Panel Field Edit Error Codes33
- 9.1.5 AL Links Panel Extra Features.....34
- 9.1.6 AL Links Panel Accessibility34

- 9.2 Contact Us..... 35**
- 9.2.1 Contact Us Panel Narrative.....35
- 9.2.2 Contact Us Panel Layout35
- 9.2.3 Contact Us Panel Field Descriptions.....35
- 9.2.4 Contact Us Panel Field Edit Error Codes.....35
- 9.2.5 Contact Us Panel Extra Features35
- 9.2.6 Contact Us Panel Accessibility.....35

- 10. Account..... 37**

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright © 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

- 10.1 Account Setup 37**
 - 10.1.1 Account Setup Panel Narrative.....37
 - 10.1.2 Account Setup Panel Layout38
 - 10.1.3 Account Setup Panel Field Descriptions.....38
 - 10.1.4 Account Setup Panel Field Edit Error Codes.....39
 - 10.1.5 Account Setup Panel Extra Features41
 - 10.1.6 Account Setup Panel Accessibility.....41

- 10.2 Account Maintenance 43**
 - 10.2.1 Account Maintenance Panel Narrative.....43
 - 10.2.2 Account Maintenance Panel Layout43
 - 10.2.3 Account Maintenance Panel Field Descriptions.....43
 - 10.2.4 Account Maintenance Panel Field Edit Error Codes.....44
 - 10.2.5 Account Maintenance Panel Extra Features45
 - 10.2.6 Account Maintenance Panel Accessibility.....45

- 10.3 Clerk Maintenance 47**
 - 10.3.1 Clerk Maintenance Panel Narrative.....47
 - 10.3.2 Clerk Maintenance Panel Layout47
 - 10.3.3 Clerk Maintenance Panel Field Descriptions.....47
 - 10.3.4 Clerk Maintenance Panel Field Edit Error Codes.....49
 - 10.3.5 Clerk Maintenance Panel Extra Features50
 - 10.3.6 Clerk Maintenance Panel Accessibility.....50

- 10.4 Change Password..... 52**
 - 10.4.1 Change Password Panel Narrative52
 - 10.4.2 Change Password Panel Layout.....52
 - 10.4.3 Change Password Panel Field Descriptions52
 - 10.4.4 Change Password Panel Field Edit Error Codes53
 - 10.4.5 Change Password Panel Extra Features.....53
 - 10.4.6 Change Password Panel Accessibility53

- 10.5 Messages 54**
 - 10.5.1 Messages Panel Narrative54
 - 10.5.2 Messages Panel Layout.....54
 - 10.5.3 Messages Panel Field Descriptions54
 - 10.5.4 Messages Panel Field Edit Error Codes55
 - 10.5.5 Messages Panel Extra Features55
 - 10.5.6 Messages Panel Accessibility55

- 10.6 Switch Provider..... 56**
 - 10.6.1 Switch Provider Panel Narrative.....56
 - 10.6.2 Switch Provider Panel Layout56
 - 10.6.3 Switch Provider Panel Field Descriptions.....56
 - 10.6.4 Switch Provider Panel Field Edit Error Codes.....57
 - 10.6.5 Switch Provider Panel Extra Features57
 - 10.6.6 Switch Provider Panel Accessibility.....58

- 10.7 Logoff..... 59**
 - 10.7.1 Logoff Panel Narrative59

- 10.7.2 Logoff Panel Layout.....59
- 10.7.3 Logoff Panel Field Descriptions.....59
- 10.7.4 Logoff Panel Field Edit Error Codes59
- 10.7.5 Logoff Panel Extra Features.....59
- 10.7.6 Logoff Panel Accessibility60
- 10.8 Reset Password 61**
 - 10.8.1 Reset Password Panel Narrative.....61
 - 10.8.2 Reset Password Panel Layout.....61
 - 10.8.3 Reset Password Panel Field Descriptions.....62
 - 10.8.4 Reset Password Panel Field Edit Error Codes.....63
 - 10.8.5 Reset Password Panel Extra Features.....64
 - 10.8.6 Reset Password Panel Accessibility.....64
- 10.9 Secure Site..... 65**
 - 10.9.1 Login Panel Narrative.....65
 - 10.9.2 Login Panel Layout.....65
 - 10.9.3 Login Panel Field Descriptions.....65
 - 10.9.4 Login Panel Field Edit Error Codes.....66
 - 10.9.5 Login Panel Extra Features.....66
 - 10.9.6 Login Panel Accessibility.....66
- 11. Claims..... 68**
 - 11.1 Claims 68**
 - 11.1.1 Claims Panel Narrative68
 - 11.1.2 Claims Panel Layout.....68
 - 11.1.3 Claims Panel Field Descriptions.....68
 - 11.1.4 Claims Panel Field Edit Error Codes.....69
 - 11.1.5 Claims Panel Extra Features.....69
 - 11.1.6 Claims Panel Accessibility.....69
 - 11.2 Claim Search 70**
 - 11.2.1 Claim Search Panel Narrative.....70
 - 11.2.2 Claim Search Panel Layout.....70
 - 11.2.3 Claim Search Panel Field Descriptions.....70
 - 11.2.4 Claim Search Panel Field Edit Error Codes.....72
 - 11.2.5 Claim Search Panel Extra Features.....73
 - 11.2.6 Claim Search Panel Accessibility.....73
 - 11.3 Dental 74**
 - 11.3.1 Dental Claim Panel Narrative.....74
 - 11.3.2 Dental Claim Panel Layout.....74
 - 11.3.3 Dental Claim Panel Field Descriptions.....76
 - 11.3.4 Dental Claim Panel Field Edit Error Codes.....81
 - 11.3.5 Dental Claim Panel Extra Features.....84
 - 11.3.6 Dental Claim Panel Accessibility.....84
 - 11.4 Institutional 87**
 - 11.4.1 Institutional Claim Panel Narrative.....87

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright © 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

- 11.4.2 Institutional Claim Panel Layout88
- 11.4.3 Institutional Claim Panel Field Descriptions91
- 11.4.4 Institutional Panel Field Edit Error Codes99
- 11.4.5 Institutional Claim Panel Extra Features104
- 11.4.6 Institutional Claim Panel Accessibility104

- 11.5 Condition Panel..... 109**
- 11.5.1 Condition Panel Narrative.....109
- 11.5.2 Condition Panel Layout109
- 11.5.3 Condition Panel Field Descriptions.....109
- 11.5.4 Condition Panel Field Edit Error Codes.....109
- 11.5.5 Condition Panel Extra Features110
- 11.5.6 Condition Panel Accessibility.....110

- 11.6 Payer..... 111**
- 11.6.1 Payer Panel Narrative111
- 11.6.2 Payer Panel Layout.....111
- 11.6.3 Payer Panel Field Descriptions.....111
- 11.6.4 Payer Panel Field Edit Error Codes111
- 11.6.5 Payer Panel Extra Features112
- 11.6.6 Payer Panel Accessibility112

- 11.7 ICD Procedures..... 114**
- 11.7.1 ICD Procedures Panel Narrative.....114
- 11.7.2 ICD Procedures Panel Layout114
- 11.7.3 ICD Procedures Panel Field Descriptions114
- 11.7.4 ICD Procedures Panel Field Edit Error Codes.....115
- 11.7.5 ICD Procedures Panel Extra Features115
- 11.7.6 ICD Procedures Panel Accessibility.....115

- 11.8 Occurrence..... 117**
- 11.8.1 Occurrence Panel Narrative117
- 11.8.2 Occurrence Panel Layout.....117
- 11.8.3 Occurrence Panel Field Descriptions.....117
- 11.8.4 Occurrence Panel Field Edit Error Codes118
- 11.8.5 Occurrence Panel Extra Features.....118
- 11.8.6 Occurrence Panel Accessibility118

- 11.9 Pharmacy..... 120**
- 11.9.1 Pharmacy Claim Panel Narrative.....120
- 11.9.2 Pharmacy Claim Panel Layout121
- 11.9.3 Pharmacy Claim Panel Field Descriptions.....122
- 11.9.4 Pharmacy Claim Panel Field Edit Error Codes.....126
- 11.9.5 Pharmacy Claim Panel Extra Features128
- 11.9.6 Pharmacy Claim Panel Accessibility.....129

- 11.10 Professional..... 131**
- 11.10.1 Professional Claim Panel Narrative.....131
- 11.10.2 Professional Claim Panel Layout132
- 11.10.3 Professional Claim Panel Field Descriptions135

- 11.10.4 Professional Claim Panel Field Edit Error Codes 142
- 11.10.5 Professional Claim Panel Extra Features 145
- 11.10.6 Professional Claim Panel Accessibility 146

- 12. Eligibility 149**

- 12.1 Eligibility Verification 149**
- 12.1.1 Eligibility Verification Request Panel Narrative..... 149
- 12.1.2 Eligibility Verification Request Panel Layout 149
- 12.1.3 Eligibility Verification Request Panel Field Descriptions 150
- 12.1.4 Eligibility Verification Request Panel Field Edit Error Codes..... 150
- 12.1.5 Eligibility Verification Request Panel Extra Features 152
- 12.1.6 Eligibility Verification Request Panel Accessibility 152

- 12.2 Recipient Application Status 153**
- 12.2.1 Recipient Application Status Panel Narrative..... 153
- 12.2.2 Recipient Application Status Panel Layout 153
- 12.2.3 Recipient Application Status Panel Field Descriptions 153
- 12.2.4 Recipient Application Status Panel Field Edit Error Codes..... 153
- 12.2.5 Recipient Application Status Panel Extra Features 153
- 12.2.6 Recipient Application Status Panel Accessibility 153

- 12.3 Recipient Information 154**
- 12.3.1 Recipient Information Panel Narrative 154
- 12.3.2 Recipient Information Panel Layout 154
- 12.3.3 Recipient Information Panel Field Descriptions 154
- 12.3.4 Recipient Information Panel Field Edit Error Codes 155
- 12.3.5 Recipient Information Panel Extra Features 155
- 12.3.6 Recipient Information Panel Accessibility 155

- 12.4 Coverage Type 156**
- 12.4.1 Coverage Type Panel Narrative 156
- 12.4.2 Coverage Type Panel Layout 156
- 12.4.3 Coverage Type Panel Field Descriptions 156
- 12.4.4 Coverage Type Panel Field Edit Error Codes..... 156
- 12.4.5 Coverage Type Panel Extra Features 156
- 12.4.6 Coverage Type Panel Accessibility 157

- 12.5 TPL 158**
- 12.5.1 TPL Panel Narrative 158
- 12.5.2 TPL Panel Layout..... 158
- 12.5.3 TPL Panel Field Descriptions 158
- 12.5.4 TPL Panel Field Edit Error Codes 159
- 12.5.5 TPL Panel Extra Features..... 159
- 12.5.6 TPL Panel Accessibility 159

- 12.6 Managed Care 160**
- 12.6.1 Managed Care Panel Narrative 160
- 12.6.2 Managed Care Panel Layout 160
- 12.6.3 Managed Care Panel Field Descriptions 160

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright © 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

12.6.4	Managed Care Panel Field Edit Error Codes.....	161
12.6.5	Managed Care Panel Extra Features	162
12.6.6	Managed Care Panel Accessibility	162
12.7	Lockin/Lockout.....	163
12.7.1	Lockin/Lockout Panel Narrative.....	163
12.7.2	Lockin/Lockout Panel Layout	163
12.7.3	Lockin/Lockout Panel Field Descriptions.....	163
12.7.4	Lockin/Lockout Panel Field Edit Error Codes.....	163
12.7.5	Lockin/Lockout Panel Extra Features	163
12.7.6	Lockin/Lockout Panel Accessibility.....	164
12.8	Benefit Limits.....	165
12.8.1	Benefit Limits Panel Narrative	165
12.8.2	Benefit Limits Panel Layout.....	165
12.8.3	Benefit Limits Panel Field Descriptions	165
12.8.4	Benefit Limits Panel Field Edit Error Codes	165
12.8.5	Benefit Limits Panel Extra Features.....	165
12.8.6	Benefit Limits Panel Accessibility	165
12.9	Dental Benefit Limits.....	167
12.9.1	Dental Benefit Limits Panel Narrative	167
12.9.2	Dental Benefit Limits Panel Layout.....	167
12.9.3	Dental Benefit Limits Panel Field Descriptions	167
12.9.4	Dental Benefit Limits Panel Field Error Codes	167
12.9.5	Dental Benefit Limits Panel Extra Features.....	168
12.9.6	Dental Benefit Limits Panel Accessibility	168
12.10	EPSDT Screening Dates	169
12.10.1	EPSDT Screening Dates Panel Narrative	169
12.10.2	EPSDT Screening Dates Panel Layout.....	169
12.10.3	EPSDT Screening Dates Panel Field Descriptions.....	169
12.10.4	EPSDT Screening Dates Panel Field Edit Error Codes	169
12.10.5	EPSDT Screening Dates Panel Extra Features.....	169
12.10.6	EPSDT Screening Dates Panel Accessibility	169
12.11	LTC/Waiver.....	171
12.11.1	LTC/Waiver Panel Narrative.....	171
12.11.2	LTC/Waiver Panel Layout	171
12.11.3	LTC/Waiver Panel Field Descriptions.....	171
12.11.4	LTC/Waiver Panel Field Edit Error Codes.....	171
12.11.5	LTC/Waiver Panel Extra Features	171
12.11.6	LTC/Waiver Panel Accessibility.....	171
12.12	Maternity Waiver.....	172
12.12.1	Maternity Waiver Panel Narrative.....	172
12.12.2	Maternity Waiver Panel Layout.....	172
12.12.3	Maternity Waiver Panel Field Descriptions	172
12.12.4	Maternity Waiver Panel Field Edit Error Codes.....	172
12.12.5	Maternity Waiver Panel Extra Features.....	172

- 12.12.6 Maternity Waiver Panel Accessibility 172
- 12.13 Long Term Care Liability 173**
 - 12.13.1 Long Term Care Liability Panel Narrative 173
 - 12.13.2 Long Term Care Liability Panel Layout..... 173
 - 12.13.3 Long Term Care Liability Panel Field Descriptions 173
 - 12.13.4 Long Term Care Liability Panel Field Edit Error Codes 173
 - 12.13.5 Long Term Care Liability Panel Extra Features..... 173
 - 12.13.6 Long Term Care Liability Panel Accessibility 173
- 12.14 Service Type/Co-Pay Search Results..... 174**
 - 12.14.1 Service Type/Co-Pay Search Results Panel Narrative 174
 - 12.14.2 Service Type/Co-Pay Search Results Panel Layout 174
 - 12.14.3 Service Type/Co-Pay Search Results Panel Field Descriptions 174
 - 12.14.4 Service Type/Co-Pay Search Results Panel Field Edit Error Codes. 175
 - 12.14.5 Service Type/Co-Pay Search Results Panel Extra Features 175
 - 12.14.6 Service Type/Co-Pay Search Results Panel Accessibility 175
- 12.15 HouseHold Inquiry..... 176**
 - 12.15.1 HouseHold Inquiry Panel Narrative 176
 - 12.15.2 HouseHold Inquiry Panel Layout..... 176
 - 12.15.3 HouseHold Inquiry Panel Field Descriptions..... 176
 - 12.15.4 HouseHold Inquiry Panel Field Edit Error Codes 176
 - 12.15.5 HouseHold Inquiry Panel Extra Features 177
 - 12.15.6 HouseHold Inquiry Panel Accessibility 177
- 12.16 HouseHold Inquiry Search Results 178**
 - 12.16.1 Search Results Panel Narrative 178
 - 12.16.1 Search Results Panel Layout..... 178
 - 12.16.2 Search Results Panel Field Descriptions 178
 - 12.16.3 Search Results Panel Field Edit Error Codes 178
 - 12.16.4 Search Results Panel Extra Features..... 178
 - 12.16.5 Search Results Panel Accessibility 179
- 12.17 MCO Information 180**
 - 12.17.1 MCO Information Panel Narrative 180
 - 12.17.2 MCO Information Panel Layout 180
 - 12.17.3 MCO Information Panel Descriptions..... 180
 - 12.17.4 MCO Information Panel Field Edit Error Codes 180
 - 12.17.5 MCO Information Panel Extra Features 180
 - 12.17.6 MCO Information Panel Accessibility 181
- 12.18 Hospice Election 182**
 - 12.18.1 Hospice Election Panel Narrative 182
 - 12.18.2 Hospice Election Panel Layout..... 182
 - 12.18.3 Hospice Election Panel Descriptions 182
 - 12.18.4 Hospice Election Panel Field Edit Error Codes 182
 - 12.18.5 Hospice Election Panel Extra Features 182
 - 12.18.6 Hospice Election Panel Accessibility 182

13. Trade Files	183
13.1 Download	183
13.1.1 File Download Search Narrative.....	183
13.1.2 File Download Search and Results Layout.....	183
13.1.3 File Download Search Field Descriptions.....	185
13.1.4 File Download Search Field Edit Error Codes.....	187
13.1.5 File Download Search Extra Features.....	187
13.1.6 File Download Search Accessibility.....	187
13.2 Current Files Available for Download	188
13.2.1 Current Files Available for Download Panel Narrative.....	188
13.2.2 Current Files Available for Download Panel Layout.....	188
13.2.3 Current Files Available for Download Panel Field Descriptions.....	188
13.2.4 Current Files Available for Download Panel Field Edit Error Codes.....	189
13.2.5 Current Files Available for Download Panel Extra Features.....	189
13.2.6 Current Files Available for Download Panel Accessibility.....	189
13.3 Upload	190
13.3.1 File Upload Panel Narrative.....	190
13.3.2 File Upload Panel Layout.....	190
13.3.3 File Upload Panel Field Descriptions.....	190
13.3.4 File Upload Panel Field Edit Error Codes.....	190
13.3.5 File Upload Panel Extra Features.....	191
13.3.6 File Upload Panel Accessibility.....	191
13.4 Uploaded Files	192
13.4.1 Uploaded Files Panel Narrative.....	192
13.4.2 Uploaded Files Panel Layout.....	192
13.4.3 Uploaded Files Panel Field Descriptions.....	192
13.4.4 Uploaded Files Panel Field Edit Error Codes.....	192
13.4.5 Uploaded Files Panel Extra Features.....	192
13.4.6 Uploaded Files Panel Accessibility.....	193
13.5 Claim Level Detail	194
13.5.1 Claim Level Detail Panel Narrative.....	194
13.5.2 Claim Level Detail Panel Layout.....	194
13.5.3 Claim Level Detail Panel Field Descriptions.....	194
13.5.4 Claim Detail Level Panel Field Edit Error Codes.....	197
13.5.5 Claim Level Detail Panel Extra Features.....	197
13.5.6 Claim Level Detail Panel Accessibility.....	197
13.6 Forms Panel Overview	198
13.6.1 Forms Panel Narrative.....	198
13.6.2 Forms Panel Layout.....	198
13.6.3 Forms Panel Field Descriptions.....	198
13.6.4 Forms Panel Field Edit Error Codes.....	199
13.6.5 Forms Panel Extra Features.....	200
13.6.6 Forms Panel Accessibility.....	200

- 14. Case Management 202**
- 14.1 Payment Search 202**
 - 14.1.1 Payment Search Panel Narrative 202
 - 14.1.2 Payment Search Panel Layout 202
 - 14.1.3 Payment Search Panel Field Descriptions 202
 - 14.1.4 Payment Search Panel Field Edit Error Codes 204
 - 14.1.5 Payment Search Panel Extra Features 204
 - 14.1.6 Payment Search Panel Accessibility 204
- 14.2 Payment Detail 205**
 - 14.2.1 Payment Detail Panel Narrative 205
 - 14.2.2 Payment Detail Panel Layout 205
 - 14.2.3 Payment Detail Panel Field Descriptions 205
 - 14.2.4 Payment Detail Panel Field Edit Error Codes 208
 - 14.2.5 Payment Detail Panel Extra Features 208
 - 14.2.6 Payment Detail Panel Accessibility 209
- 14.3 Activity Detail 210**
 - 14.3.1 Activity Detail Panel Narrative 210
 - 14.3.2 Activity Detail Panel Layout 210
 - 14.3.3 Activity Detail Panel Field Descriptions 210
 - 14.3.4 Activity Detail Panel Field Edit Error Codes 212
 - 14.3.5 Activity Detail Panel Extra Features 212
 - 14.3.6 Activity Detail Panel Accessibility 212
- 14.4 Activity Maintenance 213**
 - 14.4.1 Activity Maintenance Panel Narrative 213
 - 14.4.2 Activity Maintenance Panel Layout 213
 - 14.4.3 Activity Detail Panel Field Descriptions 213
 - 14.4.4 Activity Maintenance Panel Field Edit Error Codes 213
 - 14.4.5 Activity Maintenance Panel Extra Features 213
 - 14.4.6 Activity Maintenance Panel Accessibility 214
- 14.5 Activity Messages 215**
 - 14.5.1 Activity Messages Panel Narrative 215
 - 14.5.2 Activity Messages Panel Layout 215
 - 14.5.3 Activity Messages Panel Field Descriptions 215
 - 14.5.4 Activity Messages Panel Field Edit Error Codes 216
 - 14.5.5 Activity Messages Panel Extra Features 216
 - 14.5.6 Activity Messages Panel Accessibility 216
- 14.6 Activity Search 217**
 - 14.6.1 Activity Search Panel Narrative 217
 - 14.6.2 Activity Search Panel Layout 217
 - 14.6.3 Activity Search Panel Field Descriptions 217
 - 14.6.4 Activity Search Panel Field Edit Error Codes 219
 - 14.6.5 Activity Search Panel Extra Features 219
 - 14.6.6 Activity Search Panel Accessibility 219

- 14.7 Related History 220**
 - 14.7.1 Related History Panel Narrative220
 - 14.7.2 Related History Panel Layout.....220
 - 14.7.3 Related History Panel Field Descriptions220
 - 14.7.4 Related History Panel Field Edit Error Codes220
 - 14.7.5 Related History Panel Extra Features.....220
 - 14.7.6 Related History Panel Accessibility220

- 14.8 Related Payment 222**
 - 14.8.1 Related Payment Panel Narrative222
 - 14.8.2 Related Payment Panel Layout.....222
 - 14.8.3 Related Payment Panel Field Descriptions222
 - 14.8.4 Related Payment Panel Field Edit Error Codes223
 - 14.8.5 Related Payment Panel Extra Features.....223
 - 14.8.6 Related Payment Panel Accessibility223

- 15. Prior Authorization 225**
 - 15.1 Prior Authorization Search..... 225**
 - 15.1.1 Prior Authorization Search Panel Narrative.....225
 - 15.1.2 Prior Authorization Search Panel Layout225
 - 15.1.3 Prior Authorization Search Panel Field Descriptions226
 - 15.1.4 Prior Authorization Search Panel Field Edit Error Codes.....227
 - 15.1.5 Prior Authorization Search Panel Extra Features227
 - 15.1.6 Prior Authorization Search Panel Accessibility.....227

 - 15.2 Prior Authorization Search Results 229**
 - 15.2.1 Search Results Panel Narrative229
 - 15.2.2 Search Results Panel Layout.....229
 - 15.2.3 Search Results Panel Field Descriptions229
 - 15.2.4 Search Results Panel Field Edit Error Codes230
 - 15.2.5 Search Results Panel Extra Features.....230
 - 15.2.6 Search Results Panel Accessibility230

 - 15.3 Prior Authorization Submit 231**
 - 15.3.1 Prior Authorization Submit Panel Narrative231

 - NOTE: 231**
 - 15.3.2 Prior Authorization Submit Panel Layout.....231
 - 15.3.3 Prior Authorization Submit Field Descriptions232
 - 15.3.4 Prior Authorization Submit Panel Field Edit Error Codes236
 - 15.3.5 Prior Authorization Submit Panel Extra Features.....239
 - 15.3.6 Prior Authorization Submit Panel Accessibility239

 - 15.4 Prior Authorization Submit - Base Information Panel..... 241**
 - 15.4.1 Prior Authorization Submit - Base Information Panel Narrative.....241
 - 15.4.2 Prior Authorization Submit - Base Information Panel Layout241
 - 15.4.3 Prior Authorization Submit - Base Information Panel Field Descriptions241

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright © 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

15.4.4	Prior Authorization Submit - Base Information Panel Field Edit Error Codes	242
15.4.5	Prior Authorization Submit - Base Information Panel Extra Features	242
15.4.6	Prior Authorization Submit - Base Information Panel Accessibility	243
15.5	Prior Authorization Submit - Line Item Panel	244
15.5.1	Prior Authorization Submit - Line Item Panel Narrative	244
15.5.2	Prior Authorization Submit - Line Item Panel Layout	244
15.5.3	Prior Authorization Submit - Line Item Panel Field Descriptions	245
15.5.4	Prior Authorization Submit - Line Item Panel Field Edit Error Codes	247
15.5.5	Prior Authorization Submit - Line Item Panel Extra Features	250
15.5.6	Prior Authorization Submit - Line Item Panel Accessibility	250
15.6	Prior Authorization Submit New – Analyst Remarks Panel	252
15.6.1	Prior Authorization Submit New – Analyst Remarks Panel Narrative	252
15.6.2	Prior Authorization Submit New – Analyst Remarks Panel Layout	252
15.6.3	Prior Authorization Submit New – Analyst Remarks Panel Field Descriptions	252
15.6.4	Prior Authorization Submit New – Analyst Remarks Panel Field Edit Error Codes	252
15.6.5	Prior Authorization Submit New – Analyst Remarks Panel Extra Features	252
15.6.6	Prior Authorization Submit – Analyst Remarks Panel Accessibility	252
15.7	Prior Authorization Submit New – Notes Panel	254
15.7.1	Prior Authorization Submit New – Notes Panel Narrative	254
15.7.2	Prior Authorization Submit New – Notes Panel Layout	254
15.7.3	Prior Authorization Submit New – Notes Panel Field Descriptions	254
15.7.4	Prior Authorization Submit New – Notes Panel Field Edit Error Codes	255
15.7.5	Prior Authorization Submit New – Notes Panel Extra Features	255
15.7.6	Prior Authorization Submit New – Notes Panel Accessibility	255
15.8	Prior Authorization Submit - Attachments	257
15.8.1	Prior Authorization Submit - Attachments Panel Narrative	257
15.8.2	Prior Authorization Submit - Attachments Panel Layout	257
15.8.3	Prior Authorization Submit - Attachments Panel Field Descriptions	257
15.8.4	Prior Authorization Submit - Attachments Panel Field Edit Error Codes	258
15.8.5	Prior Authorization Submit - Attachments Panel Extra Features	258
15.8.6	Prior Authorization Submit - Attachments Panel Accessibility	258
16.	Provider Maintenance	260
16.1	Provider Maintenance Panel Overview	260
16.1.1	Provider Maintenance Panel Narrative	260

- 16.1.2 Provider Maintenance Panel Layout.....260
- 16.1.3 Provider Maintenance Panel Field Descriptions260
- 16.1.4 Provider Maintenance Panel Field Edit Error Codes260
- 16.1.5 Provider Maintenance Panel Extra Features.....261
- 16.1.6 Provider Maintenance Panel Accessibility261
- 16.2 Provider Location Contact Information Panel Overview 262**
 - 16.2.1 Provider Location Contact Information Panel Narrative.....262
 - 16.2.2 Provider Location Contact Information Panel Layout262
 - 16.2.3 Provider Location Contact Information Panel Field Descriptions.....262
 - 16.2.4 Provider Location Contact Information Panel Field Edit Error Codes
263
 - 16.2.5 Provider Location Contact Information Panel Extra Features264
 - 16.2.6 Provider Location Contact Information Panel Accessibility.....264
- 16.3 Provider Payer Information Panel Overview 265**
 - 16.3.1 Provider Payer Information Panel Narrative265
 - 16.3.2 Provider Payer Information Panel Layout.....265
 - 16.3.3 Provider Payer Information Panel Field Descriptions.....265
 - 16.3.4 Provider Payer Information Panel Field Edit Error Codes266
 - 16.3.5 Provider Payer Information Panel Extra Features.....266
 - 16.3.6 Provider Payer Information Panel Accessibility266
- 16.4 Provider Language Panel Overview 268**
 - 16.4.6 Provider Language Panel Narrative268
 - 16.4.7 Provider Language Panel Layout.....268
 - 16.4.8 Provider Language Panel Field Descriptions268
 - 16.4.9 Provider Language Panel Field Edit Error Codes268
 - 16.4.10 Provider Language Panel Extra Features.....269
 - 16.4.11 Provider Language Panel Accessibility269
- 17. Provider Look Up Search 270**
 - 17.1 Provider Look Up Search Panel Narrative..... 270**
 - 17.1.1 Provider Look Up Panel Layout.....270
 - 17.1.2 Provider Look Up Search Panel Field Descriptions.....270
 - 17.1.3 Provider Look Up Search Panel Field Edit Error Codes.....271
 - 17.1.4 Provider Look Up Search Panel Extra Features271
 - 17.1.5 Provider Look Up Search Panel Accessibility.....271
- 18. Consent Form Search..... 272**
 - 18.1 Consent Form Search Panel Overview 272**
 - 18.1.1 Consent Form Search Panel Narrative272
 - 18.1.2 Consent Form Search Panel Layout.....272
 - 18.1.3 Consent Form Search Panel Field Descriptions272
 - 18.1.4 Consent Form Search Panel Field Edit Error Codes273
 - 18.1.5 Consent Form Search Panel Extra Features.....273
 - 18.1.6 Consent Form Search Panel Accessibility273

- 19. Search Pop-Up Panels 274**
- 19.1 Admission Type Search..... 275**
 - 19.1.1 Admission Type Search Panel Narrative275
 - 19.1.2 Admission Type Search Panel Layout275
 - 19.1.3 Admission Type Search Panel Field Descriptions275
 - 19.1.4 Admission Type Search Panel Field Edit Error Codes276
 - 19.1.5 Admission Type Search Panel Extra Features.....276
 - 19.1.6 Admission Type Search Panel Accessibility276
- 19.2 Carrier Code Search 277**
 - 19.2.1 Carrier Code Search Panel Narrative.....277
 - 19.2.2 Carrier Code Search Panel Layout277
 - 19.2.3 Carrier Code Search Panel Field Descriptions.....277
 - 19.2.4 Carrier Code Search Panel Field Edit Error Codes.....278
 - 19.2.5 Carrier Code Search Panel Extra Features278
 - 19.2.6 Carrier Code Search Panel Accessibility.....278
- 19.3 Condition Search 280**
 - 19.3.1 Condition Search Panel Narrative280
 - 19.3.2 Condition Search Panel Layout.....280
 - 19.3.3 Condition Search Panel Field Descriptions280
 - 19.3.4 Condition Search Panel Field Edit Error Codes281
 - 19.3.5 Condition Search Panel Extra Features.....281
 - 19.3.6 Condition Search Panel Accessibility281
- 19.4 Diagnosis Search 282**
 - 19.4.1 Diagnosis Search Panel Narrative282
 - 19.4.2 Diagnosis Search Panel Layout282
 - 19.4.3 Diagnosis Search Panel Field Descriptions282
 - 19.4.4 Diagnosis Search Panel Field Edit Error Codes.....283
 - 19.4.5 Diagnosis Search Panel Extra Features283
 - 19.4.6 Diagnosis Search Panel Accessibility283
- 19.5 Drug Search Panel Narrative..... 284**
 - 19.5.1 Drug Search Panel Layout.....284
 - 19.5.2 Drug Search Panel Field Descriptions284
 - 19.5.3 Drug Search Panel Field Edit Error Codes284
 - 19.5.4 Drug Search Panel Extra Features.....285
 - 19.5.5 Drug Search Panel Accessibility285
- 19.6 Modifiers Search 286**
 - 19.6.1 Modifiers Search Panel Narrative286
 - 19.6.2 Modifiers Search Panel Layout286
 - 19.6.3 Modifiers Search Panel Field Descriptions286
 - 19.6.4 Modifiers Search Panel Field Edit Error Codes.....287
 - 19.6.5 Modifiers Search Panel Extra Features287
 - 19.6.6 Modifiers Search Panel Accessibility287
- 19.7 NDC Search 288**

- 19.7.1 NDC Search Panel Narrative288
- 19.7.2 NDC Search Panel Layout.....288
- 19.7.3 NDC Search Panel Field Descriptions288
- 19.7.4 NDC Search Panel Field Edit Error Codes289
- 19.7.5 NDC Search Panel Extra Features.....289
- 19.7.6 NDC Search Panel Accessibility289

- 19.8 Occurrence Code Search 290**
- 19.8.1 Occurrence Code Search Panel Narrative.....290
- 19.8.2 Occurrence Search Panel Layout290
- 19.8.3 Occurrence Search Panel Field Descriptions290
- 19.8.4 Occurrence Code Search Panel Field Edit Error Codes.....291
- 19.8.5 Occurrence Code Search Panel Extra Features291
- 19.8.6 Occurrence Code Search Panel Accessibility.....291

- 19.9 Patient Status Search..... 292**
- 19.9.1 Patient Status Search Panel Narrative.....292
- 19.9.2 Patient Status Search Panel Layout292
- 19.9.3 Patient Status Search Panel Field Descriptions292
- 19.9.4 Patient Status Search Panel Field Edit Error Codes293
- 19.9.5 Patient Status Search Panel Extra Features293
- 19.9.6 Patient Status Search Panel Accessibility293

- 19.10 POS Search 294**
- 19.10.1 POS Search Panel Narrative.....294
- 19.10.2 POS Search Panel Layout.....294
- 19.10.3 POS Search Panel Field Descriptions.....294
- 19.10.4 POS Search Panel Field Edit Error Codes.....295
- 19.10.5 POS Search Panel Extra Features295
- 19.10.6 POS Search Panel Accessibility.....295

- 19.11 Prescriber License Search 296**
- 19.11.1 Prescriber License Search Panel Narrative296
- 19.11.2 Prescriber License Search Panel Layout296
- 19.11.3 Prescriber License Search Panel Field Descriptions296
- 19.11.4 Prescriber License Search Panel Field Edit Error Codes.....297
- 19.11.5 Prescriber License Search Panel Extra Features297
- 19.11.6 Prescriber License Search Panel Accessibility297

- 19.12 Procedure Search..... 298**
- 19.12.1 Procedure Search Panel Narrative298
- 19.12.2 Procedure Search Panel Layout.....298
- 19.12.3 Procedure Search Panel Field Descriptions298
- 19.12.4 Procedure Search Panel Field Edit Error Codes299
- 19.12.5 Procedure Search Panel Extra Features.....299
- 19.12.6 Procedure Search Panel Accessibility299

- 19.13 Procedure ICDSearch 300**
- 19.13.1 Procedure ICD Search Panel Narrative300
- 19.13.2 Procedure ICD Search Panel Layout.....300

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright © 2020 American Medical Association and © 2020 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

19.13.3	Procedure ICD Search Panel Field Descriptions	300
19.13.4	Procedure ICD Search Panel Field Edit Error Codes	301
19.13.5	Procedure ICD Search Panel Extra Features.....	301
19.13.6	Procedure ICD Search Panel Accessibility	301
19.14	Provider ID Search	302
19.14.1	Provider ID Search Panel Narrative.....	302
19.14.2	Provider ID Search Panel Layout	302
19.14.3	Provider ID Search Panel Field Descriptions	302
19.14.4	Provider ID Search Panel Field Edit Error Codes.....	303
19.14.5	Provider ID Search Panel Extra Features	303
19.14.6	Provider ID Search Panel Accessibility.....	303
19.15	Quadrant Search.....	304
19.15.1	Quadrant Search Panel Narrative	304
19.15.2	Quadrant Search Panel Layout.....	304
19.15.3	Quadrant Search Panel Field Descriptions	304
19.15.4	Quadrant Search Panel Field Edit Error Codes	305
19.15.5	Quadrant Search Panel Extra Features.....	305
19.15.6	Quadrant Search Panel Accessibility	305
19.16	Revenue Code Search.....	306
19.16.1	Revenue Code Search Panel Narrative	306
19.16.2	Revenue Code Search Panel Layout.....	306
19.16.3	Revenue Code Search Panel Field Descriptions.....	306
19.16.4	Revenue Code Search Panel Field Edit Error Codes	307
19.16.5	Revenue Code Search Panel Extra Features	307
19.16.6	Revenue Code Search Panel Accessibility	307
19.17	Tooth Search.....	308
19.17.1	Tooth Search Panel Narrative.....	308
19.17.2	Tooth Search Panel Layout	308
19.17.3	Tooth Search Panel Field Descriptions.....	308
19.17.4	Tooth Search Panel Field Edit Error Codes.....	309
19.17.5	Tooth Search Panel Extra Features	309
19.17.6	Tooth Search Panel Accessibility.....	309
19.18	User Name Search	310
19.18.1	User Name Search Panel Narrative	310
19.18.2	User Name Search Panel Layout.....	310
19.18.3	User Name Search Panel Field Descriptions	310
19.18.4	User Name Search Panel Field Edit Error Codes	310
19.18.5	User Name Search Panel Extra Features.....	311
19.18.6	User Name Search Panel Accessibility	311
19.19	Group Member Provider ID Search.....	312
19.19.1	Group Member Provider ID Search Panel Narrative	312
19.19.2	Group Member Provider ID Search Panel Layout.....	312
19.19.3	Group Member Provider ID Search Panel Field Descriptions	312
19.19.4	Group Member Provider ID Search Panel Field Edit Error Codes	313

19.19.5	Group Member Provider ID Search Panel Extra Features.....	313
19.19.6	Group Member Provider ID Search Panel Accessibility	313
20.	Provider Look Up Search	315
20.1	Provider Look Up Search Panel Narrative.....	315
20.1.1	Provider Look Up Panel Layout.....	315
20.1.2	Provider Look Up Search Panel Field Descriptions.....	315
20.1.3	Provider Look Up Search Panel Field Edit Error Codes.....	316
20.1.4	Provider Look Up Search Panel Extra Features	316
20.1.5	Provider Look Up Search Panel Accessibility.....	316
21.	Help.....	317

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:	42.0
Location:	https://pwb.alxix.slg.edcs.com/alxix/Subsystem/utills/DocDescription.asp?Folder=../../Business%20Design/UserManuals/EVCM_UM/WebUser
Owner:	DXC/Agency
Author:	Web Portal Team
Approved by:	Clay Gaddis
Approval Date:	12/14/2012

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 Hataway	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 Hataway	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 Hataway	Responding to Agency comments received 11/10/2011.	Comments 1-17

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
			Added additional 5010 EIP Change Orders	CO 8656 – Length of Medical record is increased to 50 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

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				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.

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				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.
01/02/2014	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.

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
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 hte addition of the 'Checkwrite Date' field. CO 12163 – Home page – update layout
07/21/2015	18.0	M. Spear	Application of CO 12475	Additon of the 13.6 PRCO Information panel.
01/14/2016	19.0	M. Spear	Application of CO 12410	Additon of section 19 PMP Dismiss
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 Satus Panel layout replaced CO 12579 Section 15.5.4 – Prior Authorization Submit – Line Item Panel Field Edit Error Codes – Add Line Item CO 12314 Section 15.5 Prior Authorization Submit – Line Item Panel – replaced layout, added Reason field description, and extra feature. Section 15.3.Prior Authorizatin Submit Panel- updated layout, field descriptions

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				<p>Section 15.6 – added new section: Prior Authorization Submit New – Analyst Remarks Panel</p> <p>CO 12588</p> <p>Section 18.1.3 PMP Assignment Panel – update field edit error codes</p> <p>CO 13290</p> <p>Section 20 PMP Dismiss Panel – Update panel layout and field descriptions</p> <p>CO 13378</p> <p>12.10 Pharmacy Claim panel – update data type for Prescription Number field.</p>
07/19/2016	21.0	Marcia Spear	Application of CO 13031	<p>Section 4.3.1 User Roles</p> <p>Section 14.6 Forms Panel Narrative, Field Descriptions, and step action table.</p>
09/16/2016	22.0	Marcia Spear	Application of COs 13438 and 12056	<p>13438 – 12.5 Institutional Claim panel – update layout and field descriptions</p> <p>12056 – 12.4 Dental Claim panel - Update field edit error messages</p> <p>12.5 Institutional Claim panel - Update field edit error messages</p> <p>12.11 Professional Claim panel - Update field edit error messages</p>
09/26/2016	23.0	Marcia Spear	Application of RCO Production COs	<p>CO 13030</p> <p>13.18 PRCO Information Panel – change to MCO Panel</p> <p>CO 13033</p> <p>12.2 Claim Search Panel – modify panel layout and field description table</p> <p>CO 13032</p> <p>15.1 Prior Authorization Search Panel – replace panel layout</p> <p>15.3 Prior Authjorization Submit Panel - modifyField Edit Error Messages</p> <p>15.5 Prior Authjorization Submit – Line ItemPanel - modifyField Edit Error Messages</p>

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
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 informaton.	CO 14038 12.5 Instituional Claim Panel – updated layout, field descriptions, and field edit error messages CO 13914 12.5 Instituional 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

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
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

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				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

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
			Application of CO 14737	Insittutional 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 Eligiblity 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

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

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

3.1 Audience

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

3.2 Purpose

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

3.3 Applications

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

3.4 Supporting Documentation

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

3.5 Content Changes

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

4. Interactive Services Website Navigation

4.1 Web Browser Setup

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

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

NOTE:

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

4.1.1 Navigation Buttons

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

4.1.2 Screen Display Features

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

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

4.1.3 To Set System Text Size

To set system text size, perform the following steps:

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

4.2 Web Address

The address to access the Interactive Services website is:

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

4.3 Users

4.3.1 User Roles

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

- Guests
- Providers
- Clerks
- Trading Partners

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

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

Feature	Guests	Providers	Clerks*	Trading Partners	OPR Providers	ACHN Providers
Professional		✓	✓			
Eligibility		✓	✓			✓
Eligibility Verification		✓	✓			✓
HouseHold Inquiry		✓	✓			✓
Trade Files		✓	✓	✓	✓	✓
Download		✓	✓	✓		✓
Upload				✓		
Forms			✓	✓	✓	
Prior Authorization		✓	✓			
Search		✓	✓			
New		✓	✓			
Providers		✓				
Case Mgmt						✓
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 DXC 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.

4.3.2.1 Resetting Passwords

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

4.4 Application Lists

The following features are available through the website:

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

This option...	Does this...
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 Internet Explorer located on your workstation.	Internet Explorer launches.
2	Enter https://www.medicaid.alabamaservices.org/ALPortal ; press Enter key on your keyboard.	Home page of the Interactive Services website displays.

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

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

NOTE:

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

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

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

4.7 Login

4.7.1 Login Panel Narrative

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

Navigation Path: [Account] – [Secure Site]

4.7.2 Login Panel Layout

4.7.3 Login Panel Field Descriptions

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

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

4.7.4 Login Panel Field Edit Error Codes

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

4.7.5 Login Panel Extra Features

Field	Field Type
No extra features found for this panel.	

4.7.6 Login Panel Accessibility

4.7.6.1 To Access the Login Panel

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

4.7.6.2 To Add on the Login Panel

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

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:

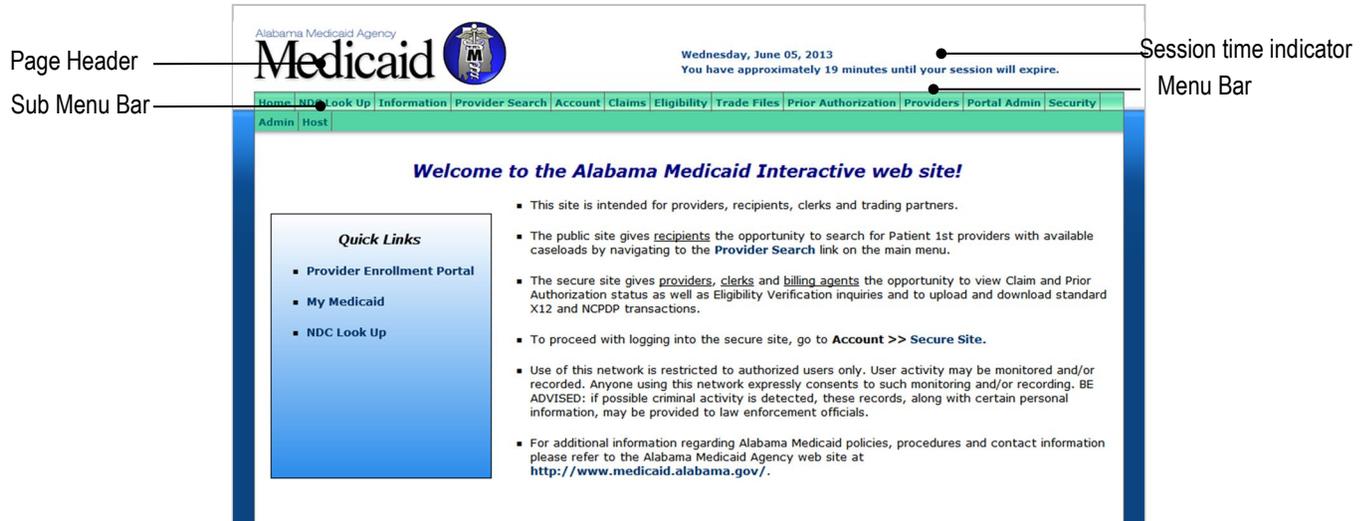
- Page
- Page Header
- Main Menu
- Sub Menu
- Search Panel
- Data List Panel
- Mini Search Panel
- Pop Up Search Panel
- Panel

5.1 Page Layout

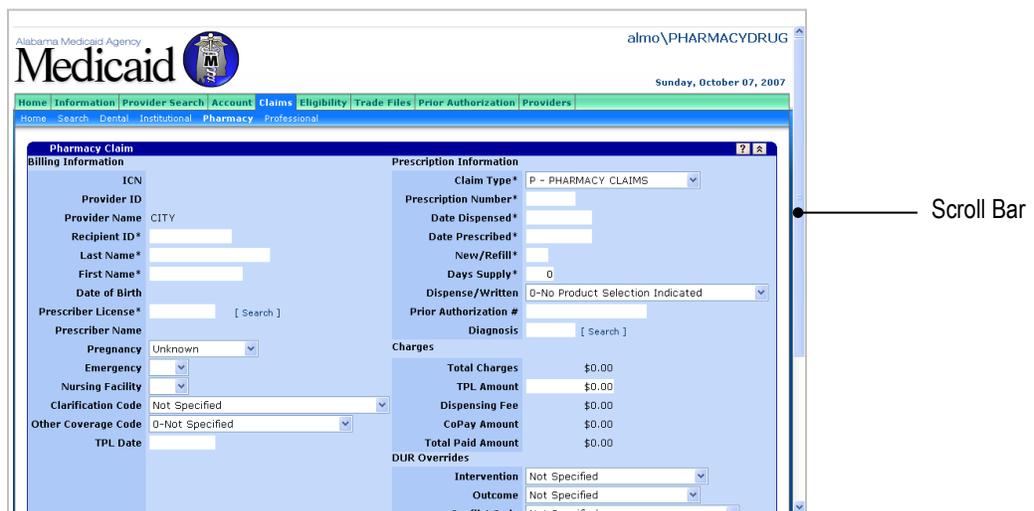
A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed a Main Menu bar, a Sub Menu bar, and any associated panels.

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.

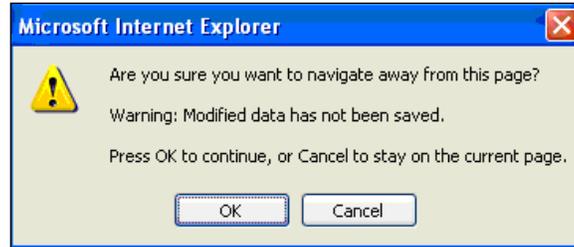
Beneath the Main Menu bar is the Sub Menu bar of horizontal links that open an associated page within the system. The Sub Menu bar appears in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.



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

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	

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

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.

Operating Physician [Close]

Search ? ^

Provider ID *

Address

City, State

Zip, 4

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.

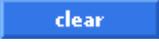
All of the Pop Up Search panels are described in detail in Chapter 14.

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.

Info Panel Narrative

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

Navigation Path: [Providers]

6.1 Info Panel Layout

Provider ID: ████████ 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

6.1.1 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

6.1.2 Info Panel Field Edit Error Codes

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

6.1.3 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.

6.1.4 Info Panel Accessibility

6.1.4.1 To Access the Info Panel

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

6.2 Messages

6.2.1 Messages Panel Narrative

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

Navigation Path: [Providers]

6.2.2 Messages Panel Layout

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

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

6.2.3 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

6.2.4 Messages Panel Field Edit Error Codes

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

6.2.5 Messages Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.2.6 Messages Panel Accessibility

6.2.6.1 To Access the Messages Panel

Step	Action	Response
1	Click Providers .	Providers 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

Home | NDC Look Up | Information | Provider Search | Account | Claims | Eligibility | Trade Files | Prior Authorization | Providers | Portal Admin | Security | Admin

Host

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

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.	

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

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 Narrative

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

Navigation Path: [NDC LookUp]

8.1.1 NDC Look Up Panel Layout

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	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

8.1.2 NDC Look Up Search Panel Field Descriptions

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

8.1.3 NDC Look Up Search Panel Field Edit Error Codes

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

8.1.4 NDC Look Up Search Panel Extra Features

Field	Field Type
Drug Name	Search Hyperlink appears after the Drug Name.
Search	Main Search Button of the Panel.

Field	Field Type
-------	------------

A 'pop-up' search panel allows the user to search for field data without leaving the page. By clicking the [Search] hyperlink, the user accesses the search panel that is associated with that particular field.

8.1.5 NDC Look Up Search Panel Accessibility

8.1.5.1 To Access the NDC Look Up Panel

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

8.1.5.2 To Search on the NDC Look Up Search Panel

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

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 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.

8.2.5 Drug Information Status Date Panel Extra Features

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

8.2.6 Drug Information Status Date Panel Accessibility

8.2.6.1 To Access the Drug Information Status Date Results Panel

Step	Action	Response
1	Enter search criteria and click 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.

Step	Action	Response
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

setup account

Required fields are indicated with an asterisk (*).

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

submit

cancel

NOTE:

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

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

Field	Description	Field Type	Data Type	Length
Confirm Password	Enter the password again to confirm.	Field	Alphanumeric	30
Contact First Name	Enter the first name of the account user.	Field	Character	50
Contact Last Name	Enter the last name of the account user.	Field	Character	50
Email	Enter the email address of the account user.	Field	Character	50
Login ID	Enter the login identification.	Field	Alphanumeric	10
Password	Enter the password for User account. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none"> ▪ 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 – AL, FL, GA, MS and TN (334) 215-0111 – All other locations	Contact the EMC Help Desk for further assistance.

Field	Error Message	To Correct
1st Answer	1st Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field contains only alphanumeric A-Z and 0-9 and blank spaces.
	1st Answer is required.	Enter an answer that corresponds with the 1 st Secret Question entered.
1st Secret Question	1st Secret Question is required.	Enter the 1 st Secret Question.
2nd Answer	2nd Answer cannot contain other than [A-Z/a-z/0-9] and blank spaces.	Ensure that the field contains only alphanumeric A-Z and 0-9 and blank spaces.
	2nd Answer is required when Secret question2 is entered.	Please check whether the Secret Answer 2 is filled.
2nd Secret Question	2nd Secret Question is required when Secret answer2 is entered.	Please check whether the 2nd secret Question is filled.
Confirm Email	Confirm Email contains an invalid value.	Re-enter a valid email address.
	Confirm Email is required.	Re-enter a valid email address.
	Email must be same as Confirm Email.	Check whether the Email and Confirm Email values are typed the same.
	Confirm Email is invalid for a Email type value.	Re-enter a valid email address.
Confirm Password	Password must be same as Confirm Password.	Check whether the Password and Confirm Password values are typed the same.
	Confirm Password is required.	Re-enter the password.
Contact First Name	First Name is required.	Enter the contact's first name.
Contact Last Name	Last Name is required.	Enter the contact's last name.
Email	Email is invalid for a Email type value.	Enter a valid email address.
	Email contains an invalid value.	Enter a valid email address.
	Email is required.	Enter the contact's email address.
Password	Password is required.	Enter a password.
	The new password does not meet the security requirements of the domain. Please refer to the field help on the New Password field for requirements and try again.	Ensure the format of the password is correct. Format requirements are noted within the help text for the Password field.
Phone Number	Phone Number contains an invalid value.	Enter the contact's phone number.

Field	Error Message	To Correct
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
No extra features found for this panel.	

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 .	

Step	Action	Response
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 Account Maintenance

10.2.1 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.

10.2.2 Account Maintenance Panel Layout

NOTE:

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

10.2.3 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

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

10.2.4 Account Maintenance Panel Field Edit Error Codes

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

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

10.2.5 Account Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.2.6 Account Maintenance Panel Accessibility

10.2.6.1 To Access the Account Maintenance Panel

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

10.2.6.2 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.

10.2.6.3 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.

10.3 Clerk Maintenance

10.3.1 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.

10.3.2 Clerk Maintenance Panel Layout

10.3.3 Clerk Maintenance Panel Field Descriptions

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

Field	Description	Field Type	Data Type	Length
submit	This button initiates the save process.	Button	N/A	0
Assigned Roles	Allows the user to select roles from the Available Roles List Box and move them to the Assigned Roles Box.	Field	N/A	0
Available Roles	Displays the list of available roles.	Field	N/A	0
Clerk Roles	Displays the list of assigned and available roles.	Combo Box	Drop Down List Box	0
Confirm Email	Displays the confirmation of the Email address of the account user.	Field	Character	50
Confirm Password	Displays the retyping of the password to confirm.	Field	Alphanumeric	30
Contact First Name	Displays the contact's last name for the account user.	Field	Character	50
Contact Last Name	Displays the contact's last name for the account user.	Field	Character	50
Email	Displays the email address of the account user.	Field	Character	50
Password	Displays the initial password for the clerk. Will be set as expired requiring the user to change the password when logging in. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none"> ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length. 	Field	Alphanumeric	30
Phone Number	Displays the phone number of the account user.	Field	Number (Integer)	10
Phone Number Ext	Displays the phone number extension of the clerk.	Field	Number (Integer)	4
User Name	Displays the login identification of the user.	Field	Alphanumeric	20

10.3.4 Clerk Maintenance Panel Field Edit Error Codes

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

10.3.5 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.

10.3.6 Clerk Maintenance Panel Accessibility

10.3.6.1 To Access the Clerk Maintenance Panel

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

10.3.6.2 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.

10.3.6.3 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.

10.4 Change Password

10.4.1 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.

10.4.2 Change Password Panel Layout

10.4.3 Change Password Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
cancel	This button discards any changes made and return you to the home page.	Button	N/A	0
save	This button confirms and saves the new password.	Button	N/A	0
Confirm New Password	Enter your new password again to ensure it matches the password entered above.	Field	Alphanumeric	30
Current Password	Enter your current password.	Field	Alphanumeric	30
New Password	Enter the password for User account. A Web Password must, at a minimum, include the following format: <ul style="list-style-type: none"> ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length. 	Field	Alphanumeric	30
User Name	This is your user name.	Label	Alphanumeric	20

10.4.4 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.

10.4.5 Change Password Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.4.6 Change Password Panel Accessibility

10.4.6.1 To Access the Change Password Panel

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

10.4.6.2 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.

10.5 Messages

10.5.1 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]

10.5.2 Messages Panel Layout

Messages						
Category	Subject	Message	Sent Date	Effective Date	End Date	Read
Introduction	Welcome!!	Welcome to the new Alabama Medicaid Interactive We	12/20/2006	07/31/2006	07/18/2008	<input type="checkbox"/>

Message	
Category	Introduction
Subject	Welcome!!
Message	<p>Welcome to the new Alabama Medicaid Interactive Web site for interChange. This site will allow users to submit, adjust, void or simply view claims. This site also allows authorized users to request eligibility and/or Prior Authorizations in regards to Alabama Medicaid recipients. We encourage all users to become familiar with the site by referring to the User Manual, which has been made available on the Information >> AL Links page.</p> <p>If you have any questions related to this new site, please refer to the Information</p>
Effective Date	07/31/2006
Sent Date	12/20/2006
End Date	07/18/2008

10.5.3 Messages Panel Field Descriptions

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

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

10.5.4 Messages Panel Field Edit Error Codes

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

10.5.5 Messages Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.5.6 Messages Panel Accessibility

10.5.6.1 To Access the Messages Panel

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

10.6 Switch Provider

10.6.1 Switch Provider Panel Narrative

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

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

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

Navigation Path: [Account] – [Switch Provider]

10.6.2 Switch Provider Panel Layout

10.6.3 Switch Provider Panel Field Descriptions

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

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

10.6.4 Switch Provider Panel Field Edit Error Codes

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

10.6.5 Switch Provider Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.6.6 Switch Provider Panel Accessibility

10.6.6.1 To Access the Switch Provider Panel

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

10.6.6.2 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.

10.7 Logoff

10.7.1 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

10.7.2 Logoff Panel Layout



10.7.3 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

10.7.4 Logoff Panel Field Edit Error Codes

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

10.7.5 Logoff Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.7.6 Logoff Panel Accessibility

10.7.6.1 To Access the Logoff Panel

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

10.7.6.2 To Update on the Logoff Panel

Step	Action	Response
1	Click Login .	Login panel displays.

10.8 Reset Password

10.8.1 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]

10.8.2 Reset Password Panel Layout

Reset Password ? ⌵

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

User Name*

security questions

Reset Password ? ⌵

User Name

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

1st Secret Question

1st Answer

2nd Secret Question

2nd Answer

reset password



10.8.3 Reset Password Panel Field Descriptions

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

Field	Description	Field Type	Data Type	Length
New Password	Enter your new password. The new Web Password must differ from past passwords and must also, at a minimum, include the following format: <ul style="list-style-type: none"> ▪ 1 Lower and 1 Upper Case value; ▪ 1 numeric value; and ▪ be at least 8 bytes in length. 	Field	Character	30
User Name	Displays the user name of the user.	Field	Alphanumeric	20

10.8.4 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.

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

10.8.5 Reset Password Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.8.6 Reset Password Panel Accessibility

10.8.6.1 To Access the Reset Password Panel

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

10.8.6.2 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.

10.9 Secure Site

10.9.1 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]

10.9.2 Login Panel Layout

10.9.3 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.

10.9.4 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.

10.9.5 Login Panel Extra Features

Field	Field Type
No extra features found for this panel.	

10.9.6 Login Panel Accessibility

10.9.6.1 To Access the Login Panel

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

10.9.6.2 To Add on the Login Panel

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

10.9.6.3 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.

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 for ID 580000014 MCD. It includes input fields for Recipient ID, Recipient Name (STALLWORTH JOHNNY R), TCN, FDOS, and TDOS. Search filters include Rendering Provider ID, Claim Type, Status, Date Paid, and checkboxes for 'Show Non-remitted Claims Only' and 'Show Maternity Care Encounters'. A 'Records' dropdown is set to 20. Below the search panel is a 'Search Results' table with columns for ICN, Recipient ID, FDOS, TDOS, Claim Type, Status, Date Paid, Amount Billed, and Amount Paid. The table lists 16 records, all 'PROFESSIONAL CLAIMS' with a 'DENIED' status. Summary statistics at the bottom show '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
clear	This button clears all the search criteria fields.	Button	N/A	0
search	This button allows user to search on a specific claim.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Claim Type	Displays the type of claim.	Combo Box	Drop Down List Box	0
Date Paid	Displays the date of the check write.	Field	Date (MM/DD/CCYY)	10
FDOS	Displays the from date of service.	Field	Date (MM/DD/CCYY)	10
ICN	<p>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:</p> <ul style="list-style-type: none"> ▪ 40 - Converted Electronic Claim ▪ 47 - Converted Paper Claim ▪ 41 - Converted Medicare Claim ▪ 20 - Electronic Claim ▪ 22 - Web Claim ▪ 10 - Paper <p>Example ICN fuzzy search: 2007011 (Electronic (20) Year 2007 (07) Date January 11th (011).</p>	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
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 DXC 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

Dental Claim		Service Information	
Billing Information		Emergency	
ICN		Emergency	No
Provider ID	XXXXXXXXXX-99	POS*	[Search]
Provider Name	XXXXXXXXXXXXXXXXXXXX	Related Causes	
Recipient ID*		Cause 1	
Last Name*		Cause 2	
First Name*		Total Charges	
Date of Birth		Total Charges	\$0.00
Patient Account #		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	
A					
	0		EB - EOB	FT - FILE TRANSFER	
Type data below for new record.					
Control Number*					
Report Type*	EB - EOB				
Transmission*	FT - FILE TRANSFER				
				delete	add

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

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

Surfaces (Detail Item 1)	
Surface	
A	
Type data below for new record.	
Surface*	<input type="text"/>
	delete
	add

Claim Status Information	
Claim Status	PAID
Claim ICN	11-11-11-11-11-11
Checkwrite Date	11-11-11-11-11-11
Allowed Amount	\$10.45
EOB Information	
Detail Number	Code
1	9918
PRICING ADJUSTMENT - MAX FEE PRICING APPLIED	

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

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

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

Field	Description	Field Type	Data Type	Length
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Code	Displays the explanation of benefits code. (Read-Only)	Field	Number (Integer)	4
Coinsurance Amt	Medicare Information: the coinsurance amount Medicare applied to this claim.	Field	Number (Decimal)	8
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
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

Field	Description	Field Type	Data Type	Length
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only).	Field	Alphanumeric	10
Emergency	Displays if the service was provided as the result of an emergency situation.	Combo Box	Drop Down List Box	0
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 policy holder.	Field	Character	60
Location	Displays the location code of the claim.	Field	Number (Integer)	2
POS	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2
Paid Amt	Medicare Information: Displays the dollar amount paid by Medicare for the services (may be a negative or positive amount).	Field	Character	10
Paid Date	Displays the date the claim was billed and paid. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Patient Account	Displays the identification for a recipient assigned by a provider and used in their system.	Field	Character	38
Payer Responsibility Code	Value identifying the third payer's level of responsibility on this claim.	Combo Box	Drop Down List Box	0
Plan Name	Displays the TPL plan name.	Field	Alphanumeric	60
Policy Number	Displays the TPL policy number.	Field	Alphanumeric	30

Field	Description	Field Type	Data Type	Length
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
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
Surface	Displays the code which identifies the tooth surface on which a service was performed. This surface displayed is associated to a specific detail as noted in the title bar as (Detail Item).	Combo Box	Drop Down List Box	0
TPL Amount	Displays the amount paid by a third party liability insurance.	Field	Number (Decimal)	14
Tooth Number	Displays the tooth number that identifies the tooth on which the provider rendered services. A letter indicates temporary teeth and a number indicates permanent teeth.	Field	Alphanumeric	2
Total Charges	Displays the total amount charged for the claim. (Read-Only and calculated from Detail Charges.)	Field	Number (Decimal)	13
Total Paid Amount	Displays the total amount paid. (Read-Only)	Field	Number (Decimal)	13

Field	Description	Field Type	Data Type	Length
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.

Field	Error Message	To Correct
	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.
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.
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.

Field	Error Message	To Correct
	Paid Date must be less than or equal to 12/31/2299.	Enter a Paid Date less than or equal to 12/31/2299 when TPL is being entered.
	Paid Date must be less than or equal to Today.	Ensure that the date is on or before today's date.
Plan Name	Plan Name is required.	Enter a Plan Name when TPL is being entered.
Policy Number	Policy Number is required.	Enter a Policy Number when TPL is being entered.
Procedure	A valid Procedure is required.	Enter a valid ICD-9 procedure.
Recipient ID	A valid Recipient ID is required and must be 13 digits.	Enter a valid 13 digit Recipient ID.
	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.
Surface	A valid Surface is required.	Enter a valid tooth surface code.
TPL Amount	TPL Amount is required when TPL records are present.	Enter a TPL Amount in the Dental Claim panel when data is entered into the TPL panel.
	TPL Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.
	TPL Amount must be greater than or equal to 0.	Ensure that the amount is greater than or equal to 0.
Tooth Number	Tooth Number is not valid.	Ensure that the tooth value is a valid value. Value = 00-33, A-T.
Total Charges	Total Charges must be less than or equal to 9999999.99.	Ensure the amount is not greater than \$9,999,999.99.
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.

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.
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.

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.	

Step	Action	Response
8	Select a related cause from the Cause 2 drop down list.	
9	Enter TPL Amount .	
10	Click add in TPL section.	Activates fields for entry of data or selection from lists.
11	Enter Policy Number .	
12	Enter Plan Name .	
13	Select Relationship to Insured from drop down list.	
14	Enter Carrier Code or click [Search] to select from list.	Clicking [Search] activates the Carrier Code Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
15	Enter Paid Date .	
16	Enter policy holder Last Name .	
17	Enter policy holder First Name, MI .	
18	Enter policy holder Date of Birth .	
19	Click add in Detail section.	Activates fields for entry of data or selection from lists.
20	Enter Procedure code or click [Search] to select from list.	Clicking [Search] activates the Procedure Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
21	Enter Tooth Number .	
22	Select Quadrant from drop down list.	
23	Enter Rendering Provider number or click [Search] to select from list.	Clicking [Search] activates the Rendering Provider ID Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
24	Enter DOS .	
25	Enter Units .	
26	Enter Charges .	
27	Enter POS or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
28	Click add in Surfaces section.	Activates fields for entry of data or selection from lists.
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	Service Information
ICN	Claim Type*
Provider ID	Service Authorization
Provider Name	Delay Reason
Recipient ID*	Type Of Bill*
Last Name*	From Date*
First Name*	To Date*
Date of Birth	Patient Status [Search]
Patient Account #	Admit Source
Medical Record #	Admission Type [Search]
Attending Phys* [Search]	Admission Date
Referring Phys [Search]	Admission Hour
Operating Physician [Search]	Discharge Time
Service Location [Search]	Covered Days 0
Diagnosis	Non Covered Days 0
Admitting Diagnosis [Search]	Baby 1 Baby 2 Baby 3
Primary E-Code [Search]	Birth Weight(gm) 0 0 0
Primary Diagnosis [Search]	District Plan
Patient Rsn Visit1 [Search]	Charges
Patient Rsn Visit2 [Search]	TPL Amount \$0.00
Patient Rsn Visit3 [Search]	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]		
			<input type="button" value="delete"/> <input type="button" value="add"/> <input type="button" value="Add E-Code"/>

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

Supplemental Information					
Detail Number	Control Number	ID Qualifier	Report Type	Transmission	
A	0		EB - EOB	FT - FILE TRANSFER	
Type data below for new record.					
Control Number*	<input type="text"/>				
Report Type*	<input style="border: none; border-bottom: 1px solid black;" type="text" value="EB - EOB"/> v				
Transmission*	<input style="border: none; border-bottom: 1px solid black;" type="text" value="FT - FILE TRANSFER"/> v				
				delete	add

Medicare Information			
Medicare Paid Date	<input type="text"/>	Deductible Amount	\$0.00
Medicare Allowed Amount	\$0.00	Coinsurance Amount	\$0.00
Original Medicare Paid Amount	\$0.00	Coinsurance Days	<input type="text"/>
2% Sequestration Amount	\$0.00	Lifetime Reserve Days	<input type="text"/>
Final Medicare Paid Amount	\$0.00	Medicare CoPay Amount	\$0.00

Detail								
Item	Status	Revenue Code	HCPCS	Units	Charges	Non Covered Charges	Allowed Amount	
A	1			0	\$0.00	\$0.00	\$0.00	
Type data below for new record.								
Item	1	Revenue Code*	<input type="text" value="[Search]"/>					
Provider Control Number		HCPCS	<input type="text" value="[Search]"/>					
Detail Status		Modifier 1	<input type="text" value="[Search]"/>					
From DOS	<input type="text"/>	Modifier 2	<input type="text" value="[Search]"/>					
To DOS	<input type="text"/>	Modifier 3	<input type="text" value="[Search]"/>					
Units*	0	Modifier 4	<input type="text" value="[Search]"/>					
Charges*	\$0.00	Units of Measurement	<input style="border: none; border-bottom: 1px solid black;" type="text" value="Unit"/> v					
Non Covered Charges	\$0.00	Allowed Amount	\$0.00					
		CoPay Amount	\$0.00					
							delete	add

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

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

Claim Status Information		
Claim Status	PAID	
Claim ICN	<input type="text"/>	
Checkwrite Date	<input type="text"/>	
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
<input type="text"/>	09/10/2002	09/13/2002	DENIED	99	X989	
Claim Status Information						
Claim Status	PAID					
Claim ICN	<input type="text"/>					
Paid Date	<input type="text"/>					
Allowed Amount	<input type="text"/>					
EOB Information						
Detail Number	Code	Description				
1	X357	PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID.				
2	X357	PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID.				
3	X357	PAYMENT AMOUNT, IF ANY, REPRESENTS THE MAXIMUM PAYMENT ALLOWED BY MEDICAID.				

NOTE:
 Section 12.5.3 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 12.5.6.2 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
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
copy claim	This button creates a new claim from the current claim.	Button	N/A	0
delete	This button is used to delete data from a panel (Diagnosis, Condition, Payer, Procedure, Occurrence, TPL and Detail).	Button	N/A	0
re-submit	This button submits modifications made to a denied claim for adjudication.	Button	N/A	0
submit	This button submits a claim for adjudication.	Button	N/A	0
void	This button submits a void request for a paid claim.	Button	N/A	0
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

Field	Description	Field Type	Data Type	Length
Admission Hour	Displays the hour during which the patient was admitted for inpatient or outpatient care, in military time.	Field	Number (Integer)	4
Admission Type	Displays the code which indicates the priority of the admission for inpatient or outpatient care.	Field	Character	2
Admitting Diagnosis	This field is used for the Admitting Diagnosis Code for Inpatient claims and for the Patient Reason For Visit Diagnosis Code for certain outpatient claims.	Field	Character	7
Allowed Amount	Displays the amount approved to pay for services provided to a recipient. (Read-Only)	Field	Number (Decimal)	9
Attending Phys#	Displays the identification number of the physician who would be expected to certify and recertify the medical necessity of the services rendered and /or who has primary responsibility for the patient's medical care and treatment.	Field	Alphanumeric	10
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

Field	Description	Field Type	Data Type	Length
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Claim Type	Displays the code and description that specifies the type of claim. Note: Long Term Care Crossover claims are listed as claim type A – UB04 Inst Xover Claims.	Combo Box	Drop Down List Box	0
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
Deductible Amount	Displays the amount the recipient must pay before Medicare.	Field	Number (Decimal)	8

Field	Description	Field Type	Data Type	Length
Delay Reason	Displays the delay reason codes that are used by specific Medicaid providers. These do not affect hospitals, State Mental Health or Nursing Home providers. These delay reasons cannot override claims over the year past filing limit.	Combo Box	Drop Down List Box	0
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
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

Field	Description	Field Type	Data Type	Length
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

Field	Description	Field Type	Data Type	Length
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

Field	Description	Field Type	Data Type	Length
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 Respons. Code	Value identifying the third payer's level of responsibility on this claim.	Combo Box	Drop Down List Box	0
Plan Name	Displays the third party liability's plan name.	Field	Alphanumeric	60
Policy Number	Displays the third party liability's policy number.	Field	Alphanumeric	30
PoA Indicator	Displays the PoA indicator associated to diagnosis code for UB92 claims	Combo Box	Alphanumeric	1
Prescription Number	The prescription number.	Field	Character	50
Prescription Qualifier	The Prescription Qualifier.	Combo Box	Character	3
Primary Diagnosis	Displays the Primary Diagnosis code.	Field	Character	7
Primary 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

Field	Description	Field Type	Data Type	Length
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
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
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

Field	Description	Field Type	Data Type	Length
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 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.

Field	Error Message	To Correct
	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.

Field	Error Message	To Correct
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.
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.
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.

Field	Error Message	To Correct
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.

Field	Error Message	To Correct
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.

Field	Error Message	To Correct
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.
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.
re-submit	Cannot resubmit failed adjusted claim. Please adjust and resubmit original claim.	Correct the claim and resubmit.
Transmission	A valid Transmission is required	Select valid Transmission.
Service Location	A valid Service Location is required.	Enter a valid service location.

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.

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

Step	Action	Response
		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 .	

Step	Action	Response
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 Respons. 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 .	

Step	Action	Response
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 adding a condition. At the top, there is a header bar with the word "Condition". Below this is a table with three columns: "Sequence", "Condition", and "Description". The table is currently empty. Below the table, there is a search bar with the text "Type data below for new record." and a "[Search]" button. To the right of the search bar are two buttons: "delete" and "add".

11.5.3 Condition Panel Field Descriptions

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

11.5.4 Condition Panel Field Edit Error Codes

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

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

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

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 'cancel'.

11.8.2 Occurrence Panel Layout

The screenshot shows a web interface titled "Occurrence". It features a table with the following columns: Sequence, Occurrence Code, Description, From Date, and To Date. The first row of the table has the value "1" in the Sequence column and an asterisk (*) in the From Date column. Below the table, there are input fields for "Occurrence Code*" and "To Date", with a "[Search]" button next to the Occurrence Code field. At the bottom right, there are two buttons labeled "delete" and "add".

11.8.3 Occurrence Panel Field Descriptions

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

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

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.

Step	Action	Response
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.
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.

NOTE:

Section 12.10.3 acts as a reference guide to further define each field, listed in alphabetical order, and the buttons available on the pharmacy claim form. Please refer to section 12.10.6.2 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
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

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

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

Field	Description	Field Type	Data Type	Length
NDC Code	Displays the National Drug Code used to identify a specific drug.	Field	Alphanumeric	11
New/Refill	Displays if the prescription is new or a refill. '00' represents a "new" prescription.	Field	Character	2
Nursing Facility	Displays if the drug was prescribed in a nursing home facility.	Combo Box	Drop Down List Box	0
Other Coverage Code	Displays the code that indicates the recipient's primary insurance coverage status on the particular prescription being filled.	Combo Box	Drop Down List Box	0
Outcome	Indicates the action taken by the pharmacist after a drug utilization review warning is returned.	Combo Box	Drop Down List Box	0
Paid Date	Displays the date the claim was billed and paid. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Patient Responsibility Amt	The patient's cost share from a previous payer.	Field	Number(Decimal)	10
Pregnancy	Displays the code indicating the patient as pregnant or not pregnant.	Combo Box	Drop Down List Box	0
Prescriber License	Displays the license number of the provider who prescribed the drugs being administered to the recipient.	Field	Alphanumeric	10
Prescriber Name	Displays the name of the prescriber. (Read-Only and defaulted on header panel.)	Field	Alphanumeric	2
Prescription Number	Displays the number which uniquely identifies a drug dispensed to a recipient.	Field	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.
Ingred Cost	Ingred Cost must be less than or equal to 999999.99.	Enter a dollar amount equal to or less than 999999.99.
	Ingred Cost must be greater than or equal to 0.01.	Enter a dollar amount equal to or greater than \$.01.
	Ingred Cost is required.	Ingredient Cost is required on each compound drug claim detail.
Last Name	Last Name is required.	Enter the recipient's last name.
NDC Code	A valid NDC Code is required.	Enter a valid NDC code.
New/Refill	New/Refill is required.	Enter a New/Refill.

Field	Error Message	To Correct
	New/Refill must be Numeric.	Enter a valid numeric value.
Prescriber License	A valid Prescriber License is required.	Enter a valid prescriber license.
Prescription Number	Prescription Number is required.	Enter a prescription number.
	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.
Provider ID	Read-only field displays the billing NPI number associated with the user's ID.

Field	Field Type
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
Provider ID	XXXXXXXXXX	Service Authorization	
Provider Name	XXXXXX PHARMACY	Delay Reason	
Recipient ID*		First Prenatal Visit	
Last Name*		Last Menstrual Period	
First Name*		Related Causes	
Date of Birth		Cause 1	
Medical Record #		Cause 2	
Patient Account #			
Referring Physician		Charges	
[Search]		TPL Amount	\$0.00
		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*			[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	
A	0		EB - EOB	FT - FILE TRANSFER	
Type data below for new record.					
Control Number*	<input type="text"/>				
Report Type*	EB - EOB				
Transmission*	FT - FILE TRANSFER				
				delete	add

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	<input type="text"/>				
Paid Date*	<input type="text"/>				
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*	<input type="text"/> [Search]		
Provider Control Number				Procedure*	<input type="text"/> [Search]		
Detail Status				Emergency	▼		
From DOS*	<input type="text"/>			EPSDT Ref	▼		
To DOS*	<input type="text"/>			Family Planning	▼		
Units*	0			Copay Exemption	▼		
Charges*	\$0.00			Allowed Amount	\$0.00		
Rendering Physician*	<input type="text"/> [Search]			CoPay Amount	\$0.00		
Diagnosis Code Pointer*	<input type="text"/>			Paid Amount	\$0.00		
Modifier 1	<input type="text"/> [Search]			Ordering Physician	<input type="text"/> [Search]		
Modifier 2	<input type="text"/> [Search]						
Modifier 3	<input type="text"/> [Search]						
Modifier 4	<input type="text"/> [Search]						
Referring Physician	<input type="text"/> [Search]						
Medicare Information				Coinsurance Amount	\$0.00		
Medicare Paid Date	<input type="text"/>			Deductible Amount	\$0.00		
Allowed Amount	\$0.00			eRX Reduction Amount	\$0.00		
Original Medicare Paid Amount	\$0.00			Medicare CoPay Amount	\$0.00		
2% Sequestration 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	<input type="text"/>		
NDC	<input type="text"/> [Search]		
UOM	▼		
Prescription Number	<input type="text"/>		
Prescription Qualifier	▼		
Drug Unit Price	<input type="text"/>		
Unit Quantity Submitted	<input type="text"/>		
Unit Quantity Calculated	<input type="text"/>		
Primary NDC	<input type="checkbox"/>		
			delete
			add

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

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 Medicare.	Field	Number (Decimal)	10
cancel	This button cancels the current operation and discards any changes.	Button	N/A	0
Carrier Code	Displays the 5-digit carrier code that identifies the recipient's TPL insurance plan.	Field	Number (Integer)	10
Carrier Name	Displays the carrier name based on the carrier code entered. (Read-Only)	Field	Character	45
Cause 1	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0
Cause 2	Displays if the accident occurred at work, in an automobile or an environment other than work or an automobile.	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Charges	Displays the usual and customary charge for the service provided.	Field	Number (Decimal)	13
Checkwrite Date	This is the date the claim is finalized through adjudication. This is not the date the funds are released.	Field	Date (MM/DD/CCYY)	10
Claim ICN	Displays the claim's internal control number (ICN) issued by Medicaid. (Read-Only)	Field	Number (Integer)	13
Claim Status	Indicates the status after adjudication. Possible values are PAID, DENIED, SUSPENDED or ADJUSTED. The status of "Adjusted" reflects this claim is no longer paid. Refer to the Adjustment Information panel for claims which have reprocessed per the Adjustment process.	Field	N/A	0
Claim Status History Date	Displays the original claim date before the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Claim Type	Displays the code and description that specifies the type of claim.	Combo Box	Drop Down List Box	0
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
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 from the Indian Health Services. Otherwise this field is left "blank".	Combo Box	Drop Down List	0
copy claim	This button creates a new claim from the current claim.	Button	N/A	0
Date Adjusted	Displays the date the claim was adjusted. (Read-Only)	Field	Date (MM/DD/CCYY)	10
Date of Birth	Header: Displays the recipient's date of birth. (Read-Only and defaulted.) TPL: Displays the date of birth of the third party policy holder	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
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/CCYY)	10
Description	Displays the explanation of benefits description. (Read-Only)	Field	Alphanumeric	79
Detail Number	Displays the line item detail number of the claim. (Read-Only)	Field	Number (Integer)	2
Detail Status	Displays the status of the detail line. (Read-Only).	Field	Alphanumeric	10
Diagnosis	Displays the diagnosis code.	Field	Character	7
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

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

Field	Description	Field Type	Data Type	Length
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
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

Field	Description	Field Type	Data Type	Length
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	38
Payer Respons. Code	Value identifying the third payer's level of responsibility on this claim.	Combo Box	Drop Down List Box	0
Plan Name	Displays the TPL plan name.	Field	Alphanumeric	60
Policy Number	Displays the TPL policy number.	Field	Alphanumeric	30
POS	Displays the place of service (POS) where the service was rendered.	Field	Number (Integer)	2
Prescription Number	The prescription number.	Field	Character	50
Prescription Qualifier	The prescription qualifier.	Field	Character	3
Primary NDC	Indicates the selected NDC is the primary NDC.	Check Box	N/A	0
Procedure	Displays the code which identifies the service provided.	Field	Alphanumeric	6
Provider 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
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

Field	Description	Field Type	Data Type	Length
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
TCN	Displays the transaction control number applied to this claim by the Maternity Care Encounter Provider.	Field	Character	50
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

Field	Description	Field Type	Data Type	Length
UOM	Unit of Measure. Code specifying the units in which a value is being expressed.	Combo Box	Character	0
void	This button submits a void request for a paid claim.	Button	N/A	0

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

Field	Error Message	To Correct
	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.
Date of Birth	Date of Birth is required.	Enter a date of birth in the TPL panel.
	Date Of Birth must be less than or equal to Today.	Ensure that the Date of Birth, on the TPL panel, is on or before today's date.
	Date of Birth must be greater than or equal to 01/01/1900.	Enter a Date of Birth greater than or equal to 01/01/1900.
	Date of Birth must be less than or equal to 12/31/2299.	Enter a Date of Birth less than or equal to 12/31/2299.
Deductible Amount	Deductible Amount must be less than or equal to 999999.99.	Ensure that the amount is not greater than \$999,999.99.
	Either Coinsurance Amount or Deductible Amount must be greater than \$0.00.	Ensure either the Coinsurance or Deductible Amount is greater than \$0.00.
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.

Field	Error Message	To Correct
	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 99999999.99.
	eRX Reduction Amount must be greater than or equal to 99999999.99.	Ensure that the amount is greater than or equal to -99999999.99.
First Name	First Name is required.	Enter the recipient's first name.
First Name, MI	First Name is required.	Enter a First Name when TPL is applicable.
Final Medicare Paid Amount	Final Medicare Paid Amount must be less than or equal to 99999999.99.	Ensure that the amount is not greater than \$99,999,999.99.
	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.
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.

Field	Error Message	To Correct
	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).
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.
re-submit	Cannot resubmit failed adjusted claim. Please adjust and resubmit original claim.	Correct the claim and resubmit.
Transmission	A valid Transmission is required	Select valid Transmission.

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.

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.

Step	Action	Response
20	Select Payer Respons. Code from drop down list.	
21	Enter TPL Paid Date .	
22	Enter policy holder Last Name .	
23	Enter policy holder First Name, MI .	
24	Enter policy holder Date of Birth .	
25	Enter From DOS .	
26	Enter To DOS .	
27	Enter Units .	
28	Enter Charges .	
29	Enter Rendering Physician or click [Search] to select from list.	Clicking [Search] activates the Rendering Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
30	Enter Diagnosis Code Pointer(s) .	
31	Enter Modifier(s) or click [Search] to select from list. (Maximum of 4 can be added)	Clicking [Search] activates the Modifiers Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
32	Enter Referring Physician or click [Search] to select from list.	Clicking [Search] activates the Referring Physician Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
33	Enter POS or click [Search] to select from list.	Clicking [Search] activates the POS Search panel. Refer to Chapter 14 for additional information regarding this pop-up panel.
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 .	

Step	Action	Response
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 shows the 'Eligibility Verification Request' web form. The form has a blue header with the title and a help icon. Below the header, there are several input fields for recipient information: Recipient ID, SSN, Last Name, First Name, Birth Date, From DOS, and To DOS. There are also three checkboxes: 'Display Dental Benefits', 'Recipient Application Status', and 'Service Type/Co-Pay'. Below these fields is a 'Service Types' section with two columns: 'Selected' and 'Available'. The 'Available' column contains a list of service codes and descriptions: 01 - MEDICAL CARE, 02 - SURGICAL, 04 - DIAGNOSTIC X-RAY, 05 - DIAGNOSTIC LAB, 06 - RADIATION THERAPY, 07 - ANESTHESIA, 08 - SURGICAL ASSISTANCE, 12 - DME PURCHASE, 13 - FACILITY, and 18 - DME RENTAL. There are navigation arrows between the columns. At the bottom right, there are 'search' and 'clear' buttons.

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

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 DXC 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

The screenshot shows a web interface titled "Recipient Information". It contains two columns of input fields. The left column includes: Recipient ID, SSN, Birth Date, Transaction Date, Transaction Time, Eligibility Indicator, and Authorization Code. The right column includes: Last Name, First Name, Gender, Medicare A, Medicare B, and Medicare ID. Each field has a small icon to its right, likely for clearing or editing the field.

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
Medicare ID	Displays the recipient's Medicare ID number.	Field	Alphanumeric	15
Last Name	Displays the last name of the recipient.	Field	Character	30
Medicare A	Displays the dates the recipient is eligible for Medicare Part A.	Field	Date (MM/DD/CCYY)	10
Medicare B	Displays the dates the recipient is eligible for Medicare Part B.	Field	Date (MM/DD/CCYY)	10
Recipient ID	Displays the recipient's Medicaid identification number.	Field	Number (Integer)	13
SSN	Displays the social security number (SSN) of the recipient.	Field	Number (Integer)	9

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 Coverage Type

12.4.1 Coverage Type Panel Narrative

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

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

12.4.2 Coverage Type Panel Layout

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

12.4.3 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

12.4.4 Coverage Type Panel Field Edit Error Codes

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

12.4.5 Coverage Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.4.6 Coverage Type Panel Accessibility

12.4.6.1 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.

12.5 TPL

12.5.1 TPL Panel Narrative

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

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

12.5.2 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]		

12.5.3 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

12.5.4 TPL Panel Field Edit Error Codes

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

12.5.5 TPL Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.5.6 TPL Panel Accessibility

12.5.6.1 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.

12.6 Managed Care

12.6.1 Managed Care Panel Narrative

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

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

12.6.2 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

DO NOT REQUEST A REFERRAL FROM AN ATTRIBUTED PROVIDER WHO IS A SPECIALIST, HEALTH DEPARTMENT (EXCEPT MOBILE AND JEFFERSON CO.), OR CRS

12.6.3 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

12.6.4 Managed Care Panel Field Edit Error Codes

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

12.6.5 Managed Care Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.6.6 Managed Care Panel Accessibility

12.6.6.1 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.

12.7 Lockin/Lockout

12.7.1 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]

12.7.2 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	

12.7.3 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

12.7.4 Lockin/Lockout Panel Field Edit Error Codes

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

12.7.5 Lockin/Lockout Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.7.6 Lockin/Lockout Panel Accessibility

12.7.6.1 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.

12.8 Benefit Limits

12.8.1 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]

12.8.2 Benefit Limits Panel Layout

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

12.8.3 Benefit Limits Panel Field Descriptions

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

12.8.4 Benefit Limits Panel Field Edit Error Codes

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

12.8.5 Benefit Limits Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.8.6 Benefit Limits Panel Accessibility

12.8.6.1 To Access the Benefit Limits Panel

Step	Action	Response
1	Click Eligibility .	Eligibility page opens.

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

12.9 Dental Benefit Limits

12.9.1 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]

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

12.9.3 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

12.9.4 Dental Benefit Limits Panel Field Error Codes

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

12.9.5 Dental Benefit Limits Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.9.6 Dental Benefit Limits Panel Accessibility

12.9.6.1 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.

12.10 EPSDT Screening Dates

12.10.1 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]

12.10.2 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

12.10.3 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

12.10.4 EPSDT Screening Dates Panel Field Edit Error Codes

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

12.10.5 EPSDT Screening Dates Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.10.6 EPSDT Screening Dates Panel Accessibility

12.10.6.1 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.

12.11 LTC/Waiver

12.11.1 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]

12.11.2 LTC/Waiver Panel Layout

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

12.11.3 LTC/Waiver Panel Field Descriptions

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

12.11.4 LTC/Waiver Panel Field Edit Error Codes

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

12.11.5 LTC/Waiver Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.11.6 LTC/Waiver Panel Accessibility

12.11.6.1 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.

12.12 Maternity Waiver

12.12.1 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]

12.12.2 Maternity Waiver Panel Layout

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

12.12.3 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

12.12.4 Maternity Waiver Panel Field Edit Error Codes

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

12.12.5 Maternity Waiver Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.12.6 Maternity Waiver Panel Accessibility

12.12.6.1 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.

12.13 Long Term Care Liability

12.13.1 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]

12.13.2 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

12.13.3 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

12.13.4 Long Term Care Liability Panel Field Edit Error Codes

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

12.13.5 Long Term Care Liability Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.13.6 Long Term Care Liability Panel Accessibility

12.13.6.1 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.

12.14 Service Type/Co-Pay Search Results

12.14.1 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]

12.14.2 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.

12.14.3 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

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

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

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

Field	Field Type
No extra features found for this panel.	

12.14.6 Service Type/Co-Pay Search Results Panel Accessibility

12.14.6.1 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.

12.15 HouseHold Inquiry

12.15.1 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]

12.15.2 HouseHold Inquiry Panel Layout

Search Results					
Recipient Name	Recipient ID	Date of Birth	Sex	Race	Certifying Program
			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.

12.15.3 HouseHold Inquiry Panel Field Descriptions

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

12.15.4 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.

12.15.5 HouseHold Inquiry Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.15.6 HouseHold Inquiry Panel Accessibility

12.15.6.1 To Access the HouseHold Inquiry Panel

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

12.15.6.2 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.

12.16 Household Inquiry Search Results

12.16.1 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]

12.16.1 Search Results Panel Layout

Search Results					
Recipient Name	Recipient ID	Date of Birth	Sex	Race	Certifying Program Y
[REDACTED]	[REDACTED]	[REDACTED]	Male	Caucasian	SOBRA
[REDACTED]	[REDACTED]	[REDACTED]	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.

12.16.2 Search Results Panel Field Descriptions

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

12.16.3 Search Results Panel Field Edit Error Codes

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

12.16.4 Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.16.5 Search Results Panel Accessibility

12.16.5.1 To Access the Search Results Panel

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

12.17 MCO Information

12.17.1 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]

12.17.2 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

12.17.3 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

12.17.4 MCO Information Panel Field Edit Error Codes

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

12.17.5 MCO Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.17.6 MCO Information Panel Accessibility

12.17.6.1 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.

12.18 Hospice Election

12.18.1 Hospice Election Panel Narrative

Then panel displays Hospice Election information for the recipient.

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

12.18.2 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

12.18.3 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

12.18.4 Hospice Election Panel Field Edit Error Codes

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

12.18.5 Hospice Election Panel Extra Features

Field	Field Type
No extra features found for this panel.	

12.18.6 Hospice Election Panel Accessibility

12.18.6.1 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\XXXXXXXXXX (VM016)

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

Home NDC Look Up Information Provider Search Account Trade Files

Home Download Claim Level Detail

File Download Search ? ⌵

Transaction Type* ▼

Invoice Period search

clear

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

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

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

Provider Reenrollment Facsimile

File Download Search ? ⌵

Transaction Type* ▼

Group Member Provider ID [Search] search

clear

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

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

Current Reports Available for Download				
File Name	Transaction Type	Provider ID	Payee ID	Report Date
XXXXXXXXXX	PROVIDER REENROLLMENT FACSIMILE	XXXXXX	XXXXXX	06/09/2014

Provider Remittance Advance

File Download Search ? ⌵

Transaction Type* ▼

search

clear

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

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

Current Reports Available for Download				
File Name	Transaction Type	Provider ID	Payee ID	Report Date
XXXXXXXXXX	Remittance Advice	XXXXXX	XXXXXX	02/16/2017
XXXXXXXXXX	Remittance Advice	XXXXXX	XXXXXX	02/14/2017
XXXXXXXXXX	Remittance Advice	XXXXXX	XXXXXX	02/09/2017
XXXXXXXXXX	Remittance Advice	XXXXXX	XXXXXX	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	
	Eligibility Resp 5010	02/23/2017	Has Not Been Downloaded	
	Eligibility Resp 5010	02/23/2017	Has Not Been Downloaded	
	Eligibility Resp 5010	02/23/2017	Has Not Been Downloaded	
	Eligibility Resp 5010	02/23/2017	Has Not Been Downloaded	
	Eligibility Resp 5010	02/23/2017	Has Not Been Downloaded	

Provider Financial Report

File Download Search

Transaction Type* 1099 - MISC - Miscellaneous Income

Tax Year* 2017

search clear

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

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

Current Reports Available for Download				
File Name	Transaction Type	Tax Id	Tax Year	Report Date
	1099 - MISC - Miscellaneous Income		2017	05/30/2017
	1099 - MISC - Miscellaneous Income		2017	05/31/2017
	1099 - MISC - Miscellaneous Income		2017	05/30/2017
	1099 - MISC - Miscellaneous Income		2017	05/30/2017
	1099 - MISC - Miscellaneous Income		2017	05/31/2017
	1099 - MISC - Miscellaneous Income		2017	05/31/2017

Provider PA-Prior Authorization Decision Letter

File Download Search

Transaction Type* PA - Prior Authorization Decision Letter

PA Number 1209055038

Recipient ID [Search]

search clear

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

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

Current Reports Available for Download				
File Name	PA Number	Provider ID	Recipient Id	Report Date
	1209055038			2009-05-26
	1209055038			2009-05-27

13.1.3 File Download Search Field Descriptions

Field	Description	Field Type	Data Type	Length
search	The button that initiates the search.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Clear	Clears the search criteria fields.	Button	N/A	0
Transaction Type	The transaction type of the file to search on.	Combo Box	Drop Down List Box	0
Group Member Provider ID	Group Member Provider ID Search.	Field	Alphanumeric	15
Invoice Period	Displays the invoice period of the report to be searched.	Field	Character	5
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
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
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

13.1.4 File Download Search Field Edit Error Codes

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

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

1 2 Next >

Provider Download Panel Layout

Current Reports Available for Download				
File Name	Transaction Type	Provider ID	Payee ID	Report Date
	Remittance Advice			10/13/2011
	Remittance Advice			10/11/2011
	Remittance Advice			10/06/2011
	Remittance Advice			09/29/2011
	Remittance Advice			09/21/2011
	Remittance Advice			09/15/2011
	Remittance Advice			05/12/2011

13.2.3 Current Files Available for Download Panel Field Descriptions

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

13.2.4 Current Files Available for Download Panel Field Edit Error Codes

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

13.2.5 Current Files Available for Download Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.2.6 Current Files Available for Download Panel Accessibility

13.2.6.1 To Access the Current Files Available for Download Panel

Step	Action	Response
1	Click 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. A Trading Partner has the capability to view all the files uploaded to the Alabama Medicaid secure web server. This option is not available under a Provider login.

Navigation Path: [Trade Files] – [Upload]

NOTE:

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

13.3.2 File Upload Panel Layout

13.3.3 File Upload Panel Field Descriptions

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

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.

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

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 Uploaded Files

13.4.1 Uploaded Files Panel Narrative

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

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

13.4.2 Uploaded Files Panel Layout

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

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

13.4.3 Uploaded Files Panel Field Descriptions

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

13.4.4 Uploaded Files Panel Field Edit Error Codes

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

13.4.5 Uploaded Files Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.4.6 Uploaded Files Panel Accessibility

13.4.6.1 To Access the Uploaded Files Panel

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

13.5 Claim Level Detail

13.5.1 Claim Level Detail Panel Narrative

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

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

13.5.2 Claim Level Detail Panel Layout

The screenshot displays the 'Claim Detail Level' interface. It includes a search section with fields for NDC (00011-8080-04), Invoice Period (1/2005), and Invoice Type (Federal), along with 'search' and 'clear' buttons. Below is the 'Drug Information' section showing details for NDC 00011-8080-04, Drug Desc (Cefuroxime (500 mg) cap), Strength (500 mg), Pkg Size (100), and CMS Unit (CAP). The 'Claim Details' section is a table with 12 columns: Original Qtr Paid, Invoice Period, Provider ID, FDOS, ICN, Prescription Number, Paid Claims Units, Rebate Units, TPL Amt, Reimbursed Amt, Paid Date, and Claim Type. The table lists 14 rows of data. A 'Download File' button is located at the bottom left of the table.

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	00011-8080-04	08/26/2003	00011-8080-04	00011-8080-04	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY
1/2005	1/2005	00011-8080-04	10/31/2003	00011-8080-04	00011-8080-04	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY
1/2005	1/2005	00011-8080-04	12/30/2004	00011-8080-04	00011-8080-04	100	100	\$0.00	\$32.39	01/07/2005	PHARMACY
1/2005	1/2005	00011-8080-04	02/02/2005	00011-8080-04	00011-8080-04	100	100	\$0.00	\$33.83	01/07/2005	PROFESSIONAL
1/2005	1/2005	00011-8080-04	02/02/2005	00011-8080-04	00011-8080-04	100	100	\$0.00	\$33.83	02/04/2005	PHARMACY
1/2005	1/2005	00011-8080-04	02/02/2005	00011-8080-04	00011-8080-04	100	100	\$0.00	\$33.83	02/18/2005	OUTPATIENT
1/2005	1/2005	00011-8080-04	02/02/2005	00011-8080-04	00011-8080-04	100	100	\$0.00	\$33.83	02/18/2005	OUTPATIENT XOVER
1/2005	1/2005	00011-8080-04	02/02/2005	00011-8080-04	00011-8080-04	100	100	\$0.00	\$33.83	03/04/2005	PROFESSIONAL XOVER
1/2005	1/2005	00011-8080-04	03/04/2005	00011-8080-04	00011-8080-04	100	100	\$0.00	\$33.83	03/04/2005	PHARMACY
1/2005	2/2005	00011-8080-04	10/06/2003	00011-8080-04	00011-8080-04	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY
1/2005	3/2005	00011-8080-04	07/28/2003	00011-8080-04	00011-8080-04	100	100	\$0.00	\$29.34	02/04/2005	PHARMACY

13.5.3 Claim Level Detail Panel Field Descriptions

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

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

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

13.5.4 Claim Detail Level Panel Field Edit Error Codes

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

13.5.5 Claim Level Detail Panel Extra Features

Field	Field Type
No extra features found for this panel.	

13.5.6 Claim Level Detail Panel Accessibility

13.5.6.1 To Access the Claim Level Detail Panel

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

13.6 Forms Panel Overview

13.6.1 Forms Panel Narrative

The Forms panel is available through the secure Provider web portal and allows end users to perform a search for and complete the following 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]

13.6.2 Forms Panel Layout

The screenshot shows a web interface with a navigation bar at the top containing links: Home, NDC Look Up, Information, Provider Search, Account, Trade Files, and Providers. Below this is a sub-navigation bar with 'Home' and 'Forms'. The main content area is titled 'Forms' and features a search bar labeled 'Form Name*' with a dropdown arrow. To the right of the search bar are two buttons: 'search' and 'clear'.

13.6.3 Forms Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears all the search criteria fields.	Button	N/A	0
Form Name	<p>Displays the names of the Form to be searched. Valid options include:</p> <ul style="list-style-type: none"> • CS1 – Consent Form • DIG – Digital Upload • ERU – Enrollment Updates • LTC - Hospice Records • LTC - LTC Records • LTC - PEC/Swing Bed Records • LTC - Psychiatric/Retrospective Review Records • PA1 – Dental PA Supporting Documentation • PA2 – Medical PA Supporting Documentation • PA3 - Rehab PA Supporting Documentation • PA4 – ABA Therapy PA Supporting Documentation 	Combo Box	Character	0

Field	Description	Field Type	Data Type	Length
	<ul style="list-style-type: none"> REA – Re-Enrollment Application Supporting Documentation 			
search	This button initiates the search.	Button	N/A	0

13.6.4 Forms Panel Field Edit Error Codes

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

Form	Field	Error Message	Corrective Action
All	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.

Form	Field	Error Message	Corrective Action
	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.

13.6.5 Forms Panel Extra Features

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

13.6.6 Forms Panel Accessibility

13.6.6.1 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.

13.6.6.2 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. <ul style="list-style-type: none"> • 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' interface. It includes a 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 search panel is a 'Search Results' table with columns: PCN, Recipient ID, Network ID, Date of Service, Payment Type, Payment Code, Amount, Status, and Date Paid. The results table shows two rows of data.

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

14.1.6 Payment Search Panel Accessibility

14.1.6.1 To Access the Payment Search Panel

Step	Action	Response
1	Enter 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	[REDACTED]			
Amount	[REDACTED]				Recipient ID	[REDACTED]			
Payment Type	M - Maternity				Fund Code	123456789			
Recipient Name	[REDACTED]				Date Paid	[REDACTED]			
Payment Service Code/Desc	PG001 - GEN Intense Management				Network ID	777777777			
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	777777777	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	6019114000004	Activity Type	M - Maternity	Case Status	O - Open
Recipient ID		Activity Service	M0001 - Maternity Face	Case Open Date	03/01/2019
Recipient Name		Activity Status	R - Rejected	Risk Level	Low
Network ID	777777777	Date of Service		Assessment Date	03/01/2019
Network Name	NORTHWEST ACHN	Submitter Control Number	AB123AB	Staff Level	Registered Nurse
Network Region	A	Batch Number	1002	Staff Name	LPN
Maternity Information:					
Pregnancy Date	01/01/1900	Gravida	0	Delivery Provider ID	1234567890
First Prenatal Date	03/30/2019	Para	1	Delivery Provider Name	
Delivery Date	01/01/1900	Prenatal Provider ID		Delivery Hospital ID	1234567890
Prenatal Visits	4	Prenatal Provider Name		Delivery Hospital Name	

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
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
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

Field	Description	Field Type	Data Type	Length
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

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

Field	Description	Field Type	Data Type	Length
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 shows the 'Activity Search' interface. It includes input fields for Recipient ID, CCN, Service From, and Service To. There is also a dropdown for Activity Type and a text field for Activity Service Code. Filter checkboxes are provided for Show All (checked), Show Accepted, Show Informational, Show Rejected, and Show Suspended/Recycle. Search and clear buttons are located at the bottom right of the search panel.

Below the search panel is the 'Search Results' table:

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

At the bottom of the results table, there is a pagination control: 1 2 Next >

14.6.3 Activity Search Panel Field Descriptions

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

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

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.

Step	Action	Response
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

Field	Description	Field Type	Data Type	Length
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 S = Pending force recoupment C = Cancelled force payment E = Forced payment or recoupment that encountered an error in batch processing.	Field	Character	1

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.

Step	Action	Response
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

The screenshot displays the 'Prior Authorization Search' interface. The top section is a search panel with the following fields and controls:

- Prior Authorization Search: 000054200 MCD** (Title)
- Prior Authorization**: Text input field
- Start Date**: Text input field
- Authorized Effective Date**: Text input field
- NDC**: Text input field with a [Search] button
- Procedure**: Text input field with a [Search] button
- Diagnosis**: Text input field with a [Search] button and a dropdown arrow
- Recipient ID**: Text input field
- Recipient Name**: Text input field
- Authorized End Date**: Text input field
- Status**: Dropdown menu
- PA Assignment**: Dropdown menu
- Include All Providers**: Checkmark box
- Buttons**: search, clear, add

The bottom section is titled 'Search Results' and contains a table with the following data:

Prior Authorization	Recipient ID	Last Name	First Name	Authorized Eff Date	Authorized End Date	Status	PA Assignment	Start Date	Procedure	NDC	ICD Version	Diagnosis
				0	0	Evaluation	MEDICAL CARE	01/30/2017	B9002			
				0	0	Evaluation	MEDICAL CARE	11/30/2016		9		23773
				0	0	Evaluation	MEDICAL CARE	11/29/2016		9		23773
				0	0	Evaluation	MEDICAL CARE	01/26/2017	B9002			
				0	0	Evaluation	DME - PURCHASE	12/28/2017		9		23773
				0	0	Evaluation	MEDICAL CARE	11/29/2016		9		23773

15.1.3 Prior Authorization Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	This button initiates adding a new prior authorization.	Button	N/A	0
clear	This button clears all the search criteria fields.	Button	N/A	0
search	This button initiates the query.	Button	N/A	0
Authorized Effective Date	The date the PA becomes active for claims processing.	Field	Date (MM/DD/CCYY)	8
Authorized End Date	The date the PA is no longer active for claims processing.	Field	Date (MM/DD/CCYY)	8
Diagnosis	Displays the diagnosis code.	Field	Alphanumeric	7
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
Procedure	Displays the code to uniquely identify a procedure.	Field	Alphanumeric	9
Recipient ID	Displays the recipient who received the service.	Field	Alphanumeric	13
Recipient Name	Displays the recipient name. (Read-Only)	Field	Alphanumeric	40
Start Date	Displays the date the prior authorization was added.	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
Status	Displays the status of the prior authorization.	Combo Box	Drop Down List Box	0

15.1.4 Prior Authorization Search Panel Field Edit Error Codes

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

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 DXC 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

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				

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

Base Information:

- Prior Authorization:** 50
- Recipient ID:** 50
- Last Name:** DA
- First Name, MI:** HE
- Date of Birth:** 02
- PA Assignment:** DME - PURCHASE
- Diagnosis:** 022 [Search] ICD-9
- Servicing Provider:** 000 [Search] MCD
- Clerk:** [Search]
- Provider:** 157 [Search] NPI
- Managed Care Indicator:** Yes

Line Item:

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure	Thru Service	NDC	Revenue Code	Status
01	2.000	\$22.00	0.000	\$0.00				101	Denied

Line Item 01 Details:

- Line Item:** 01
- Service Type Code:** Revenue Code
- Procedure:** [Search]
- Thru Service:** [Search]
- Modifier 1:** [Search]
- Modifier 3:** [Search]
- Tooth 1:** [Search]
- Tooth 3:** [Search]
- Tooth 5:** [Search]
- Tooth 7:** [Search]
- Quad:** [Search]
- NDC Lock:** [Search]
- Revenue Code:** 101 [Search]
- Status:** Denied
- Requested Eff/End Dates:** 01/01/2009 - 01/01/2010
- Requested Units/Dollars:** 2.000 / \$22.00
- Authorized Eff/End Dates:**
- Balance Units/Dollars:** 0.000 / \$0.00
- Quantity Used Units/Dollars:** 0.000 / \$0.00
- Authorized Units/Dollars:** 0.000 / \$0.00

Reason:

314 - Patient has exceeded program limitation for item(s) or service(s) requested.

The image shows three screenshots of the MMIS interface. The first screenshot is the 'Analyst Remarks' panel, which has a table with columns 'Date Entered' and 'Description'. It shows three entries: 8/13/2015, 8/18/2015, and 10/28/2015. Below the table is a large text area labeled 'Description*' containing the text 'This is an analyst remark entered in MMIS. Testing 'Date Entered''. The second screenshot is the 'Notes' panel, also with a table of 'Date Entered' and 'Description'. It shows four entries from 08/24/2011. Below the table is a text area labeled 'Description' with the text 'Select row above to update -or- click Add button below.' and 'add' and 'delete' buttons. The third screenshot is the 'Attachments' panel, which has a table with columns 'Line Item', 'Type', 'Transmission Code', 'Control Number', and 'Description'. It shows one entry with 'Line Item' 1. Below the table are input fields for 'Control Number', 'Transmission', 'Report Type', and 'Description', along with 'delete', 'add', 'save', and 'cancel' buttons.

15.3.3 Prior Authorization Submit Field Descriptions

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

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

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

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

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

15.3.4 Prior Authorization Submit Panel Field Edit Error Codes

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

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

Field	Error Message	To Correct
	Requested Effective Dates invalid for Diagnosis ICD version selected, please correct.	If Diagnosis code has a version as ICD-9 the Required Effective date should be Less than or Equal to the ICD-9 Diagnosis End Date. If Diagnosis code has a version as ICD-10 the Required Effective date should be Greater than or Equal to the ICD-10 Diagnosis Implementation Date. The ICD-9 Diagnosis End Date and ICD-10 Diagnosis Implementation Date are published on the CMS Web site.
	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 DXC or HID may update a PA with an NDC service type.
Thru Service	Thru Service is not valid.	Enter a valid procedure code for the Thru Service.
Tooth 1	Tooth 1 is not valid.	Enter a valid Tooth number.
Tooth 2	Tooth 2 is not valid.	Enter a valid Tooth number.
Tooth 3	Tooth 3 is not valid.	Enter a valid Tooth number.
Tooth 4	Tooth 4 is not valid.	Enter a valid Tooth number.

Field	Error Message	To Correct
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.
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.

Step	Action	Response
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.
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 prior authorization is not considered complete until those fields have been completed with the appropriate data.

15.4.2 Prior Authorization Submit - Base Information Panel Layout

15.4.3 Prior Authorization Submit - Base Information Panel Field Descriptions

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

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

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

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

15.4.5 Prior Authorization Submit - Base Information Panel Extra Features

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

Field	Field Type
-------	------------

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

15.4.6 Prior Authorization Submit - Base Information Panel Accessibility

15.4.6.1 To Access the Prior Authorization Submit - Base Information Panel

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

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

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

15.5 Prior Authorization Submit - Line Item Panel

15.5.1 Prior Authorization Submit - Line Item Panel Narrative

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

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

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

NOTE:

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

15.5.2 Prior Authorization Submit - Line Item Panel Layout

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

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

Line Item

Service Type Code

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

NDC [Search]

Revenue Code [Search]

Status

Requested Eff/End Dates

Requested Units/Dollars

Authorized Eff/End Dates

Balance Units/Dollars

Quantity Used Units/Dollars

Authorized Units/Dollars

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

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

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

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

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

Field	Error Message	To Correct
		fields must only contain A - Z; alphanumeric fields must only contain A - Z and 0 – 9.
	Field exceeds max length.	Ensure that the field matches the field lengths as documented in the field descriptions above.
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

Field	Error Message	To Correct
		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.
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.

Step	Action	Response
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.

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)
8/16/2015	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.

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

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]

NOTE:

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

15.7.2 Prior Authorization Submit New – Notes Panel Layout

Base Information > Line Item > Notes

Provider 516916416 MCD

15.7.3 Prior Authorization Submit New – Notes Panel Field Descriptions

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

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

15.7.4 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 enter multiple, internal attachments for a new prior authorization.

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

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

NOTE:

Providers may submit additional documentation via FAX or electronic upload at a later time and have that documentation combined with the original document through the use of Forms discussed in section 14.6 of this document. The same PA number associated with the original document must be included on the Form for the upload of the additional 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

Field	Description	Field Type	Data Type	Length
Control Number	Displays the attachment/paperwork identifier (e.g. Document Control Number).	Field	Character	80
Description	Displays the free form text for the attachment/paperwork.	Field	Character	80
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

16.1.3 Provider Maintenance Panel Field Descriptions

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

16.1.4 Provider Maintenance Panel Field Edit Error Codes

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

16.1.5 Provider Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.1.6 Provider Maintenance Panel Accessibility

16.1.6.1 To Access the Provider Maintenance Panel

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

16.2 Provider Location Contact Information Panel Overview

16.2.1 Provider Location Contact Information Panel Narrative

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

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

16.2.2 Provider Location Contact Information Panel Layout

16.2.3 Provider Location Contact Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Accepting New Patients	Indicates whether or not provider is accepting new patients at this location.	Combo Box	Character	1
Address 1	First line of the provider's address.	Field	Character	30
Address 2	Second line of the provider's address.	Field	Character	30
City	City related to the provider's address.	Field	Character	15
Clear	Clears all data applied to a panel.	Button	N/A	0
Contact E-mail	Contact person's e-mail address attached with provider address.	Field	Character	50

Field	Description	Field Type	Data Type	Length
Contact Fax	Contact person's fax number attached with provider address.	Field	Numeric (Integer)	10
Contact Name	Name of the Primary Contact attached with provider address	Field	Character	50
Contact Phone Number	Contact person's phone number attached with provider address.	Field	Numeric (Integer)	10
Patient Contact Email	Provider's email address that is displayed in the Public Provider Directory.	Field	Character	50
Provider ID	Provider ID of the Provider.	Field	Character	15
Search	Performs search based on criteria entered and displays search results within the pop up search panel. Selecting the desired result returned populates the main panel with the corresponding data.	Button	N/A	0
Service Location Email	Email address for the provider's service location.	Field	Character	50
Service Location Phone Number	Phone number for the provider's service location.	Field	Numeric (Integer)	10
Service Location Fax Number	Fax number for the provider's service location.	Field	Numeric (Integer)	10
State	State of the provider's address.	Field	Character	2
Toll Free Phone	Toll free phone+4 numbers associated to the provider's address.	Field	Character	10
Zip	Zip +4 of the provider's address.	Field	Numeric (Integer)	9

16.2.4 Provider Location Contact Information Panel Field Edit Error Codes

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

Field	Error Message	To Correct
Contact Name	Contact Name is Required	Enter the Contact Name.
Service Location Phone	Service Location Phone is required.	Enter the phone number for the Service Location.

16.2.5 Provider Location Contact Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.2.6 Provider Location Contact Information Panel Accessibility

16.2.6.1 To Access the Provider Location Contact Information Panel

Step	Action	Response
1	Enter 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.

16.3 Provider Payer Information Panel Overview

16.3.1 Provider Payer Information Panel Narrative

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

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

16.3.2 Provider Payer Information Panel Layout

16.3.3 Provider Payer Information Panel Field Descriptions

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

16.3.4 Provider Payer Information Panel Field Edit Error Codes

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

16.3.5 Provider Payer Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.3.6 Provider Payer Information Panel Accessibility

16.3.6.1 To Access the Provider Payer Information Panel

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

16.4 Provider Language Panel Overview

16.4.6 Provider Language Panel Narrative

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

Navigation Path: [Providers - Provider Maintenance - Language]

16.4.7 Provider Language Panel Layout

16.4.8 Provider Language Panel Field Descriptions

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

16.4.9 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 XXXXX@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.

16.4.10 Provider Language Panel Extra Features

Field	Field Type
No extra features found for this panel.	

16.4.11 Provider Language Panel Accessibility

16.4.11.1 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.

17. Provider Look Up Search

17.1 Provider Look Up Search Panel Narrative

This panel allows users access to perform a provider search without having to securely logon to the web portal.

Navigation Path: [Provider Look Up]

17.1.1 Provider Look Up Panel Layout

PLEASE BE AWARE THIS TOOL WILL SOON BE UPDATED WITH A PRINTER AND MOBILE FRIENDLY VERSION.

Name	Specialty	Address	City	State	Zip	Phone Number	Accepting New Patients	Secondary Languages	E-mail	DHCP	PCP
CHARD , DANA C	Radiologist	1203 24TH AVENUE	MERIDIAN	MS	39301-3926	(601)693-5862	Unknown	ARMENIAN AVESTAN		N	N
CHARD , RACHEL S	Radiologist	1203 24TH AVE	MERIDIAN	MS	39301-3926	(601)693-5862	Unknown			N	N
CHARD , DANA C	Radiologist	1800 12TH STREET	MERIDIAN	MS	39301-4158	(601)703-9544	Unknown			N	N
CHARD , RACHEL S	Radiologist	1800 12TH STREET	MERIDIAN	MS	39301-4158	(601)703-9544	Unknown			N	N
CHARD , DANA C	Radiologist	235 S 12TH AVE	LAUREL	MS	39440	(601)428-0601	Unknown			N	N

17.1.2 Provider Look Up 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
Accepting New Patients	Provider's Accepting New Patients.	Field	Character	1
Address	Provider's address.	Field	Character	15
Business OR Last Name	The name of the business of the owner or Last Name of Provider.	Field	Character	50
City	Provider's city.	Field	Character	30
County	Provider's county.	Field	Drop Down List Box	10
DHCP	Provider's DHCP.	Field	Character	1
E-mail	Provider's E-mail.	Field	Character	50
First Name	The First Name of the Provider.	Field	Character	50
Secondary Languages	Provider's Linguistic Capabilities.	Field	Character	50

Field	Description	Field Type	Data Type	Length
Name	Provider's Name.	Field	Character	50
PCP	Provider's PCP.	Field	Character	1
Phone Number	Provider's Phone Number.	Field	Character	10
Records	Number of records to display after search is completed.	Field	Drop Down List Box	0
Specialty	Provider's Specialty.	Field	Drop Down List Box	3
State	Provider's state.	Field	Character	2
Zip	Provider's zip.	Field	Character	10

17.1.3 Provider Look Up Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Search	Button	1	Enter at least one search criteria when searching.	Enter at least one criteria.

17.1.4 Provider Look Up Search Panel Extra Features

Field	Field Type
N/A	

17.1.5 Provider Look Up Search Panel Accessibility

17.1.5.1 To Access the Provider Look Up Panel

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

17.1.5.2 To Search on the Provider Look Up Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields: Business OR Last Name, First Name, City, Specialty and County.	
2	Click search .	Provider Information panel will display.

18. Consent Form Search

18.1 Consent Form Search Panel Overview

18.1.1 Consent Form Search Panel Narrative

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

Navigation Path: [Providers] – [ConsentFormSearch]

18.1.2 Consent Form Search Panel Layout

18.1.3 Consent Form Search Panel Field Descriptions

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

18.1.4 Consent Form Search Panel Field Edit Error Codes

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

18.1.5 Consent Form Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

18.1.6 Consent Form Search Panel Accessibility

18.1.6.1 To Access the Consent Form Search Panel

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

19. 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 DXC 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.

19.1 Admission Type Search

19.1.1 Admission Type Search Panel Narrative

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

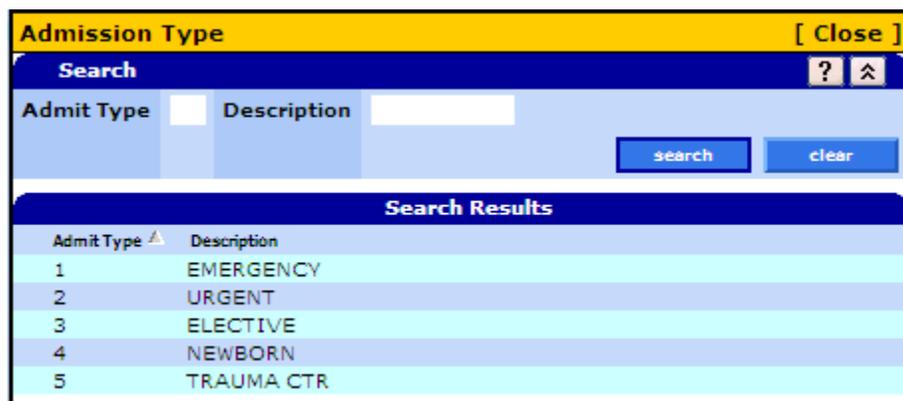
NOTE:

This information is pulled from the DXC 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]

19.1.2 Admission Type Search Panel Layout



19.1.3 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

19.1.4 Admission Type Search Panel Field Edit Error Codes

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

19.1.5 Admission Type Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.1.6 Admission Type Search Panel Accessibility

19.1.6.1 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.

19.1.6.2 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.

19.2 Carrier Code Search

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

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

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

19.2.2 Carrier Code Search Panel Layout

19.2.3 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

19.2.4 Carrier Code Search Panel Field Edit Error Codes

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

19.2.5 Carrier Code Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.2.6 Carrier Code Search Panel Accessibility

19.2.6.1 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.

19.2.6.2 To Search on the Carrier Code Search Panel

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

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

19.3 Condition Search

19.3.1 Condition Search Panel Narrative

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

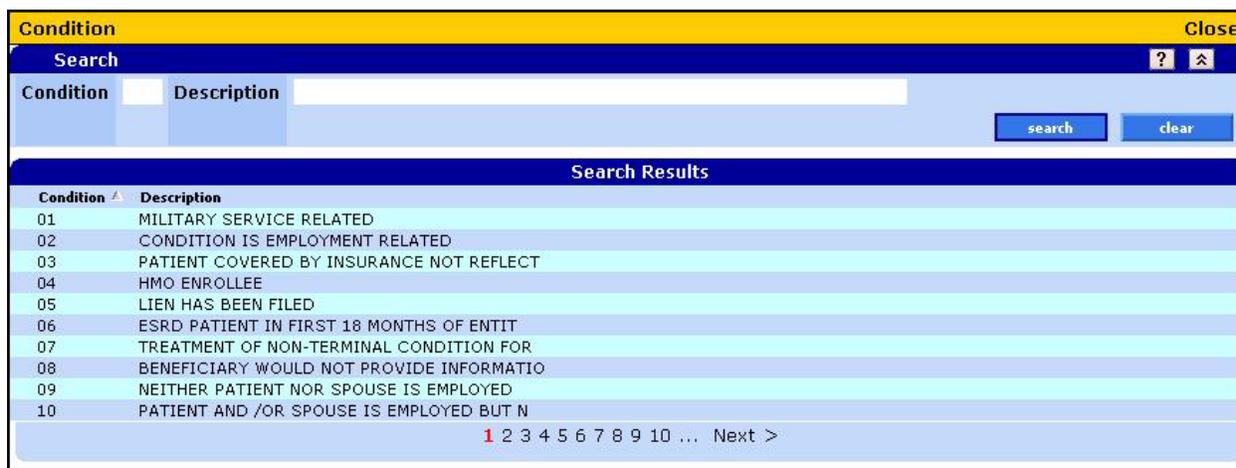
NOTE:

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

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

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

19.3.2 Condition Search Panel Layout



19.3.3 Condition Search Panel Field Descriptions

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

19.3.4 Condition Search Panel Field Edit Error Codes

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

19.3.5 Condition Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.3.6 Condition Search Panel Accessibility

19.3.6.1 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.

19.3.6.2 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.

19.4 Diagnosis Search

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

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

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

19.4.2 Diagnosis Search Panel Layout

19.4.3 Diagnosis Search Panel Field Descriptions

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

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

19.4.4 Diagnosis Search Panel Field Edit Error Codes

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

19.4.5 Diagnosis Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.4.6 Diagnosis Search Panel Accessibility

19.4.6.1 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.

19.4.6.2 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.

19.5 Drug Search Panel Narrative

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

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

19.5.1 Drug Search Panel Layout

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

19.5.2 Drug Search Panel Field Descriptions

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

19.5.3 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.

19.5.4 Drug Search Panel Extra Features

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

19.5.5 Drug Search Panel Accessibility

19.5.5.1 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.

19.6 Modifiers Search

19.6.1 Modifiers Search Panel Narrative

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

NOTE:

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

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

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

19.6.2 Modifiers Search Panel Layout

19.6.3 Modifiers Search Panel Field Descriptions

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

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

19.6.4 Modifiers Search Panel Field Edit Error Codes

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

19.6.5 Modifiers Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.6.6 Modifiers Search Panel Accessibility

19.6.6.1 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.

19.6.6.2 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.

19.7 NDC Search

19.7.1 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 DXC 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]

19.7.2 NDC Search Panel Layout

19.7.3 NDC Search Panel Field Descriptions

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

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

19.7.4 NDC Search Panel Field Edit Error Codes

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

19.7.5 NDC Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.7.6 NDC Search Panel Accessibility

19.7.6.1 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.

19.7.6.2 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.

19.8 Occurrence Code Search

19.8.1 Occurrence Code Search Panel Narrative

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

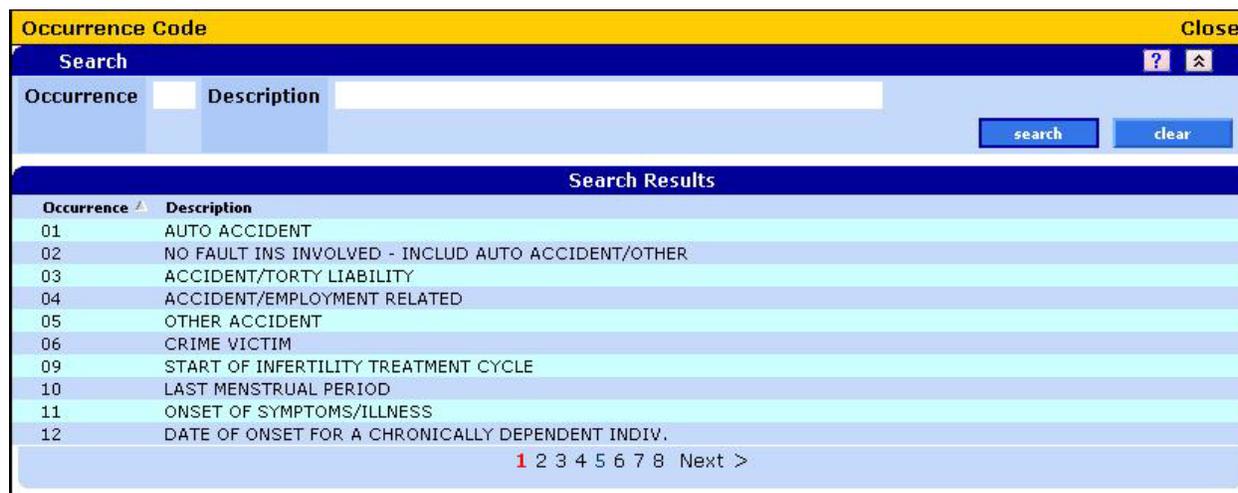
NOTE:

This information is pulled from the DXC 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]

19.8.2 Occurrence Search Panel Layout



19.8.3 Occurrence Search Panel Field Descriptions

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

Field	Description	Field Type	Data Type	Length
Occurrence	Displays the code which defines a significant event relating to a particular UB04 claim that may affect payer processing.	Field	Character	2

19.8.4 Occurrence Code Search Panel Field Edit Error Codes

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

19.8.5 Occurrence Code Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.8.6 Occurrence Code Search Panel Accessibility

19.8.6.1 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.

19.8.6.2 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.

19.9 Patient Status Search

19.9.1 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 DXC 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]

19.9.2 Patient Status Search Panel Layout

19.9.3 Patient Status Search Panel Field Descriptions

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

Field	Description	Field Type	Data Type	Length
Description	Displays the description of the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Alphanumeric	80
Patient Status	Displays the status of the recipient as of the ending service date of the period covered on a UB04 claim.	Field	Character	2

19.9.4 Patient Status Search Panel Field Edit Error Codes

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

19.9.5 Patient Status Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.9.6 Patient Status Search Panel Accessibility

19.9.6.1 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.

19.9.6.2 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.

19.10 POS Search

19.10.1 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 DXC 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]

19.10.2 POS Search Panel Layout

19.10.3 POS Search Panel Field Descriptions

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

Field	Description	Field Type	Data Type	Length
Description	Displays the description of the location where the medical assistance service was performed.	Field	Alphanumeric	50
Place Of Service	Displays the location code where the medical assistance service was provided.	Field	Character	2

19.10.4 POS Search Panel Field Edit Error Codes

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

19.10.5 POS Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.10.6 POS Search Panel Accessibility

19.10.6.1 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.

19.10.6.2 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.

19.11 Prescriber License Search

19.11.1 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 DXC 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]

19.11.2 Prescriber License Search Panel Layout

19.11.3 Prescriber License Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Address 1	Displays the provider's primary address.	Field	Alphanumeric	40

Field	Description	Field Type	Data Type	Length
Address 2	Displays the provider's secondary address.	Field	Alphanumeric	20
City	Displays the provider's city.	Field	Alphanumeric	20
County	Displays the provider's county code.	Field	Alphanumeric	2
License Number	Displays the provider's state license number.	Field	Character	10
Name	Displays the name of the provider who is issued the license number.	Field	Alphanumeric	50
State	Displays the provider's state.	Field	Alphanumeric	2
Zip	Displays the provider's zip code.	Field	Number (Integer)	5
Zip + 4	Displays the provider's zip + 4.	Field	Number (Integer)	4

19.11.4 Prescriber License Search Panel Field Edit Error Codes

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

19.11.5 Prescriber License Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.11.6 Prescriber License Search Panel Accessibility

19.11.6.1 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.

19.11.6.2 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.

19.12 Procedure Search

19.12.1 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 DXC 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]

19.12.2 Procedure Search Panel Layout

19.12.3 Procedure Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of the procedure.	Field	Alphanumeric	40
Procedure	Displays the code for the procedure.	Field	Alphanumeric	6

19.12.4 Procedure Search Panel Field Edit Error Codes

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

19.12.5 Procedure Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.12.6 Procedure Search Panel Accessibility

19.12.6.1 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.

19.12.6.2 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.

19.13 Procedure ICDSearch

19.13.1 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 DXC 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]

19.13.2 Procedure ICD Search Panel Layout

19.13.3 Procedure ICD Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the Medical Description of surgical or diagnostic procedure.	Field	Alphanumeric	60
ICD	Displays the code which indicates a specific, surgical or diagnostic procedure.	Field	Character	7

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

19.13.4 Procedure ICD Search Panel Field Edit Error Codes

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

19.13.5 Procedure ICD Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.13.6 Procedure ICD Search Panel Accessibility

19.13.6.1 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.

19.13.6.2 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.

19.14 Provider ID Search

19.14.1 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 DXC 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]

19.14.2 Provider ID Search Panel Layout

19.14.3 Provider ID Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Address	Displays the provider's primary address.	Field	Alphanumeric	40
City	Displays the provider's city.	Field	Alphanumeric	20
Description	Displays the provider's type description.	Field	Alphanumeric	20
Name	Displays the provider's name.	Field	Alphanumeric	40

Field	Description	Field Type	Data Type	Length
Medicaid Provider ID	Displays the Medicaid number of the provider.	Field	Alphanumeric	9
National Provider ID	Displays the national identification number of the provider.	Field	Alphanumeric	10
Provider ID *	Displays the identification number of the provider.	Field	Alphanumeric	10
State	Displays the provider's state.	Field	Alphanumeric	2
Zip, 4	Displays the provider's zip code plus 4.	Field	Number (Integer)	5

19.14.4 Provider ID Search Panel Field Edit Error Codes

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

19.14.5 Provider ID Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.14.6 Provider ID Search Panel Accessibility

19.14.6.1 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.

19.14.6.2 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.

19.15 Quadrant Search

19.15.1 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 DXC 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]

19.15.2 Quadrant Search Panel Layout

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

19.15.3 Quadrant Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	Clears the search criteria fields.	Button	N/A	0
search	Search button initiates the search results.	Button	N/A	0
Description	Displays the tooth quadrant code description.	Field	Alphanumeric	50
Tooth Quadrant	Displays the corresponding tooth quadrant code.	Field	Alphanumeric	3

19.15.4 Quadrant Search Panel Field Edit Error Codes

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

19.15.5 Quadrant Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.15.6 Quadrant Search Panel Accessibility

19.15.6.1 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.

19.15.6.2 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.

19.16 Revenue Code Search

19.16.1 Revenue Code Search Panel Narrative

The Revenue Code Search pop-up panel allows for the search of a revenue code.

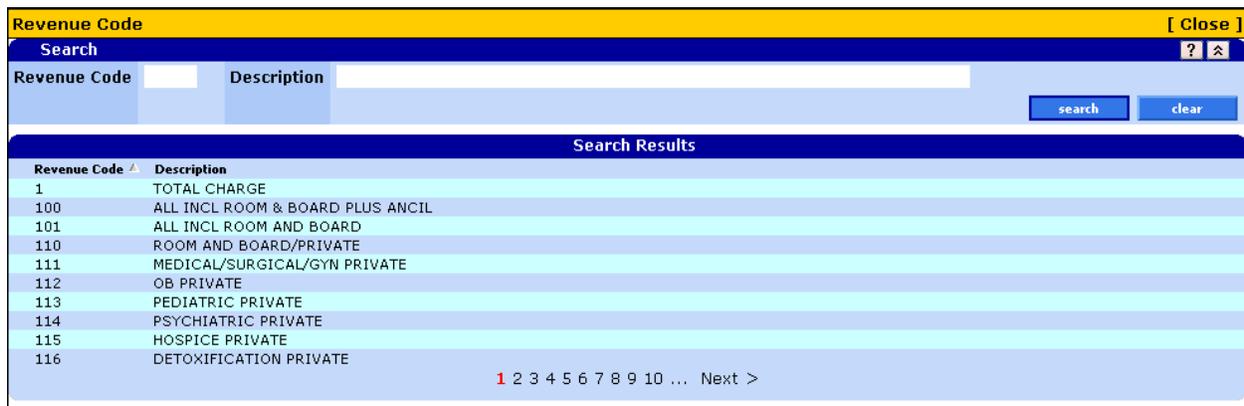
NOTE:

This information is pulled from the DXC 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]

19.16.2 Revenue Code Search Panel Layout



19.16.3 Revenue Code Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search results.	Button	N/A	0
Description	Displays the specific accommodation or ancillary service.	Field	Alphanumeric	70
Revenue Code	Displays the revenue codes of specific accommodation or ancillary service.	Field	Number	4

19.16.4 Revenue Code Search Panel Field Edit Error Codes

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

19.16.5 Revenue Code Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.16.6 Revenue Code Search Panel Accessibility

19.16.6.1 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.

19.16.6.2 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.

19.17 Tooth Search

19.17.1 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 DXC 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]

19.17.2 Tooth Search Panel Layout

19.17.3 Tooth Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search.	Button	N/A	0
Description	Displays the description of the tooth number.	Field	Alphanumeric	40
Tooth Number	Displays the correspondent tooth number.	Field	Character	2

19.17.4 Tooth Search Panel Field Edit Error Codes

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

19.17.5 Tooth Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.17.6 Tooth Search Panel Accessibility

19.17.6.1 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.

19.17.6.2 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.

19.18 User Name Search

19.18.1 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]

19.18.2 User Name Search Panel Layout

Search Results		
User Name ▲	First Name	Last Name
PHARMACYCLERK	Smith	Joe

19.18.3 User Name Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
clear	This button clears the search criteria fields.	Button	N/A	0
search	This button initiates the search results.	Button	N/A	0
First Name	Displays the first name of the user.	Field	Character	50
Last Name	Displays the last name of the user.	Field	Character	50
User Name	Displays the login identification of the user.	Field	Alphanumeric	20

19.18.4 User Name Search Panel Field Edit Error Codes

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

19.18.5 User Name Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.18.6 User Name Search Panel Accessibility

19.18.6.1 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.

19.18.6.2 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.

19.19 Group Member Provider ID Search

19.19.1 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.

19.19.2 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
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810
1111111111	1111111111	1111111111	SMITH, JIM SMITH	10000 UNIVERSITY BLVD, SUITE 1000	ANNISTON	AL	36810

19.19.3 Group Member Provider ID Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address	Display the primary address of Group Member Provider.	Field	Alphanumeric	30
Business or Last Name	Displays the Group Member Provider's Business or last name.	Field	Character	50
City	Displays city of Group Member Provider.	Field	Character	30
clear	This button clears the search criteria fields.	Button	N/A	0
First ,MI	Displays the Group Member Provider's first name, Middle Initial.	Field	Character	50
Group Member Base Provider ID	Displays Group Member Provider's Base Provider Identification Number.	Field	Alphanuemric	15
Group Member Name	Last Name, First Name and Middle Initial of Group Member Provider	Field	Character	50

Field	Description	Field Type	Data Type	Length
Group Member National Provider ID	Displays the Group Member Provider's National Provider Identification Number.	Field	Alphanuemric	15
Group Member Medicaid Provider ID	Displays the Group Member Provider's Medicaid Provider Identification Number.	Field	Alphanuemric	15
Provider ID	Displays the Group Member Provider's Provider ID.	Field	Alphanumeric	15
search	This button initiates the search results.	Button	N/A	0
State	Displays the Group Member Provider's state.	Field	Character	2
Zip	Displays the Group Member Provider's zip.	Field	Numeric	5

19.19.4 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.

19.19.5 Group Member Provider ID Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

19.19.6 Group Member Provider ID Search Panel Accessibility

19.19.6.1 To Access the Group Member Search Panel

Step	Action	Response
1	Click Trade Files - Download	File Download Search Panel opens.
2	Select " PRV-A035 - M-Provider Reenrollment Facsimile " from dropdown	"Group Member Provider ID" Field is displayed.
3	Click [Search] .	Opens "Group Member Provider ID Search" pop-up search.

19.19.6.2 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.

20. Provider Look Up Search

20.1 Provider Look Up Search Panel Narrative

This panel allows users access to perform a provider search without having to securely logon to the web portal.

Navigation Path: [Provider Look Up]

20.1.1 Provider Look Up Panel Layout

PLEASE BE AWARE THIS TOOL WILL SOON BE UPDATED WITH A PRINTER AND MOBILE FRIENDLY VERSION.

Name	Specialty	Address	City	State	Zip	Phone Number	Accepting New Patients	Secondary Languages	E-mail	DHCP	PCP
CHARD , DANA C	Radiologist	1203 24TH AVENUE	MERIDIAN	MS	39301-3926	(601)693-5862	Unknown	ARMENIAN AVESTAN		N	N
CHARD , RACHEL S	Radiologist	1203 24TH AVE	MERIDIAN	MS	39301-3926	(601)693-5862	Unknown			N	N
CHARD , DANA C	Radiologist	1800 12TH STREET	MERIDIAN	MS	39301-4158	(601)703-9544	Unknown			N	N
CHARD , RACHEL S	Radiologist	1800 12TH STREET	MERIDIAN	MS	39301-4158	(601)703-9544	Unknown			N	N
CHARD , DANA C	Radiologist	235 S 12TH AVE	LAUREL	MS	39440	(601)428-0601	Unknown			N	N

20.1.2 Provider Look Up 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
Accepting New Patients	Provider's Accepting New Patients.	Field	Character	1
Address	Provider's address.	Field	Character	15
Business OR Last Name	The name of the business of the owner or Last Name of Provider.	Field	Character	50
City	Provider's city.	Field	Character	30
County	Provider's county.	Field	Drop Down List Box	10
DHCP	Provider's DHCP.	Field	Character	1
E-mail	Provider's E-mail.	Field	Character	50
First Name	The First Name of the Provider.	Field	Character	50
Secondary Languages	Provider's Linguistic Capabilities.	Field	Character	50
Name	Provider's Name.	Field	Character	50

Field	Description	Field Type	Data Type	Length
PCP	Provider's PCP.	Field	Character	1
Phone Number	Provider's Phone Number.	Field	Character	10
Records	Number of records to display after search is completed.	Field	Drop Down List Box	0
Specialty	Provider's Specialty.	Field	Drop Down List Box	3
State	Provider's state.	Field	Character	2
Zip	Provider's zip.	Field	Character	10

20.1.3 Provider Look Up Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Search	Button	1	Enter at least one search criteria when searching.	Enter at least one criteria.

20.1.4 Provider Look Up Search Panel Extra Features

Field	Field Type
N/A	

20.1.5 Provider Look Up Search Panel Accessibility

20.1.5.1 To Access the Provider Look Up Panel

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

20.1.5.2 To Search on the Provider Look Up Search Panel

Step	Action	Response
1	Enter one or a combination of the following fields: Business OR Last Name, First Name, City, Specialty and County.	
2	Click search .	Provider Information panel will display.

21. Help

The EMC Helpdesk is available to providers and vendors to answer questions, or to address any problems which may occur while using the Interactive Services website. Providers may contact the EMC Helpdesk for help with the following issues:

- Initial User ID and Password
- Password Resets
- Connectivity Problems

The EMC Helpdesk can be contacted through one of the following sources:

Phone	Mail	Email
1(800) 456-1242 1(334) 215-4272 (fax)	DXC Technology Attn: EMC Helpdesk 301 Technacenter Drive Montgomery, AL 36117	AlabamaSystemsEMC@hpe.com

NOTE:

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