

A handy reference for the S.C. Medicaid Web-based Claims Submission Tool:

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List Management

List Management allows you to create lists of useful claims information used repeatedly when entering data on the Claims Entry screen. Using the lists feature will both shorten the time it takes to enter a claim and increases accuracy of claims entry.

All lists work basically the same way: Click **List Management** on the Main Menu and select a list type (e.g., Recipient, Procedure, Diagnosis, etc.) from the submenu. An example of a Recipient List is shown at the right.

View List

The *Add/View* screen for that list is displayed. The lower portion of the screen shows current *active* entries on the list.

- To view the full list, scroll down the list and click the **Show All** button. To view only active entries, click the **Show Active Only** button that will display.

Add to List

1. Type the individual's information in the fields provided in the top half of the *Add/View* screen.
2. Click **Submit**.

Edit List

1. Click the **Edit** button to the far right of the entry you wish to edit. This will take you to the *Edit* screen for that list.
2. Make your changes in the fields provided.
3. Check or uncheck the box marked "Active" next to the new entry. Only patients marked "Active" will appear on your default list.
4. Click **Submit**. This will return you to the *Add/View* screen.

Recipient List - Add/View

ADD new entries using these fields.

Add Recipient Information

Recipient Last Name: Recipient First Name:

Recipient Medicaid ID Number:

Recipient Account Number: Medical Record Number:

View Recipient Information: (6 records)

Recipient Last Name	Recipient First Name	Recipient Medicaid ID Number	Recipient Account Number	Medical Record Number	Status	Edit	Delete
Canal	Root	9998888787	27892	25478	A	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Doe	Georgia	0039989896	98756	74589	A	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Ellison	Frances	2487960214	42569	78510	A	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Hernandez	Elizabeth	1233333333	21458	78562	A	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Li	Xiao	1230000000	98745	14597	A	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Smith	Adam	1238888888	47826	01258	A	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Click to view all entries (not just active ones).

DELETE an entry on your list.

EDIT an entry on your list.

Delete from List

1. Click the **Delete** button in the last column if you would like to delete an entry from your list.
2. A warning window will appear asking if you are sure you want to delete the entry.
3. Click **Yes** to delete the entry.
4. Click **Cancel** to return to the list.

Claims Entry

From the Main Menu, click **Claims Entry** and then select the type of claim (Dental, CMS-1500, UB-04) from the submenu that will appear. The lower portion of the *Claim Results* screen lists all unsubmitted claims. The upper portion allows you to choose a desired action.

Claims Entry works the same for Dental, CMS-1500, and UB-04 claims. The CMS-1500 claim type is used as an example in the information below.

Add a Claim

1. Click the **Add** button to open the claim form.
2. Type in your data as you would any other claim. You will encounter drop-down menus, ellipses, **Copy** and **Add/Edit** buttons in some fields as described below.
3. Click the **Save** button.

Edit a Claim

1. Click the **Radio** button next to the claim you wish to edit.
2. Click the **Edit** button. The claim will appear and you may make the desired changes.

Copy a Claim

1. Click the **Radio** button next to the claim to be copied.
2. Choose the **Copy** button. (Note: Once the claim is copied, there will be a duplicate claim in your list. Be sure to edit the duplicate claim in order to avoid sending a duplicate.)

View a Claim

1. Click the **Radio** button next to the claim you wish to view.
2. Click the **View** button. The claim will be displayed on your screen.

View History

1. Click the **Radio** button next to the claim you wish to view.
2. Click the **History** button. In this example, a list of all CMS-1500 submitted batches will be displayed.

Remember - A data purge will run the first day of each month to delete all submitted claims and submitted batches that are more than three months old (as determined from the date in the *Date Submitted* field).

Delete a Claim

1. Click the **Radio** button next to the claim you wish to view.
2. Click the **Delete** button. The claim will be deleted.

Main Menu

- Claims Entry
- Dental
- CMS-1500
- UB-04
- List Management
- Report
- Claim Submission
- Claim Status
- Web Submitted Claims
- Eligibility
- Reference Materials
- LOGOFF
- Contact Us

CMS-1500 Results

Claim Type: CMS-1500 File: Current [Add] [Edit] [Copy] [View] [History] [Delete] [View All]

CMS-1500 Information: (2 records)

	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Claim Charge	Balance Due	Date Last Updated
<input type="radio"/>	Canal	Root		9998888787	\$20.00	\$20.00	18 Jun 2007
<input type="radio"/>	Strong	Arm		1234657890	\$70.00	\$70.00	18 Jun 2007

All unsubmitted claims that are more than three months old will be automatically purged (deleted) on the first day of each month based on the *DATE LAST UPDATED* field.

Drop-Down: Click to choose from predefined system lists.

Miscellaneous Claim Information

EPSDT: Follow-up No Release of Information: Yes No

EPSDT referral given to Patient?: Yes No EPSDT Referral Type: []

Related Causes: Auto Accident State of Auto Accident: []
 Employment Accident Date of Accident: []
 Other Accident Injury

Original CCN: []

Place of Service Facility Type Code: [] Claim Submission Reason Code: [1-Original]

Service Facility Location Zip: [] - []

Rendering/Attending Information

R/A Provider First Name: [] R/A Provider Last Name or Organization Name: [] ...

R/A Medicaid Provider ID: []

R/A Medicaid Provider NPI: [] R/A Provider Taxonomy: []

CMS-1500 Insurance Detail

[Add/Edit Other Insurance] No Other Insurance

Ellipsis: Click to choose from lists created by you.

ADD/EDIT button: Click to open a new screen where you can enter additional information.

View All Claims

1. Click the **View All** button. All of the unsubmitted claims will be displayed on your screen.
Remember - these claims will be automatically purged (deleted) if they are more than three months old (as determined by the date in the *Date Last Updated* field).
2. Click the **Print** button. A list of all CMS-1500 unsubmitted claims will be printed.
3. Click the **Back** button to return to the *CMS-1500 Results* screen for other options.

Claim Submission

Claim Submission works the same way for Dental, CMS-1500, and UB-04 claims.

1. Click on **Claims Entry > CMS-1500** to go to the *CMS Claims Results* screen. Verify that these claims are ready to submit.
2. From the Main Menu, click on **Claims Submission**, and then on **Claims Submission** again in the submenu. This will take you to the *Claims Submission* screen.
3. Type your Contact Information in the fields provided or select from List Management by clicking on the ellipsis.
4. In the Claims Submission Information section, click on the **Radio** button next to the type of claims you want to submit. (Note: To submit only specific claims within a claim type, click the **Edit** button to bring up the full list of claims. From there, you can select the desired claims to submit by clicking the **Radio** buttons next to them.)
5. Click the **Submit** button. A Popup screen will ask if you are sure you want to send the claims.
6. Click **Yes**. A screen displaying the batch ID will appear.

Reports

The Reports feature allows you to see all submitted batches, including the batch ID, date submitted, name of the submitter, the number of claims that were sent, and the total dollar value of the claims. This information will remain for three months before it is automatically purged (deleted). You can view the specific claims in the batch, and you can either print them or copy them for reuse in a new claim.

From the Main Menu, click **Reports**. A submenu will appear. Click the desired claim type for the report (example: *CMS-1500*).

View Claims

1. Click the **Radio** button next to the desired batch.
2. Click the **Detail** button. A *Batch Details* screen will appear that lists all claims in that batch.
3. To view a specific claim, select the **Radio** button next to the desired claim and click **Detail** button to retrieve the claim list. The list of claims in that batch will display. (Note: To view the current list of *unsubmitted* claims, click the **Current** button.)

Note: All submitted claims and submitted batches that are more than three months old will automatically purge (delete) based on the date listed in the *Date Submitted* field.

Claim Submission

Contact Information

Name:

Address:

City: State: Zip:

Phone: Extension:

Claim Submission Information: (3 records)

	Claim Type	Number of Claims	Total of Claims
<input type="radio"/>	CMS 1500	2	\$90.00
<input type="radio"/>	Dental	1	\$60.00
<input type="radio"/>	UB-04	1	\$23.00

CMS-1500 Submitted Batches

Claim Type: CMS-1500

CMS-1500 Submitted Batches: (3 records)

	Batch ID	Date Submitted	Submitted By	Number of Claims	Total Amount of All Claims
<input type="radio"/>	test130002110	04/19/2004	A. Biller	3	\$900.00
<input type="radio"/>	test130001110	04/19/2004	A. Biller	3	\$450.00
<input type="radio"/>	test130001098	04/07/2004	V. Jennings	4	\$600.00

Claims Status

The Claims Status feature allows you to check the status for Dental, CMS-1500, UB-04, Premium Payment, and the associated adjustments for these claim types regardless of the submission method of the claim. This information will remain available to search for six months (from the processing/check date) before it is automatically purged (deleted). You can view the status of specific claims, or you can enter search criteria to see a range of claims.

From the Main Menu, click **Claims Status**. A submenu will appear. Click **Claims Status** from the submenu.

Search for Claims Status

1. Enter the Provider ID and the Medicaid ID in the required fields at the top of the *Claims Status - Search* screen. The Provider ID should be the one for the "pay to" provider of the claim for which you are searching.
2. Narrow your search by entering a CCN, a Dates of Service range, an Amount Billed, or a combination of the Dates of Service and the Amount Billed. (Note: If you choose to use the Amount Billed criterion for your search, it MUST be the exact amount billed on the claim or the system will not find a match.)
3. Click the **Check Status** button. A *Claims Status - Search Results* screen will appear that lists the status of all claims that satisfy your search criteria. (Note: A warning message will display if no matching claims are found.)
4. Click the **Reset** button to clear all of your search criteria except your Provider ID. You can now enter new criteria.

Sort Search Results

1. Click on a hyperlink (column heading) to re-sort your search results by category.

Print Search Results

1. Click the **Print** button to print the search results.
Note: You must set your printer to Landscape to view all columns on the *Search Results* screen.

CCN	Amount Billed	Dates of Service	Check Date	Check Number	Payment Type	Total Payment	Claim Status	Claim Status Date	Original CCN
0500312345134920A	\$32.00	12/29/2004 to 12/29/2004	01/12/2005				Rejected		
0511352745194920U	\$90.00	12/28/2004 to 12/28/2004					Suspended	04/28/2005	0500312345134900A
0511852775174220U	\$32.00	12/7/2004 to 12/7/2004				\$32.00	Approved	04/28/2005	0500312345134918A
0502253745198020U	\$90.00	12/10/2004 to 12/10/2004					Denied	04/28/2005	0500312345134928A

Claims Status Results

Claims Status results will reflect one of the following five options:

1. Paid – Claim payment has been made. The claim has gone through both the adjudication and the payment cycles.
2. Approved – Claim has processed and payment is scheduled. The claim has only gone through the adjudication cycle and is pending going through the payment cycle.
3. Rejected – Claim has processed through the payment cycle and an ECF has been issued. Note: No ECF will be issued for adjustment claims; refer to the Remittance Advice (RA) for adjustment claims.
4. Denied – Claim has been adjudicated, edit code(s) has been assigned, and approval was denied. The claim has gone through the adjudication cycle, been denied for payment, but still must complete the payment cycle.
5. Suspended – Claim is in process. The claim attempted to complete the adjudication cycle, but has been suspended. It has been referred to SC Medicaid for resolution.

CLAIMS STATUS	CCN	Amount Billed	Dates of Service	Check Date	Check Number	Payment Type	Total Payment	Claim Status Date
PAID	✓	✓	✓	✓	✓	✓	✓	BLANK
APPROVED	✓	✓	✓	BLANK	BLANK	BLANK	✓	✓
REJECTED	✓	✓	✓	✓	BLANK	BLANK	BLANK	BLANK
DENIED	✓	✓	✓	BLANK	BLANK	BLANK	BLANK	✓
SUSPENDED	✓	✓	✓	BLANK	BLANK	BLANK	BLANK	✓

Web Submitted Claims

The Web Submitted Claims feature allows you to view, sort, and check the status of your Dental, CMS-1500, UB-04, and associated adjustments for claims that have been submitted via the Web Tool. This information will remain available to view, sort and check status for three months from the submission date before it is automatically purged (deleted).

Note: For a claim status to be found, the claim must have completed the adjudication cycle.

From the Main Menu, click **Web Submitted Claims**. A submenu will appear. Click **Web Submitted Claims** from the submenu.

Search Claims Status

1. Click the **checkboxes** of the claims for which you want to check the status.
2. Click the **Check Status** button. The *Web Submitted Claims – Lookup Results* screen will appear.

Note: If you click **Check Status** before selecting any **checkboxes**, a warning window will appear.

3. To clear all of the boxes that you have checked, click the **Clear Checkboxes** button. Or, you can clear individual boxes by clicking on the individual box again.

Sort Lookup Claims

1. Click on a hyperlink (column heading) to re-sort your search results by category.

Note: If you sort by Recipient Last Name, results will reflect a sort by first name as well.

Web Submitted Claims - Lookup

Web Submitted Claims for Submitter: M00098SC9

Check Status Clear Checkboxes

<input type="checkbox"/>	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Claim Charge
<input type="checkbox"/>	Doe	Jane	7777	1236666666	\$65.00
<input type="checkbox"/>	Hernandez	Elizabeth	445445	1233333333	\$65.00
<input type="checkbox"/>	Jones	Alice	8888	1235555555	\$110.00
<input type="checkbox"/>	Jones	Bill	9999	1234444444	\$130.00
<input type="checkbox"/>	Li	Xiao	BH67119	1230000000	\$130.00
<input type="checkbox"/>	Moore	Jim	12	1231231233	\$65.00
<input type="checkbox"/>	Smith	Adam	5555	1238888888	\$515.00
<input type="checkbox"/>	Smith	Jim	6666	1237777777	\$65.00
<input type="checkbox"/>	Smith	Smithy	123123	1239999999	\$90.00
<input type="checkbox"/>	Johnson	Jane	BH67119	1230000001	\$130.00
<input type="checkbox"/>	Johnson	Jane	BH67119	1230000001	\$130.00
<input type="checkbox"/>	Johnson	Jane	BH67119	1230000001	\$130.00
<input type="checkbox"/>	Johnson	Jane	BH67119	1230000001	\$130.00
<input type="checkbox"/>	Johnson	Jane	BH67119	1230000001	\$130.00

Web Submitted Claims - Lookup

Web Submitted Claims for Submitter: M00098SC9

Check Status Clear Checkboxes

<input type="checkbox"/>	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Claim Charge
<input type="checkbox"/>	Doe	Jane	7777	1236666666	\$65.00
<input type="checkbox"/>	Hernandez	Elizabeth	445445	1233333333	\$65.00
<input type="checkbox"/>	Jones	Alice	8888	1235555555	\$110.00
<input type="checkbox"/>	Jones	Bill	9999	1234444444	\$130.00
<input type="checkbox"/>	Li	Xiao	BH67119	1230000000	\$130.00
<input type="checkbox"/>	Moore	Jim	12	1231231233	\$65.00
<input type="checkbox"/>	Smith	Adam	5555	1238888888	\$515.00
<input type="checkbox"/>	Smith	Jim	6666	1237777777	\$65.00
<input type="checkbox"/>	Smith	Smithy	123123	1239999999	\$90.00

Web Submitted Claims – Lookup Results

All information in the columns for the *Web Submitted Claims – Lookup Results* screen are similar to those for the *Claims Status* screen. (See chart on page 5.) If a claim has not completed the adjudication cycle, you will receive a warning message that the claim status data was not found; try your search again the following day.

Print Search Results

1. Click the **Print** button to print the search results.

Note: You must set your printer to Landscape to view all columns on the *Lookup Results* screen.

Web Submitted Claims - Lookup Results

Print Back

CCN	Recipient Name	Medicaid ID	Amount Billed	Dates of Service	Check Date	Check Number	Payment Type	Total Payment	Claim Status	Claim Status Date	Original CCN
No claims status data found for Medicaid ID 1234567890 and Amount Billed = \$32.00											
No claims status data found for Medicaid ID 9874563210 and Amount Billed = \$32.00											
0515512345614000A	BROWN M	1234567890	\$25.00	3/04/2005 to 3/05/2005					Denied		
0507812345614000A	CARSON J	1234567890	\$65.00	2/09/2005 to 2/09/2005					Suspended		
No claims status data found for Medicaid ID 8796542130 and Amount Billed = \$65.00											
0511012345614000A	COOPER L	1234567890	\$65.00	4/09/2005 to 4/09/2005	04/09/2005				Rejected		
0507712345614000A	DAVIS S	1234567890	\$65.00	4/19/2005 to 4/19/2005				\$55.00	Approved		
0507812345614000A	FONTANA F	1234567890	\$65.00	3/16/2005 to 3/16/2005	04/15/2005	456328	CHK	\$55.00	Paid		
0507812345614000A	GOODE J	1234567890	\$65.00	2/11/2005	02/04/2005	598744	ACH	\$55.00	Paid		

Don't forget the purge rules: On the 1st of every month, the system will purge everything older than three months.

Eligibility

Checking eligibility is fast and efficient with the Web Tool. You may check eligibility individually, or as a batch for multiple recipients.

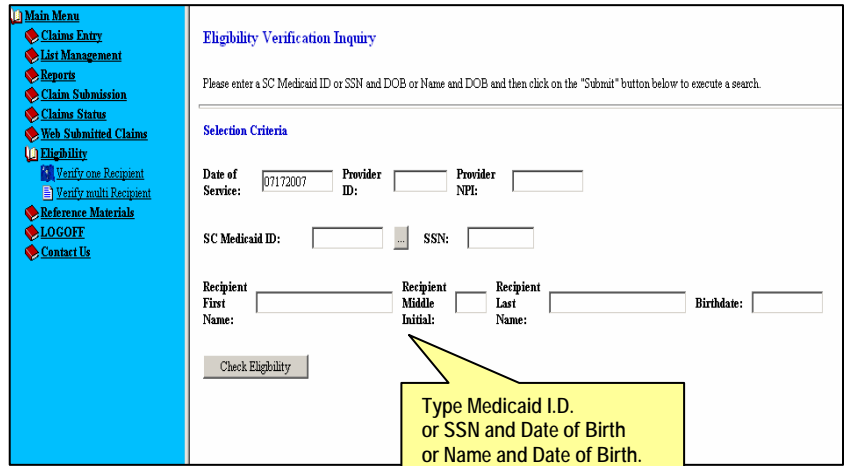
Verify One Recipient

From the Main Menu, choose **Eligibility**, and then **Verify One Recipient**, to retrieve the *Eligibility Verification Inquiry* screen.

1. Enter your Provider ID or NPI, and type one of the following in the fields indicated: Medicaid I.D.; SSN and Date of Birth; or Name and Date of Birth along with the Provider ID. The ellipsis is available to access the recipient list where you can select the desired SC Medicaid ID.

Note: The Web Tool will return SSN information only if you search eligibility using SSN.

2. Click the **Submit** button. The *Eligibility Verification Results* screen will appear that contains the eligibility information of the recipient in question.
 - If you wish to check eligibility for another recipient, click the **New Search** button. This will return you to the original screen.
 - If you wish to add this individual to your Recipient List, click the **Add Recipient List** button.



Eligibility Verification Inquiry

Please enter a SC Medicaid ID or SSN and DOB or Name and DOB and then click on the "Submit" button below to execute a search.

Selection Criteria

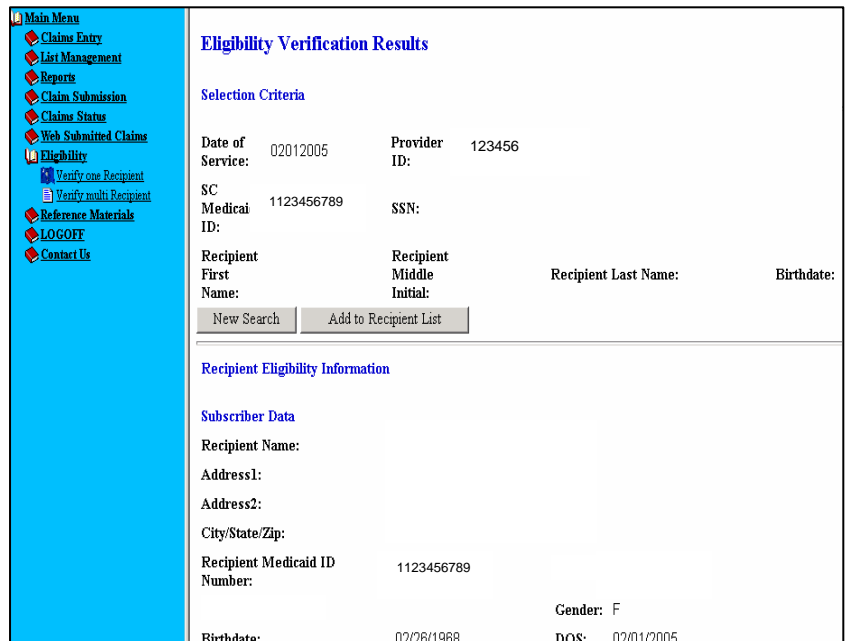
Date of Service: 07172007 Provider ID: Provider NPI:

SC Medicaid ID: SSN:

Recipient First Name: Recipient Middle Initial: Recipient Last Name: Birthdate:

Check Eligibility

Type Medicaid I.D. or SSN and Date of Birth or Name and Date of Birth.



Eligibility Verification Results

Please enter a SC Medicaid ID or SSN and DOB or Name and DOB and then click on the "Submit" button below to execute a search.

Selection Criteria

Date of Service: 02012005 Provider ID: 123456

SC Medicaid ID: 1123456789 SSN:

Recipient First Name: Recipient Middle Initial: Recipient Last Name: Birthdate:

New Search Add to Recipient List

Recipient Eligibility Information

Subscriber Data

Recipient Name:

Address1:

Address2:

City/State/Zip:

Recipient Medicaid ID Number: 1123456789

Gender: F

Birthdate: 02/28/1968 DOS: 02/01/2005

Verify Multiple Recipients

From the Main Menu, choose **Eligibility**, and then **Verify Multi Recipient**, to retrieve the *Eligibility Verification Multi Inquiry Results* screen.

1. Search by SC Medicaid ID, Recipient List, or SSN and DOB. (Note: You are able to select from the Recipient List to populate the Medicaid ID.)

- Click on the **Recipient List** button to display your Recipient List. Select up to 50 recipients and press **Submit** to add the recipients to the selection screen.
- Each time you select from the Recipient List, the system overwrites the previous entries.
- To add a new recipient to the selection screen, type the Medicaid ID in the next available space.

Note: For more accurate results, enter the Date of Service (DOS) in the search criteria to receive eligibility verification for a specific DOS.

2. Click the **Submit** button. The *Eligibility Verification Multi Inquiry Results* screen will appear and display eligibility information for the entire batch of recipients.

3. Click the **Radio** button next to individual recipient name(s).

- Click **Detail** to view a complete list of eligibility information requested.
- Click **Detail All** to view eligibility information provided for every recipient shown.

Medicaid ID	Name	DOB	Eligibility Status	Gender	DOS
<input type="checkbox"/> 1234567890	Subscriber/Insured Not Found in Medicaid Eligibility Verification system.				08/01/2007
<input type="checkbox"/> 0987654321	JAMES A DOE	06/03/1954	NOT ELIGIBLE	MALE	08/01/2007
<input type="checkbox"/> 7777788888	JANE T FRIDAY	10/24/1921	ELIGIBLE	FEMALE	08/01/2007
<input type="checkbox"/> 2222244444	LASSY F KENT	07/22/1999	ELIGIBLE	FEMALE	08/01/2007
<input type="checkbox"/> 1212121212	MABLE ENGLISH	12/02/1979	ELIGIBLE	FEMALE	08/01/2007
<input type="checkbox"/> 1561561567	JACK B NIMBLE	06/17/1960	ELIGIBLE	MALE	08/01/2007