



Recent Changes to the Web Tool

Eligibility, Claims Entry, Claims Status

Effective May 23, 2007, the South Carolina Department and Human Services (SCDHHS) implemented changes in the Eligibility, Claims Entry, and Claims Status options of the Web Tool. Many of these changes have been made due to the implementation of the National Provider Identifier (NPI) and the new or revised claim forms (Dental, CMS-1500, and UB-04).

Eligibility

Search by SSN

When searching eligibility for one recipient by SSN, you are now required to enter information into the Birthdate field. This is also true when searching eligibility for multiple recipients by SSN; a new field, BirthDate, has been added to the Multi Inquiry screen.

Verification Results

The SSN and Family Number fields have been removed from the Eligibility Verification Results screen because they are not required to process the claim.

Changes to the Web Tool (Cont'd.)

Claims Entry

UB-04 References

All references to UB-92 claims have been changed to UB-04 due to its implementation on May 23, 2007. This includes the incorporation of any new required fields when using the Claims Entry function.

Provider Information – All Claim Types

A new field, Billing Provider Zip Code, has been added for all three claim types (Dental, CMS-1500, and UB-04). Due to the implementation of the National Provider Identifier (NPI), this information is now required in order for the claim to process.

Additional Patient Information – UB-04

The Service Facility Location Zip field has been added to the UB-04 Claims Entry screen.

Claims Status

Query by S.C. Medicaid Provider ID or NPI – All Claim Types

The Claims Status Search screen has been redesigned to allow claims status query by either S.C. Medicaid Provider ID or National Provider Identifier (NPI).

Refer to pages 2–6 for screen examples of all of the recent changes.

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Recent Changes to the Web Tool (Cont'd.)

Eligibility – Search by SSN

Eligibility>Verify one Recipient>Eligibility Verification Inquiry>Search By SSN

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: Provider ID: Provider NPI:

SC Medicaid ID: ... SSN:

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

Searches by SSN must be accompanied by Birthdate.

Eligibility>Verify multi Recipient>Eligibility Verification Multi Inquiry>Search By SSN

Eligibility Verification Multi Inquiry

Please enter a Date of service, Provider ID, SSN and DOB then click on the "Submit" button below to execute a search.

Selection Criteria

Date of Service: Provider ID: Provider NPI:

SSN	BirthDate	DOS	SSN	BirthDate	DOS	SSN	BirthDate	DOS
<input type="text"/>	<input type="text"/>	05242007	<input type="text"/>	<input type="text"/>	05242007	<input type="text"/>	<input type="text"/>	05242007
<input type="text"/>	<input type="text"/>	05242007	<input type="text"/>	<input type="text"/>	05242007	<input type="text"/>	<input type="text"/>	05242007
<input type="text"/>	<input type="text"/>	05242007	<input type="text"/>	<input type="text"/>	05242007	<input type="text"/>	<input type="text"/>	05242007
<input type="text"/>	<input type="text"/>	05242007	<input type="text"/>	<input type="text"/>	05242007	<input type="text"/>	<input type="text"/>	05242007

Searches by SSN must be accompanied by BirthDate. (This is a new field.)

Recent Changes to the Web Tool (Cont'd.)

Eligibility – Verification Results

Eligibility > Verify one Recipient (or Verify multi-Recipient) > Eligibility Verification Results

Main Menu

- Claims Entry
- List Management
- Reports
- Claim Submission
- Claims Status
- Web Submitted Claims
- Eligibility
 - Verify one Recipient
 - Verify multi Recipient
- Reference Materials
- LOGOFF
- Contact Us

Eligibility Verification Results

Selection Criteria

Date of Service: Provider ID: Provider NPI:

SC Medicaid ID: SSN:

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

Recipient Eligibility Information

Subscriber Data

Recipient Name:

Address:

City/State/Zip:

Recipient Medicaid ID Number:

Family Number:

Birthdate:

Recipient Eligibility Information

SSN:

Gender:

DOS:

Old Screen

Main Menu

- Claims Entry
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- Web Submitted Claims
- Eligibility
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 - Verify multi Recipient
- Reference Materials
- LOGOFF
- Contact Us

Eligibility Verification Results

Selection Criteria

Date of Service: Provider ID: Provider NPI:

SC Medicaid ID: SSN:

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

Recipient Eligibility Information

Subscriber Data

Recipient Name:

Address:

City/State/Zip:

Recipient Medicaid ID Number:

Gender:

Birthdate:

DOS:

The SSN and Family Number fields have been removed from the Eligibility Verification Results screen.

New Screen

Recent Changes to the Web Tool (Cont'd.)

Claims Entry – Provider Information

Claims Entry>Dental>Dental Results>Add>Provider Information

Main Menu

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

Dental

Claim Type: Dental Claim ID: New Save Cancel Delete

Recipient Information

Recipient Last Name: [] Recipient First Name: [] Medicaid ID: []

Medical Record Number: [] Recipient Account Number: [] Prior Authorization Number: []

Provider Information

Provider Last Name or Organization Name: [] Provider First Name: []

Medicaid Provider ID: []

Medicaid Provider NPI: [] Medicaid Provider Taxonomy: []

Medicaid Provider: EIN SSN

Billing Provider Zip Code: [] - []

Referring Provider ID: []

Referring Provider NPI: [] Referring Provider Taxonomy: []

The Billing Provider Zip Code field has been added to Claims Entry.

Claims Entry>CMS-1500>CMS-1500 Results>Add>Provider Information

Main Menu

- Claims Entry
 - Dental
 - CMS-1500**
 - UB-04
- List Management
- Reports
- Claim Submission
- Claims Status
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- Eligibility
- Reference Materials
- LOGOFF
- Contact Us

CMS-1500

Claim Type: CMS-1500 Claim ID: New Save Cancel Delete

Recipient Information

Recipient Last Name: [] Recipient First Name: [] Medicaid ID: []

Medical Record Number: [] Recipient Account Number: []

Prior Authorization Number: []

Provider Information

Provider Last Name or Organization Name: [] Provider First Name: []

Medicaid Provider ID: []

Medicaid Provider NPI: [] Medicaid Provider Taxonomy: []

Medicaid Provider: EIN SSN

Billing Provider Zip Code: [] - []

Referring Provider ID: []

The Billing Provider Zip Code field has been added to Claims Entry.

Recent Changes to the Web Tool (Cont'd.)

Claims Entry – Provider Information (cont'd.)

Claims Entry>UB-04>UB-04 Results>Add>Provider Information

UB-04

Claim Type: UB-04 Claim ID: New Save Cancel Delete

UB-04 Type: [Dropdown]

Recipient Information

Recipient Last Name: [Text] Recipient First Name: [Text] Medicaid ID Number: [Text]

Recipient Account Number: [Text] Medical Record Number: [Text]

Provider Information

Provider Last Name or Organization Name: [Text] Provider First Name: [Text]

Medicaid Provider ID: [Text]

Medicaid Provider NPI: [Text] Medicaid Provider Taxonomy: [Text]

Medicaid Provider EIN SSN

Billing Provider Zip Code: [Text] - [Text]

Referring Provider ID: [Text]

The Billing Provider Zip Code field has been added to Claims Entry.

Claims Entry – Additional Patient Information

Claims Entry>UB-04>UB-04 Results>Add>Additional Patient Information

Referring Provider ID: [Text] Referring Provider Taxonomy: [Text]

Referring Provider NPI: [Text]

Additional Patient Information

Admission Date: [Text] Admission Hour: [Text] Admission Type: [Dropdown] Admission Source: [Text]

Discharge Hour: [Text] Date of Service From: 05/22/2007 Date of Service Through: 05/22/2007 Patient Status: [Text]

Covered Days: [Text] Non-Covered Days: [Text] Co-Insurance Days: [Text] Lifetime Reserve Days: [Text]

Type of Bill (Facility Type/Frequency): [Dropdown]

Service Facility Location Zip: [Text] - [Text]

Condition Codes

1 [Text] 2 [Text] 3 [Text] 4 [Text] 5 [Text] 6 [Text]

7 [Text] 8 [Text] 9 [Text] 10 [Text] 11 [Text] 12 [Text]

The Service Facility Location Zip field has been added to UB-04 Claims Entry.

Recent Changes to the Web Tool (Cont'd.)

Claims Status – Query by Provider ID or NPI

Claims Status > Claims Status > Claims Status - Search

Main Menu

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- Claims Status
- Claims Status
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Claims Status - Search

Check Status Reset

*Provider: ⌂

NPI

Provider Medicaid ID

*The Medicaid ID:

Claim Control Number (CCN):

OR

Dates of Service From:

To:

OR

Amount Billed:

(*required)

The Provider ID field has been renamed to Provider.

The radio buttons NPI and Provider Medicaid ID have been added.

The purple ellipsis button will display the list of NPIs or Provider Medicaid IDs that are associated with your Web Tool Login and Password, depending on which radio button you click.

In the Provider field, key either the six-digit S.C. Medicaid Provider ID or the 10-digit NPI.

Click the appropriate radio button that corresponds with the information you entered.



Have You Heard?

Reference Materials - Self-Paced Training Guide Removed

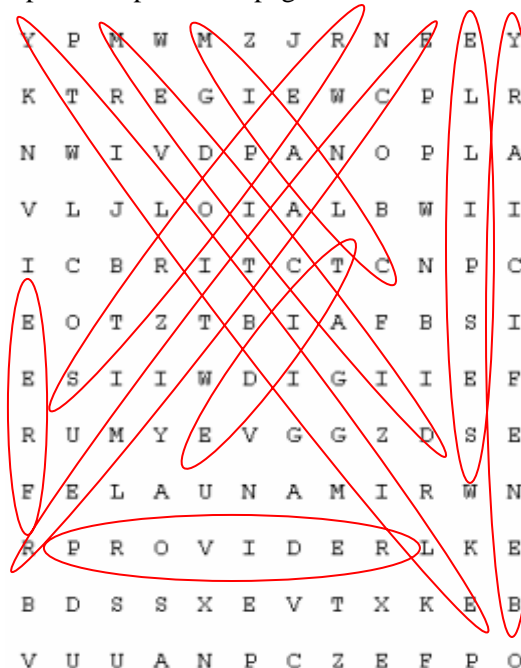
The link that lead users to the Self-Paced Training Guide on the Web Tool has been removed. The guide was based on the first version of the Web Tool. SCDHHS has implemented many upgrades since then.

To learn more about each option of the Web Tool, visit www.scmehicaidprovider.org to download the Web Tool User Guide and Addenda.

Now, when you open the Reference Materials option from the Main Menu, you can click on Provider Outreach to be taken straight to the Web site mentioned above.

Web Tool Word Search

Complete the puzzle on page 7 first! Answers below!



Web Tool Workshops

Workshops Scheduled through September 2007!

South Carolina Medicaid continues to offer free Web Tool workshops in Columbia, South Carolina for providers who have not yet had the chance to attend or who would like a refresher course.

Please register by calling the toll-free number for South Carolina Medicaid Provider Outreach at 1-888-289-0709; or register online at www.scm Medicaidprovider.org.

August 21, 2007

Tuesday

10:00am – 4:00pm (Lunch on your own)

Location: BlueCross BlueShield
17 Technology Circle (Farrow Rd.)
Columbia, SC 29203

September 25, 2007

Tuesday

10:00am – 4:00pm (Lunch on your own)

Location: BlueCross BlueShield
17 Technology Circle (Farrow Rd.)
Columbia, SC 29203

Enroll today to attend a workshop!

Web Tool Word Search

Y P M W M Z J R N E E Y
K T R E G I E W C P L R
N W I V D P A N O P L A
V L J L O I A L B W I I
I C B R I T C T C N P C
E O T Z T B I A F B S I
E S I I W D I G I I E F
R U M Y E V G G Z D S E
F E L A U N A M I R W N
R P R O V I D E R L K E
B D S S X E V T X K E B
V U U A N P C Z E F P O

Beneficiary
Eligibility
Remittance
Claim
Ellipses

Medicaid
Reports
Edit
Free
Provider

Contact Us -

Please notify us if there are any changes in your address, telephone number, or e-mail address (be sure to notify Provider Enrollment first). Include your S.C. Medicaid Provider ID and National Provider Identifier (NPI).

South Carolina Medicaid Provider Outreach
P.O. Box 17
Columbia, SC 29202
Phone Number: 1-888-289-0709
Fax Number: 803-870-9021

Visit our Web site at:

www.scm Medicaidprovider.org

You may contact us via e-mail at:

edig.ops-mcaid@palmettogba.com

The Web Tool is a free online Web-based application offered by South Carolina Medicaid for claims submission and eligibility requests. For help with Web claims, please call 1-888-289-0709 or e-mail us at edig.ops-mcaid@palmettogba.com.