

Web Tool Times



Up-to-date information about the South Carolina Medicaid Web-based Claims Submission Tool

Volume 2, Issue 3

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Checking Claims Status

Checking claims status via the South Carolina Medicaid Web-based Claims Submission Tool (Web Tool) seems to be a hit!

Since the April 28th implementation date, our Claims Status/Eligibility workshops have been filling up quickly. These two-hour sessions provide a step-by-step explanation of how to use the two claims status options, Claims Status and Web Submitted Claims. For an overview of the two options, read the What's New column on page 8. See page 9 for upcoming workshops and information on how to register.

Also, we have included some Frequently Asked Questions about the claims status options from provider inquiries that we received since April 28th.

Frequently Asked *Claims Status* Questions

1. Can I check claim status for Medicaid secondary claims on the Web Tool?

Yes, South Carolina Medicaid secondary claims are assigned a regular claim control number and are processed exactly like South Carolina Medicaid primary claims. *Continued on page 9.*

Let's Talk About...

Filing South Carolina Medicaid Secondary Claims

The Web Tool offers an easy way to file your claims when South Carolina Medicaid is the secondary payer. Professional (CMS-1500), Dental, and Institutional (UB-92) billers can file Medicaid secondary claims online without submitting a hard copy Explanation of Benefits from the other insurance carrier. All of the required fields are on the Web Tool for you!

CMS-1500 and Dental

Enter your login ID and password on the Main Menu screen of the Web Tool. Next, choose *Claims Entry* and your claim type. Click **Add** to enter a new claim. Enter information into the [Recipient Information](#), [Provider Information](#), and [Miscellaneous Information](#) sections just as you do for a regular claim.

UB-92

Enter your login ID and password on the Main Menu screen of the Web Tool. Next, choose *Claims Entry*; then, choose *UB-92*. Click **Add** to enter a new claim. Enter information into the [UB-92 Type](#), [Recipient Information](#), [Provider Information](#), [Additional Patient Information](#), [Provider Data](#), and [codes](#) sections just as you do for a regular claim.

Follow the screen shot steps that begin on page 2 for instructions on how to complete the Other Insurance information for a South Carolina Medicaid secondary claim.

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Let's Talk About...

Filing SC Medicaid Secondary Claims

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CMS-1500 and Dental

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Information

R/A Provider First Name:

R/A Provider Last Name or Organization Name:

R/A Medicaid Provider ID:

CMS-1500 Insurance Detail

Add/Edit Other Insurance

No Other Insurance

Diagnosis Codes

Principal:

Additional

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>
6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>
11	<input type="text"/>								

CMS-1500 Detail

Add/Edit Details

No CMS-1500 Detail

Save Cancel Delete

1. In the CMS-1500 or Dental Insurance Detail section, click the **Add/Edit Other Insurance** button.
The *Insurance Add/Edit Details* screen will display.

Filing SC Medicaid Secondary Claims (continued)

CMS-1500 and Dental

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CMS-1500 Insurance Add/Edit Details

Please complete the following form to create/edit CMS-1500 insurance detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: CM 15

Recipient Information

Last Name: _____

CMS-1500 Detail

#	Other Insured Last Name	Other Insured First Name	Other Insurance Responsibility Sequence	Recipient Relationship to Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Buttons: Add, Clear

Other Insurance Responsibility Sequence dropdown menu:
P-Primary
S-Secondary
T-Tertiary

2. Enter the last and first name of the person with other insurance.

Click the ellipsis button to use your Insured List.

3. Choose the Other Insurance Responsibility Sequence from the Drop-down box.

4. Scroll over to continue entering insurance information.

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ns. Click the "Save" button to save the records
n.

Cancel

Recipient Relationship to Insured

Other Insurance Claim Filing Indicator

7. Scroll over to continue entering Other Insurance information.

5. Choose the Recipient Relationship to Insured from the Drop-down box.

6. Choose the Other Insurance Claim Filing Indicator from the Drop-down box.

Recipient Relationship to Insured dropdown menu:
09-Adopted Child
40-Cadaver Donor
19-Child
43-Child where Insured Has No Financial Responsibility
76-Dependent
24-Dependent of a Minor Dependent
36-Emancipated Minor
20-Employee
33-Father
10-Foster Child

Other Insurance Claim Filing Indicator dropdown menu:
BL-Blue Cross/Blue Shield
CH-Champus
CI-Commercial Insurance Co.
17-Dental Maintenance Organization
DS-Disability
14-Exclusive Provider Organization (EPO)
FI-Federal Employees Program
HM-Health Maintenance Organization
16-Health Maintenance Organization (HMO) MedicareRisk
15-Indemnity Insurance

Filing SC Medicaid Secondary Claims (continued)

CMS-1500 and Dental

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Other Insurance

Indicator	Other Insurance Paid Amount	Policy Number	Carrier Code	Other Insurer Claim Paid/Denied Date	Claim Adjustment Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1- Applies to Deductible 33- No Dependent Coverage 96- Non-Covered Services 26- Prior to policy Effective Date

Callouts:

- 8. Enter the amount the other insurance carrier paid. Use decimals to show dollars and cents.
- 9. Enter the policy number of the other insurance carrier.
- 10. Enter the three-digit carrier code of the other insurance carrier.
- 11. Enter the Other Insurer Claim Paid/Denied Date as MMDDYYYY.
- 12. If the Other Insurance Paid Amount is zero, choose the Claim Adjustment Reason code from the Drop-down box.
- 13. Scroll over to ADD the information.

South Carolina Medicaid Web Based Claim Submission Tool

CMS-1500 Insurance Add/Edit Details

Please complete the following form to create/edit CMS-1500 insurance detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: CMS-1500 Claim ID:

Recipient Information

Last Name: Medicaid ID:

CMS-1500 Detail

#	Other Insured Last Name	Other Insured First Name	Other Insurance Responsibility Sequence	Recipient Relationship to Insured
<input type="button" value="Add"/> <input type="button" value="Clear"/>	<input type="text" value="smythe"/>	<input type="text" value="robin"/>	<input type="text" value="P-Primary"/>	<input type="text" value="18-Self"/>

Callout:

- 14. Click ADD to add the insurance information.

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CMS-1500 Insurance Add/Edit Details

Please complete the following form to create/edit CMS-1500 insurance detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: CMS-1500 Claim ID:

Recipient Information

Last Name: Medicaid ID:

CMS-1500 Insurance Detail

	#	Other Insured Last Name	Other Insured First Name	Other Insurance Responsibility Sequence	Recipient Relationship to In:
<input type="button" value="Edit"/> <input type="button" value="Copy"/> <input type="button" value="Delete"/>	A 1	smythe	robin	P	18
<input type="button" value="Add"/> <input type="button" value="Clear"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. Press the **Save button to save the information to the claim.**

15. Add additional other insurance information as necessary.
You can also Edit, Copy, or Delete the other insurance information you added using the appropriate button.

Filing SC Medicaid Secondary Claims

UB-92

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A:
B:
C:

Provider Data

R/A Provider ID:
R/A Provider Last Name or Organization Name: R/A Provider First Name:
Remarks:

Other Insurance

No Other Insurance Information

UB-92 Detail

No UB-92 Detail Information

1. In the UB-92 Other Insurance section, click the **Add/Edit Other Insurance button.**
The Insurance Add/Edit Details screen will display.

Filing SC Medicaid Secondary Claims (continued)

UB-92

South Carolina Medicaid Web Based Claim

UB Insurance Add/Edit Details

3. Enter the Payer Carrier Code and Provider ID.
Choose the Insured Patient Relationship from the Drop-down box.

2. After you have added the first Payer and Insured Information lines (required for UB-92), begin entering the Payer and Insured Information for the other insurance carrier.
Note: The Web Tool automatically populates the first Insurer Name as Medicaid and the Carrier Code as 619.
Click the ellipsis button to use the Payer and/or Insured Lists.

4. Scroll over to continue entering Payer and Insurance Information.

UB Insurance Detail

Payer Information						
Insurer Name	Carrier Code	Provider ID	Release of Info	ASG	Prior Pay	
Medicaid	619		Y	Y	0.00	
Insured Information						
Last Name	First Name	Pat Rel	Resp Seq			
Smythe	Roy	18	P			
Payer Information						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured Information						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

South Carolina Medicaid Web Based Claim Submission Tool

5. Enter the Payer Prior Payment, Estimated Amount Due, and Insurer Claim Paid Date.
Note: The Payer Original CCN field is used for filing adjustment claims.

6. Choose the Insured Responsibility Sequence and Claims Filing Indicator from the Drop-down box.

7. Scroll over to ADD the information.

ASG	Prior Payment	Estimate Amount Due	Payer Original CCN	Insurer Claim Paid Date
Y	0.00			
Resp Seq	Claim Filing Ind	Insurer Member ID		
P	OF	00000000011111		
ASG	Prior Payment	Estimate Amount Due	Payer Original CCN	Insurer Claim Paid Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Resp Seq	Claim Filing Ind	Insurer Member ID		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

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UB Insurance Add/Edit Details

Please complete the following form to create/edit UB insurance detail items. Click the "Save" button to save the records and return to the main edit page. Click the "Cancel" button to abort the transaction.

Claim Type: UB-92 Claim ID:

Recipient Information

Last Name: Medicaid ID:

UB Insurance Detail

			Payer Information	Carrier Code	Provider ID	Release of Info	ASG	Prior Pay
Edit	Copy	Del	Medicaid	619		Y	Y	0.00
			Insured Information					
		Last Name	First Name	Pat Rel		Resp Seq		
		Smythe	Rob	18		P		
			Payer Information					
			Medicare	466	dpe012	Y	Y	
			Insured Information					
		Last Name	First Name	Pat Rel		Resp Seq		
		Smythe	John	01-Spouse		S-Secondar		

8. Click ADD to add the Payer and Insured information.

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Claim Type: UB-92 Claim ID:

Recipient Information

Last Name: Medicaid ID:

UB Insurance Detail

			Payer Information	Carrier Code	Provider ID	Release of Info	ASG	Prior Pay
Edit	Copy	Del	Medicaid	619		Y	Y	0.00
			Insured Information					
		Last Name	First Name	Pat Rel		Resp Seq		
		Smythe	Rob	18		P		
			Payer Information					
			Medicare	466	dpe012	Y	Y	74.00
			Insured Information					
		Last Name	First Name	Pat Rel		Resp Seq		
		Smythe						
			Payer Information					
			<input type="text"/>	<input type="text"/>	<input type="text"/>			
			Insured Information					
		Last Name	First Name	Pat Rel		Resp Seq		
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		

10. Click the Save button to save the information to the claim.

9. Add additional other insurance information as necessary.

You can also Edit, Copy, or Delete the other insurance information you added using the appropriate button.



Have You Heard?

Have you heard that you can check claims status on the Web Tool? Effective April 28, 2005 two new options were added to the Web Tool!

Claims Status

You can check the status of your South Carolina Medicaid claims regardless of the submission method of your claim. This new feature allows you to search for status using your provider ID and the recipient's Medicaid ID. It also allows you to narrow your search criteria by entering a claim control number (CCN), a range of dates of service, and/or an amount billed. The claims are available in Claims Status for six months from the process date.

The *Search Results* screen will display the CCN, amount billed, dates of service, check date, check number, payment type, total payment, and claim status date. The screen will also display whether the claim is paid, approved, rejected, denied, or suspended.

You can also check the status of an adjustment claim. The Original CCN column will include the CCN of the original paid claim so you can match your adjustment to the original claim.

Web Submitted Claims

The second new option, Web Submitted Claims, offers the ability for you to check the status of claims that you submitted via the Web Tool only. These claims are available for search for three months from the claim submission date.

Web Submitted Claims displays a list of claims that you submitted via the Web Tool. Checkboxes are available to allow selection of one or more specific claims. The *Web Submitted Claims Search Results* screen returns the same status information to you as the Claims Status option, and displays a status of paid, approved, rejected, denied, or suspended.

If you want to learn more about these two new claims status options, attend one of our upcoming classes. See page 9 for the schedule!

What's New...



UB-92

Bill Types

The South Carolina Medicaid Web-based Claims Submission Tool (Web Tool) now allows for the billing of interim UB-92 claims. To use this feature, simply select either Bill Type 112, 113, or 114 and complete the appropriate fields per your program manual. Remember that all rules still apply for filing interim claims; *i.e.*, if you are required to send attachments with your interim claim, you cannot file the claim via the Web Tool. Also, if your program area does not accept interim claims, your claim will be rejected. If you have questions regarding your ability to file interim claims, please contact your program representative.

UB-92

Other Insurance Allowed Amount

Effective at the end of July!

SC Medicaid will remove the Other Insurance Allowed Amount field in UB-92 Claims Entry. The Other Insurance Allowed Amount field, located in the Other Insurance section, is not used in claims processing.

Deleting the field will not affect payment of your SC Medicaid claims. Look for an *Alert* coming soon to learn more about the effective date of the deletion!

Web Tool Workshops

South Carolina Medicaid is offering Web Tool workshops in South Carolina for providers who have not yet had the chance to attend or who would like a refresher course.

The Comprehensive Web Tool training covers all features available on the Web Tool. The Claims Status/Eligibility training focuses specifically on the Claims Status and Eligibility features.

<u>Date</u>	<u>City</u>	<u>Title</u>
7/18	Columbia	Claims Status/Eligibility
8/11	Greenville	Comprehensive
8/18	Columbia	Claims Status/Eligibility
8/23	Columbia	Comprehensive

The two Comprehensive training sessions each begin at 10:00am and run until 3:30pm. A break for lunch on your own is built into that time.

We are offering two Claims Status/Eligibility sessions on July 18th: 9:30am-11:30am, and 1:30pm-3:30pm. On August 18th, the Claims Status/ Eligibility session is scheduled for 9:30am-11:30am.

Please register online at www.scdhshippaa.org, or call the toll-free number for South Carolina Medicaid Provider Outreach at 1-888-289-0709.

Enroll today to attend a workshop!

Frequently Asked Questions

Continued from page 1.

2. What is the turn-around time to check claims status for Web Submitted Claims?

In order for a claim to reflect a status, it must be adjudicated. Claims are processed every night except Tuesday. The turn-around time to view claims status for both the Web Submitted Claims and Claims Status options depends on when the claim runs through a claims processing cycle. For Web Submitted Claims, for example, if you submit a claim to SC Medicaid on a Tuesday, you will not see a status before Thursday.

3. Why are the Web Submitted Claims purged three months after the submission date, versus the six months after the processing date for claims in Claims Status?

Claims that are accessed using the Claims Status option are stored on a separate database from those accessed via Web Submitted Claims. In an effort to keep the Web Tool operating at maximum efficiency, the database that stores Web Tool-submitted claims is purged on a monthly basis and only houses three months of claims information.

4. While checking claims status, can I view and correct Edit Correction Forms on the Web Tool?

No, the Edit Correction Form (ECF) process has not changed. If a claim rejects, you will receive a hard copy ECF. Continue your current process – make your changes in red on the hard copy form and return it to South Carolina Medicaid.

5. Am I able to view the edit codes and line detail in the Claims Status and Web Submitted Claims options?

You cannot view the edit codes or line detail in either option.

Contact Us -

Please notify us if there are any changes in your address, telephone number, or email address. Be sure to include your SC Medicaid Provider ID.

South Carolina Medicaid Provider Outreach
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Phone Number: 1-888-289-0709
Fax Number: 803-264-9630

Visit our Web site at:

www.scdhshippaa.org

You may contact us via e-mail at:

edig.ops-mcaid@palmettogba.com

SCMWBCST 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 email us at edig.ops-mcaid@palmettogba.com.