



Getting Started

Trading Partner Agreement

Before you were able to access the Web Tool, you had to complete a Trading Partner Agreement (TPA). The TPA outlines the requirements for electronic transfer of Protected Health Information (PHI) between South Carolina Medicaid and you. South Carolina Department of Health and Human Services (SCDHHS) must have the hard-copy, original document on file for every provider for the submission of Health Care Claim transactions. It takes about 3-5 weeks to process an initial TPA.

Login IDs and Passwords

SCDHHS strongly suggests that each person using the Web Tool have a unique login IDs and passwords. In the past, the Web Tool allowed you to share IDs and passwords. Recently, however, with the implementation of new security updates, users that share this information when signing in have been locked out of the Web Tool. If you are sharing login information, you can request additional login ID and passwords through the Electronic Data Interchange (EDI) Support Center at 1-888-289-0709. Or, you can email them at edig.ops-mcaid@palmettogba.com. It takes about 1-2 weeks to receive additional login information.

Login ID and passwords are case sensitive. If you attempt to sign in with incorrect information, you may get locked out of the Web Tool. Contact EDI Support or wait 20-30 minutes before attempting to sign on again.

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Web Tool Enhancements

Effective May 15, 2009, the South Carolina Department of Health and Human Services (SCDHHS) implemented a change to the UB-04 billers. A second change affecting the CMS-1500 and Dental billers is upcoming.

UB-04

Prior to the change, UB-04 billers were required to enter a time in the *Discharge Hour* field when entering claims information. This field was required when using Bill Type 112 and 113. Now when entering UB-04 claim, you will not be required to enter the Discharge Hour if the bill type is 112 or 113. You have the option of leaving the field blank; you will not receive a warning window.

See screen shot illustration on page 2.

Upcoming Enhancement - CMS-1500 and Dental

The Web Tool serves as a means for providers to file electronic adjustment claims. The Claim Submission Reason Code dictates the type of claim you are filing. **1 (one) = Original Claim**; the Web Tool defaults to 1 (one). **8 (eight) = Void**. CMS-1500 and Dental billers can choose 8 to void an original paid claim. **7 (seven) = Replacement**. If you want to void the original claim and replace it with new claim information, use claim submission reason code 7.

When filing an adjustment, some users have filed a claim with 8 (void) and then start a new claim with 7 – the replacement. Code 7 voids the claim and then replaces it all in one action. You cannot file a claim with a Claim Submission Reason Code 8 and then file an adjustment to that same original claim with a 7. The upcoming change will not change the actual method of filing an adjustment; it will change the descriptions of the Claim Adjustment Reason code to provide a clear meaning of each code.

Claim Submission Reason Codes:

8 = Void Only

7 = Void/Replace

Look for more information coming soon.

Web Tool Enhancements May 2009

Claims Entry

Main Menu>Claims Entry>UB-04>Add>Additional Patient Information

Provider Last Name or Organization Name: ... Provider First Name:

Medicaid Provider NPI: Medicaid Provider Taxonomy:

Medicaid Provider EIN SSN

Billing Provider Zip Code: --

Effective May 15, 2009, the **Discharge Hour** field is no longer a required field when using Type of Bill code 112 or 113. The field is now optional.

Additional Patient Information

Admission Date: Admission Hour: Admission Type: Admission Source:

Discharge Hour: Date of Service From: Date of Service Through: Patient Status:

Covered Days: Non-Covered Days: Co-Insurance Days: Lifetime Reserve Days:

Type of Bill (Facility Type/Frequency):

Service Facility Location Zip:

111 - Inpatient hospital, admit through discharge claim
 113 - Inpatient hospital, Interim - Continuing Claim
 114 - Inpatient hospital, Interim - Final Claim
 112 - Inpatient hospital, Interim - First Claim
 117 - Inpatient hospital, replacement claim (DRG charges)
 118 - Inpatient hospital, void/cancel claim
 131 - Outpatient hospital, admit through discharge claim
 141 - Outpatient hospital, referenced diagnostic services, admit through discharge claim
 147 - Outpatient hospital, referenced diagnostic services, replacement claim
 148 - Outpatient hospital, referenced diagnostic services, void/cancel claim

Condition Codes

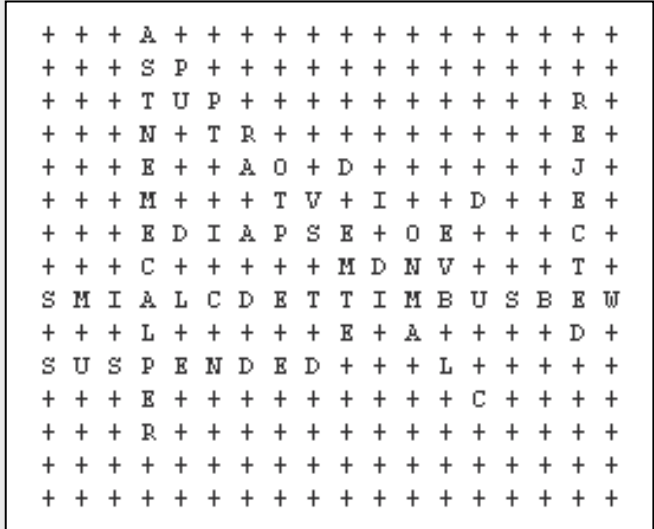
1 ... 2 ... 6 ...

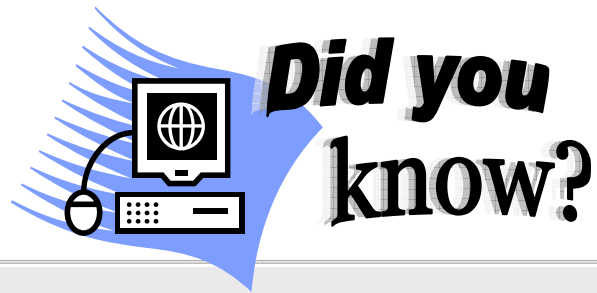
7 ... 8 ... 12 ...

Web Tool Word Search Answers

In this Issue

Complete puzzle on page 5 first!





Checking Claims Status

The Web Tool offers two ways to check claims status – *Claims Status and Web Submitted Claims*.

Claims Status

The Claims Status feature allows you to check claims status for CMS-1500, Dental, UB-04, Premium Payment, and associated Adjustments. You can search the status of claims up to 6 months from the process/check date of the claims; the database purges claims that are older than 6 months in Claims Status. The search is criteria-based where you must supply at least your Provider ID and Medicaid ID. This feature does offer the ability to narrow your search by entering a claim control number, a date of service from and through, and/or an amount billed. Also, when using Claims Status you can search for the status of a claim regardless of the method that it was submitted – paper, vender/clearinghouse, or Web Tool.

Web Submitted Claims

The Web Submitted Claims feature allows you to search the status of claims that you submitted via the Web Tool only. This feature is not criteria-based. It is a quick look at the claims that you have submitted via the Web Tool only. You can bill CMS-1500, Dental, UB-04, and Adjustments on the Web Tool; therefore, these are the types that you can check the status. You can search for claims up to 3 months from the submission date – the database purges Web Tool claims that are older than 3 months.

Claim Status Codes

- **APPROVED** - Claim Processed and Payment Scheduled
- **PAID** - Claim Payment Made
- **DENIED** - Claim Adjudicated, Assigned Edit Code(s), and Approval Denied
- **REJECTED** - Claim Processed through Payment Cycle; ECF issued if entire claim rejects
- **SUSPENDED** - Claim in Process; may require research

Claims Entry

Action buttons in Claims Entry allow you to perform many functions to your unsubmitted claims.

| | |
|-----------------|---|
| Add | - Create a new claim |
| Edit | - Generate changes to an existing claim |
| Copy | - Copy a claim that you have already entered |
| View | - View the details of one claim |
| History | - View a report of submitted claims |
| Delete | - Delete a claim |
| View All | - View the details of all of the unsubmitted claims |

WTT Frequently Asked Questions

Third Party Liability

Can I file Medicaid as a secondary payer on the Web Tool?

Yes, when filing secondary claims via the Web Tool, use the Add/Edit Other Insurance section of the claim in Claims Entry. This section allows you to enter all information about the primary insurance and how much they paid or did not pay. SC Medicaid does not require, for most cases, that you send in a hard-copy explanation of benefits from the other carrier. You can file up to 10 other insurances per claim via the Web Tool, if needed!

Recipient List

If I delete a recipient from List Management, will the information be stored somewhere else so I can retrieve it later?

No, once the information from the list is deleted, it is purged from the Web Tool. You can “turn off” or make recipients in your list inactive. Choose Edit to get to the Recipient Edit screen. Click off of the Active box. Click Modify. The status column will display **I (inactive) for that particular recipient. When you activate the list in Claims Entry, this recipient will not appear.**

Web Tool WORKSHOPS



Workshops Scheduled through September 2009!

South Carolina Medicaid continues to offer free Web Tool workshops in Columbia, South Carolina, for all providers.

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

For a detailed listing of SCDHHS workshops, please refer to the monthly electronic bulletin titled SCDHHS Free Workshops.

July 8, 2009 - **Wednesday**

10:00am – 4:00pm (Lunch on your own)

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

August 11, 2009 - **Tuesday**

10:00am – 4:00pm (Lunch on your own)

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

September 17, 2009 - **Thursday**

10:00am – 4:00pm (Lunch on your own)

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

Web Tool Word Search In this Issue

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

In this Issue

**APPROVED
PAID
REJECTED
DENIED
SUSPENDED**

**VOID
REPLACEMENT
CLAIM STATUS
WEB SUBMITTED CLAIMS**

Contact Us

South Carolina Medicaid Provider Outreach
P.O. Box 17
Columbia, SC 29202

Visit our Web site at: www.scm Medicaidprovider.org

Please send address or telephone number changes in writing to Provider Enrollment, PO Box 8809, Columbia, SC 29202-8809.

Contact our EDI Support Center with email changes at 1-888-289-0709, fax to 1-803-870-9021, or via email 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.