

# SOUTH CAROLINA MEDICAID WEB-BASED CLAIMS SUBMISSION TOOL

## USER GUIDE

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# Table of Contents

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<b>Chapter 1: Overview of the Web Tool</b>	<b>1</b>
Technical Requirements	1
<b>Chapter 2: Getting Started</b>	<b>2</b>
Getting a Login ID and Password	2
Changing Your Password	3
The Web Tool Screen	6
Browser Menu	7
Entry Screen	7
<b>Chapter 3: Lists</b>	<b>8</b>
<i>Creating Lists</i>	9
<i>Beneficiary List</i>	11
View Beneficiary List	11
Add a Beneficiary	13
Sorting a List	14
Editing and Active/Inactive	15
Add a Provider	19
Add Insured Information	21
Add a Diagnosis Code	23
<b>Chapter 4: Claims Entry</b>	<b>25</b>
Web Tool Screen Features	26
<i>Get from List</i> Link	26
CMS-1500	29
Edit a Claim	30
Copy a Claim	30
Delete a Claim	30
View a Claim	30
Search Name	30
Enter New Claim	31
Get from List	32
Finish Claim	33
Add a CMS-1500 Adjustment Claim	34

# Table of Contents

---

Add a Medicaid Secondary Claim .....	36
UB-04.....	37
Add a Claim .....	37
Edit a Claim .....	37
Copy a Claim .....	37
Delete a Claim .....	38
View a Claim.....	38
Search Name.....	38
Enter New Claim .....	39
Get from List .....	40
Finish Claim .....	41
Add a UB-04 Adjustment Claim.....	42
Add a Medicaid Secondary Claim .....	44
<b>Chapter 5: Claim Submission .....</b>	<b>45</b>
<b>Chapter 6: History .....</b>	<b>49</b>
Viewing Claims History .....	49
Search Submitted Claims .....	49
Claim History Search: Search Results .....	51
Copy a Claim .....	51
Claim View.....	52
CMS-1500 Submitted Batches .....	54
Copy a Batch .....	54
Claim View.....	57
UB-04 Submitted Batches .....	58
Copy a Batch .....	58
Claim View.....	61
<b>Chapter 7: Status .....</b>	<b>62</b>
Check Status .....	62
Filter Results.....	63
No Search Results .....	64
Sort Results .....	65

# Table of Contents

---

Claims Status Results .....	66
Claim Status Codes .....	67
<b>Chapter 8: Eligibility .....</b>	<b>68</b>
Verify One Recipient.....	68
Eligibility Verification Results.....	70
Adding Beneficiaries to Lists .....	70
Verify Multiple Recipients .....	71
Add from Beneficiary List .....	72
Eligibility Results .....	74
<b>Chapter 9: Electronic Remittance Packages.....</b>	<b>75</b>
Viewing e-Remits .....	75
Saving e-Remits .....	76
Printing e-Remits .....	77
<b>Chapter 10: Reference Materials.....</b>	<b>78</b>
<b>Document Change History .....</b>	<b>79</b>

## CHAPTER 1: OVERVIEW OF THE WEB TOOL

The South Carolina Medicaid Web-based Claims Submission Tool (Web Tool) is an online application for submitting HIPAA-compliant claims to South Carolina Medicaid. With the Web Tool, South Carolina providers can quickly and easily send CMS-1500, UB-04, and their associated adjustments to South Carolina Medicaid via the Internet.

How does it work? The tool allows *direct data entry* to the Medicaid Management Information System (MMIS). Since the provider is, in effect, typing information directly into the MMIS, data format is not an issue. The Web Tool is a great means to achieve HIPAA compliance and offers the following features:

- ***Easy to use and learn:*** The tool is basically an online claim form (updated with HIPAA fields). Users are already familiar with the fields.
- ***Fast, accurate:*** Users develop their own lists of frequently used information (beneficiaries, procedure codes, diagnosis codes, etc.). The ability to select information rather than keying it saves valuable time and increases accuracy.
- ***Simple, affordable technology:*** No software is needed to use this application — just the login ID and password. Another benefit is savings on postage-related costs.
- ***Data is automatically archived:*** You may review the claims you have sent — or if your system crashes, you have a backup.
- ***Automatic Data Purge:*** The Data Purge process runs on the first day of every month to delete all submitted claims, submitted batches, and pending claims that are more than three months old.

### ***Technical Requirements***

The minimum necessary requirements for using the South Carolina Medicaid Web-based Claims Submission Tool are:

- Microsoft Internet Explorer (version 7.0, 8.0); Firefox 4; Safari; or Google Chrome
- An Internet Service Provider (ISP)
- A Pentium series or better processor is recommended
- A minimum of 1 gigabyte of memory
- A minimum of 20 gigabytes of hard drive storage

***Note:*** Providers wishing to use the Web Tool must first execute a Trading Partner Agreement (TPA) with South Carolina Medicaid. Upon completion of the TPA, providers who wish to submit other electronic transactions to SCDHHS should download a Trading Partner Enrollment form from the SCDHHS Web site: [www.scdhhs.gov](http://www.scdhhs.gov). The provider must then select the South Carolina Medicaid Web-based Claims Submission Tool as an option to send claims. These steps are described in Chapter 2: Getting Started.

## CHAPTER 2: GETTING STARTED

### ***Getting a Login ID and Password***

HIPAA legislation recommends that covered entities sign agreements with trading partners with whom they exchange HIPAA ANSI transactions. The South Carolina Department of Health and Human Services (SCDHHS) follows this recommendation. In order to submit claims and check beneficiary eligibility using the Web Tool, you must first complete and sign a Trading Partner Agreement and Trading Partner Enrollment Form.

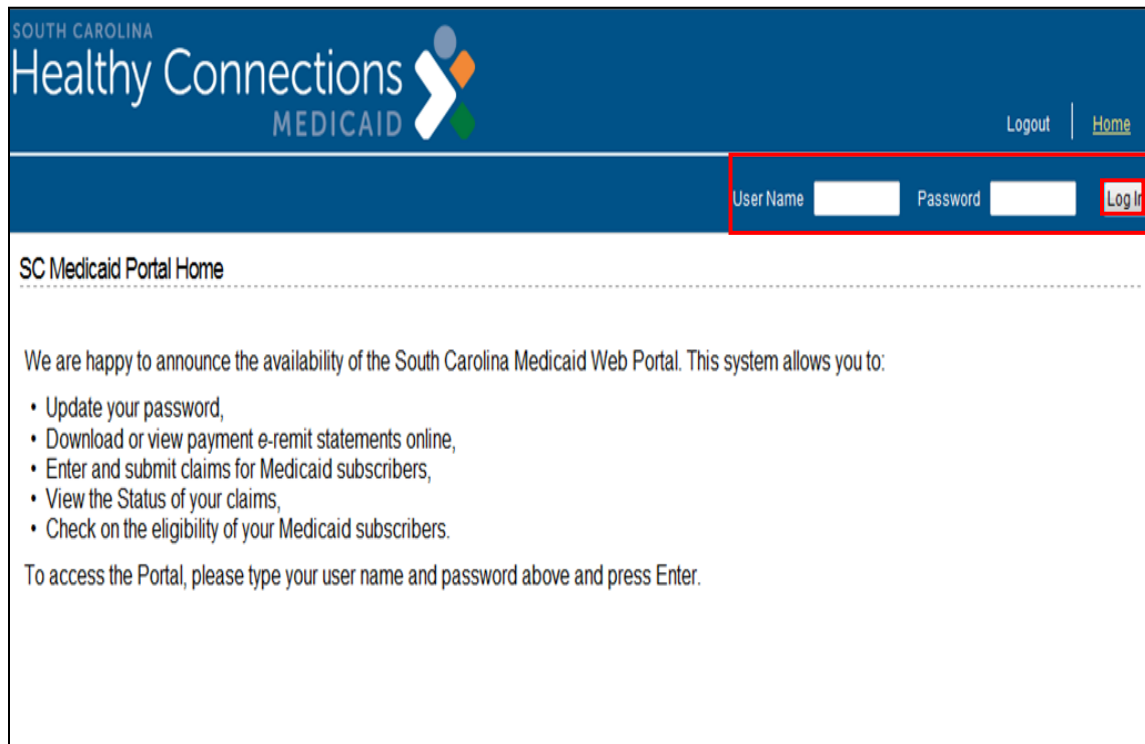
When SCDHHS receives these signed documents, you will be mailed a login ID and password, as well as the Web address of the Web Tool. **All users must have individual logins and passwords.** Individuals cannot share login and password information. Users in the same organization will be able to share information created using the List Management function without having to share the same login ID.

## Changing Your Password

The South Carolina Web-based Claims Submission Tool offers the ability to change the default password which is provided once you complete a *Trading Partner Agreement* or update your current password, whenever the need arises.

### Change Password

1. From the *Home* screen, click **Login**.
2. Enter your User Name and Password.
3. Click **Login**.



The screenshot shows the 'SC Medicaid Portal Home' page. At the top, there is a blue header with the 'SOUTH CAROLINA Healthy Connections MEDICAID' logo. To the right of the logo are links for 'Logout' and 'Home'. Below the header is a white login box with a red border. Inside this box, there are two input fields labeled 'User Name' and 'Password', followed by a 'Log In' button. Below the login box, the page title 'SC Medicaid Portal Home' is followed by a dashed line. The main content area contains a welcome message: 'We are happy to announce the availability of the South Carolina Medicaid Web Portal. This system allows you to:' followed by a bulleted list of features: 'Update your password', 'Download or view payment e-remit statements online', 'Enter and submit claims for Medicaid subscribers', 'View the Status of your claims', and 'Check on the eligibility of your Medicaid subscribers'. At the bottom of the content area, it says 'To access the Portal, please type your user name and password above and press Enter.'

4. Select a provider from the drop-down menu at the top (reads: “Please select a provider to work with:”) and choose the **Select** button.

**Note:** You can only see provider numbers which have been submitted on the Trading Partner Agreement for your particular office.

5. From the Menu, choose **Change PWD** to retrieve the *Change Password* screen.
6. Enter the new password in the **Enter New Password** field (according to the *Password rules*).

- a) The new password must:

- Be at least eight characters in length.
- Contain one non-numeric character.
- Contain one numeric character.
- Contain at least two of the following three options:
  - upper case
  - lower case
  - special character (“@”, “#”, “\$”).

7. Re-enter your new password in the **Verify New Password** field.

8. Click **Submit**.

**Note:** Click *Clear* to refresh both fields.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

**Change PWD** | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

**Change Password**

**New password Information**

Password rule:

1. The new password must be 8 characters.
2. One character must be non-numeric.
3. Password must contain a numeric.
4. Password must contain two of the following three options:
  - a. upper case
  - b. lower case
  - c. special character (“@”, “#”, “\$”)

Enter new password:


Verify new password:



Upon successful password update, you will be notified by the *successful change indicator*.

The screenshot displays the South Carolina Healthy Connections Medicaid portal. The header includes the logo and a navigation bar with links: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, and History. A dropdown menu for selecting a provider is visible. The main content area features a green checkmark icon and a message: "You've successfully updated your password." Below this, a welcome message and a list of instructions are provided. An FAQ section is also present, with a question and answer regarding the availability of remits.

**SC Medicaid Portal Home**

 You've successfully updated your password.

Welcome to the South Carolina Medicaid Web Portal.

- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the **e-Remit** link.

**FAQ**

**Q:** *How long are the remits (or remittance advices) available on the Portal?*

**A:** Remits are only available through the portal for the last 25 weeks. If you need a remit over 25 weeks old, please call your program representative.

## The Web Tool Screen

At your Internet Web browser's address bar, type in the Web Tool address that was mailed to you with your login ID and password. The *Home* screen for the Web Tool appears. (Helpful Hint: Adding this address to your Favorites list will allow easy access to the Web site.)

**SOUTH CAROLINA**  
**Healthy Connections**  
**MEDICAID**

Please select a provider to work with:  
<Select One>

[Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

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SC Medicaid Portal Home

Welcome to the South Carolina Medicaid Web Portal.

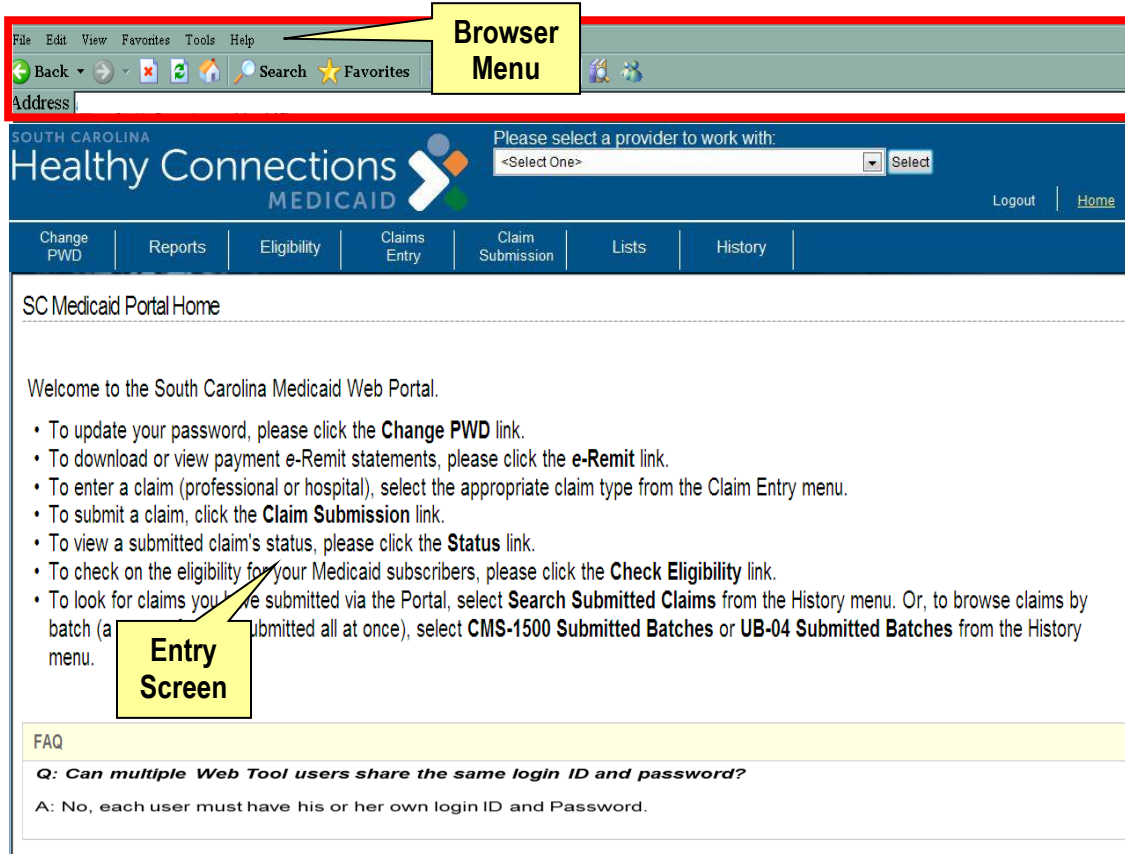
- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the **e-Remit** link.
- To enter a claim (professional or hospital), select the appropriate claim type from the Claim Entry menu.
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please click the **Check Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search Submitted Claims** from the History menu. Or, to browse claims by batch (a group of claims submitted all at once), select **CMS-1500 Submitted Batches** or **UB-04 Submitted Batches** from the History menu.

**FAQ**

**Q: Can multiple Web Tool users share the same login ID and password?**

**A:** No, each user must have his or her own login ID and Password.

As shown below, each Web Tool screen is divided into two sections: the *Browser Menu* and the *Entry Screen*. This is a Web application, so you need only **click once** on any link or button to proceed to that location.



## Browser Menu

If you are already an Internet user, the Browser Menu will look familiar. You do not need this menu for Web filing, but you do have the option to visit other Web pages, such as Favorites or your e-mail, while this application is open. After all, the Web Tool is just another Web page!

## Entry Screen

The Entry Screen is where you actually enter the data pertaining to claims submission, beneficiary eligibility requests, and claims status searches. Each menu option of the Web Tool is accessible from the Entry Screen.

## CHAPTER 3: LISTS

The South Carolina Medicaid Web-based Claims Submission Tool will be most useful if you take advantage of the List feature. Building lists allows you to create and modify records of information that can be used repeatedly when entering data on a *Claims Entry* screen. **Use of the Lists function is NOT required for claims entry.** However, using lists to auto-populate fields makes claims entry and submission much faster!

EXAMPLE: You enter patient John Doe's information into your Beneficiary List. The next time you enter a claim for John, you can have the system automatically populate his information on the claim. Also, if you have developed lists for frequently used procedure and diagnosis codes, you can simply select from the list of codes rather than reentering the information. The same applies for the other options noted under Lists.

All the lists allow the user to **view**, **add**, **edit**, or **delete** the entries within the lists.

The list screens also allow you to view list entries as "active" or a combination of "active" and "inactive." The **Show All** button displays both active and inactive entries. To view only the active entries on the list, use the **Show Active** button.

Since these functions work the same way for all the lists, detailed instructions on executing them are covered in this manual using the Beneficiary List as the example. Other List explanations will simply contain screen shots of the fields and refer the reader back to the Beneficiary List example if more detailed instructions are required.

***Note:** Lists are sharable between multiple logins within the same organization.*

## Creating Lists

1. Click on **Lists** to retrieve a drop-down menu of all available list types.
2. Select a provider from the drop-down menu at the top (reads: “Please select a provider to work with:”) and click the **Select** button.

**Note:** You can only see provider numbers which have been submitted on the Trading Partner Agreement for your particular office.

The screenshot shows the South Carolina Healthy Connections Medicaid portal. At the top, there is a header with the logo and a navigation bar. A red box highlights a dropdown menu labeled "Please select a provider to work with:" with a "Select" button next to it. Below the header, there is a navigation bar with links: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, **Lists** (highlighted with a red box), and History. The main content area is titled "SC Medicaid Portal Home" and contains a welcome message and a list of links. Below this is an FAQ section with a question and answer.

**Header:** SOUTH CAROLINA Healthy Connections MEDICAID

**Navigation Bar:** Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | **Lists** | History

**Provider Selection:** Please select a provider to work with: <Select One> [Select]

**SC Medicaid Portal Home**

Welcome to the South Carolina Medicaid Web Portal.

- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the **e-Remit** link.
- To enter a claim (professional or hospital), select the appropriate claim type from the Claim Entry menu.
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please click the **Check Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search Submitted Claims** from the History menu. Or, to browse claims by batch (a group of claims submitted all at once), select **CMS-1500 Submitted Batches** or **UB-04 Submitted Batches** from the History menu.

**FAQ**

**Q: Can multiple Web Tool users share the same login ID and password?**

**A:** No, each user must have his or her own login ID and Password.

- From the drop-down menu, choose the list you want to build, depending on your needs.

**Note:** While both CMS-1500 and UB-04 billers may use the List function, not all lists will apply to both bill types.

The screenshot shows the 'Healthy Connections' website interface. At the top, there is a header with the South Carolina logo and the text 'Please select a provider to work with:'. Below this is a dropdown menu with '<Select One>' and a 'Select' button. The main navigation bar includes links for 'Change PWD', 'Re...', 'Lists', and 'History'. A yellow callout box with a speech bubble points to the 'Lists' dropdown menu, containing the text: 'Choose from the drop-down menu to begin building your list.' The dropdown menu is open, showing a list of options: Beneficiary, Provider, Insured, Contact, Condition Codes, ICD-9 Diagnosis Codes, ICD-10 Diagnosis Codes, HCPCS/CPT-4 Codes, ICD-9 Surgical Codes, ICD-10 Surgical Codes, Modifier Codes, Occurrence Codes, Value Codes, Revenue Codes, and Payers. The background of the page shows a welcome message to the South Carolina Medicaid Web Portal and a list of links for various services.

**Choose from the drop-down menu to begin building your list.**

SC Medicaid Portal

Welcome to the South Carolina Medicaid Web Portal.

- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the **Re...** link.
- To enter a claim (professional or hospital), select the appropriate **Claim Submission** menu.
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please click the **Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search** from the **History** menu. Or, to browse claims by batch (a group of claims submitted all at once), select **CMS-1500 S** from the **Submitted Batches** from the **History** menu.

FAQ

**Q: Can multiple Web Tool users share the same login ID and password?**

**A:** No, each user must have his or her own login ID and Password.

## Beneficiary List

The *Beneficiary List* is a record of patient names, medical record numbers, Medicaid IDs, and patient account numbers. When keying a claim, you can select a patient from the list and that individual's information will automatically populate in the claim fields.

### View Beneficiary List

1. Select **Beneficiary** from the **Lists** menu to retrieve the *Beneficiary List Management* screen.

The screenshot displays the South Carolina Healthy Connections Medicaid portal. At the top, there is a header with the logo and a dropdown menu for selecting a provider. Below the header, a navigation bar contains links for 'Change PWD', 'Claims', 'Claim Submission', 'Lists', and 'History'. The 'Lists' menu is open, showing a list of options: 'Beneficiary', 'Provider', 'Insured', 'Contact', 'Condition Codes', 'ICD-9 Diagnosis Codes', 'ICD-10 Diagnosis Codes', 'HCPCS/CPT-4 Codes', 'ICD-9 Surgical Codes', 'ICD-10 Surgical Codes', 'Modifier Codes', 'Occurrence Codes', 'Value Codes', 'Revenue Codes', and 'Payers'. The 'Beneficiary' option is highlighted with a red box. A yellow callout box with a speech bubble points to the 'Beneficiary' option, containing the text: 'Select Beneficiary to begin building your Beneficiary List.' Below the navigation bar, there is a 'Welcome to' message followed by a list of instructions for using the portal. At the bottom, there is an FAQ section with a question and answer.

**Select Beneficiary to begin building your Beneficiary List.**

SC Medicaid

Welcome to

- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the
- To enter a claim (professional or hospital), select the appropriate cla
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please click
- To look for claims you have submitted via the Portal, select **Search** s
- batch (a group of claims submitted all at once), select **CMS-1500 Su**
- menu.

FAQ

**Q: Can multiple Web Tool users share the same login ID and password?**

**A:** No, each user must have his or her own login ID and Password.

The *Beneficiary List Management* screen displays only the *active* beneficiaries in your list. It also allows you to add new individuals to the *Beneficiary List*.

**South Carolina Healthy Connections MEDICAID**

Please select a provider to work with:

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | **Lists** | History

### Beneficiary List Management

Type new beneficiary information here.

\*Medicaid ID:  \*Date Of Birth:  Gender:  Active: ☒

\*First Name:  MI:  Last Name:

Address:  City:  State:  Zip Code:

Account Number:  Record Number:

Created By: UATest11 Date Added: 07/11/2011

View your current Beneficiary List.

No.	First Name	MI	Last Name	Medicaid ID	Account Number	Record Number	Status	UATest01	2011-05	Edit	Delete
1		M	Doe-smith&sons				Active	UATest01	2011-05	Edit	Delete
2		S	Banks'son				Active	UATest01	2011-05	Edit	Delete
3	Jojo's	I			123	145	Active	UATest08	2011-06	Edit	Delete
4		A	China				Active	UATest01	2011-05	Edit	Delete
5		D	Hall			Chuck0614	Active	UATest01	2011-06	Edit	Delete
6	Catherine		Test				Active	UATest02	2011-06	Edit	Delete
7	Julia		Test				Active	UATest02	2011-06	Edit	Delete
8	John		Doe				Active	UATest11	2011-07	Edit	Delete



## Add a Beneficiary

1. Type the new beneficiary's information into the fields.

**Note:** Denoted by asterisks, the Medicaid ID, Date of Birth, and First and Last name are *required fields*.

You will also notice two additional fields: Account Number and Record Number. These fields are for your internal use. If a beneficiary has an account or record number unique to your facility, you may enter it in one or both of the fields to further distinguish the beneficiary from another in your office. This feature is helpful if you have more than one beneficiary with the same first and last name.

All other data is optional, including the ability to make the beneficiary *active* or *inactive*.

2. Once you have entered all of the required data, simply click **Add** to add this beneficiary to your list.

**Note:** Click **Clear** to erase the data you have keyed in these fields.

Beneficiary List Management

\*Medicaid ID:  \*Date Of Birth:  Gender:  Active: ☒

\*First Name:  MI:  \*Last Name:

Address:  City:  State:  Zip Code:

Account Number:  Record Number:

Created By: UATest11 Date Added: 07/11/2011

**Fields denoted by asterisk are required.**

No.	First Name	MI	Last Name	Medicaid ID	Account Number	Record Number	Status	User Created	Date Added	Edit	Delete
1		M	Doe-smith&sons				Active	UATest10	2011-05	Edit	Delete
2		S	Banks'son				Active	UATest01	2011-05	Edit	Delete
3	Jojo's	I			123	145	Active	UATest08	2011-06	Edit	Delete
4		A	China				Active	UATest01	2011-05	Edit	Delete
5		D	Hall			Chuck0614	Active	UATest01	2011-06	Edit	Delete
6	Catherine		Test				Active	UATest02	2011-06	Edit	Delete
7	Julia		Test				Active	UATest02	2011-06	Edit	Delete
8	John		Doe				Active	UATest11	2011-07	Edit	Delete

## Sorting a List

After you have added more than one beneficiary to your list, you have the ability to “organize” them so locating their record will be very simple. Each header can be sorted in ascending or descending order.

1. Click on the header to sort and your list will be arranged according to your selection.

**Healthy Connections MEDICAID**

Please select a provider to work with:  
 <Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | **Lists** | History

### Beneficiary List Management

\*Medicaid ID:  \*Date Of Birth:  Gender:  Active: ☒

\*First Name:  \*Last Name:

Address:  State:  Zip Code:

Account Number:

Created By: UATest

**Sort by any column header**

No.	First Name	MI	Last Name	Medicaid ID	Account Number	Record Number	Status	User Created	Date Added	Edit	Delete
1		M	Doe-smith&sons				Active	UATest10	2011-05	Edit	Delete
2		S	Banks son				Active	UATest01	2011-05	Edit	Delete
3	Jojo's	I	.		123	145	Active	UATest08	2011-06	Edit	Delete
4	.	A	China				Active	UATest01	2011-05	Edit	Delete
5		D	Hall			Chuck0614	Active	UATest01	2011-06	Edit	Delete
6	Catherine		Test				Active	UATest02	2011-06	Edit	Delete
7	Julia		Test				Active	UATest02	2011-06	Edit	Delete
8	John		Doe				Active	UATest11	2011-07	Edit	Delete

## Editing and Active/Inactive

Web Tool offers the ability to edit your beneficiaries' status. They can either be "active" or "inactive". Making a beneficiary inactive on your list is a way to narrow your list without deleting the beneficiary record. While you can delete them, making them inactive "hides" them from the list of beneficiaries who are currently receiving services at your facility.

To make a beneficiary active or inactive,

1. Click **Edit**.
2. Edit the beneficiary's information.

**SOUTH CAROLINA Healthy Connections MEDICAID**

Please select a provider to work with:

[Logout](#) | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | **Lists** | History

### Beneficiary List Management

\*Medicaid ID:  \*Date Of Birth:  Gender:  Active: ☒

\*First Name:  MI:  \*Last Name:

Address:  City:  State:  Zip Code:

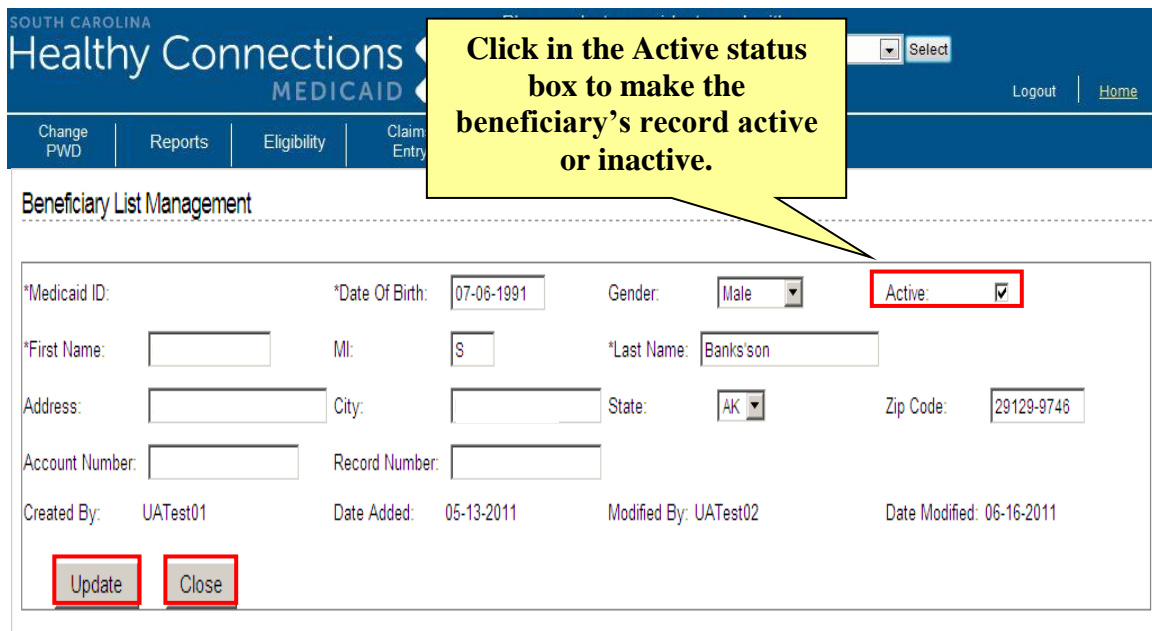
Account Number:  Record Number:

Created By: UATest11 Date Added: 07/11/2011

No.	First Name	MI	Last Name	Medicaid ID	Account Number	Record Number	Status	User Created	Date Added	Edit	Delete
1		M	Doe-smith&sons				Active	UATest10	2011-05	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
2		S	Banks'son				Active	UATest01	2011-05	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
3	Jojo's	I	I		123	145	Active	UATest08	2011-06	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
4		A	China				Active	UATest01	2011-05	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
5		D	Hall			Chuck0614	Active	UATest01	2011-06	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
6	Catherine		Test				Active	UATest02	2011-06	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
7	Julia		Test						2011-06	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
8	John		Doe							<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

**Click to edit the beneficiary record**

3. Make the entry active by simply placing a check in the **Active** status box.  
**Note:** Removing the check mark from the **Active** status box will make the beneficiary inactive.
4. Click **Update** to save the changes.  
**Note:** Click **Close** to exit the menu without making any changes.



**SOUTH CAROLINA**  
**Healthy Connections**  
MEDICAID

Change PWD | Reports | Eligibility | Claim Entry | Select | Logout | Home

**Beneficiary List Management**

\*Medicaid ID:      \*Date Of Birth: 07-06-1991      Gender: Male      **Active: ☒**

\*First Name:      MI: S      \*Last Name: Banks'son

Address:      City:      State: AK      Zip Code: 29129-9746

Account Number:      Record Number:

Created By: UATest01      Date Added: 05-13-2011      Modified By: UATest02      Date Modified: 06-16-2011

**Update**      **Close**

*Beneficiary List*

The record has now been updated and shows the record as “active”. You may also view only active records, only inactive records, or all existing records. To view all records, click **Show All**. To view only active beneficiaries, click **Show Active**. To view only inactive beneficiaries, click **Show Inactive**.

**Healthy Connections MEDICAID**

Please select a provider to work with:  
 <Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | **Lists** | History

### Beneficiary List Management

\*Medicaid ID:  \*Date Of Birth:  Gender:  Active: ☒

\*First Name:  MI:  \*Last Name:

Address:  City:  State:

Account Number:  Record Number:

Created By: UATest11 Date Added: 07/11/2011

**The record now shows as “active.”**

No.	First Name	MI	Last Name	Medicaid ID	Account Number	Record Number	Status	User Created	Date Added	Edit	Delete
2		S	Banks'son				Inactive	UATest01	2011-05	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
4		A	China				Active	UATest01	2011-05	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
8	John						Active	UATest11	2011-07	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
1		M	Doe-smith&sons				Active	UATest10	2011-05	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
5		D	Hall			Chuck0614	Active	UATest01	2011-06	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
3	Jojo's	I	Mojo		123	145	Active	UATest08	2011-06	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
6	Catherine		Test				Active	UATest02	2011-06	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
7	Julia		Test	1234569999			Active	UATest02	2011-06	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

## Deleting a Record

A record may also be removed from your list completely. If you no longer have a need for the beneficiary to be in your list,

1. Click **Delete** to erase all information pertaining to this beneficiary.  
**Note:** This will not erase any claim information for this beneficiary, just the record in your *Beneficiary List* you have saved with his or her name, Medicaid ID, DOB, etc.
2. Click **OK** when prompted to confirm your selection. By clicking **OK**, the recipient's information will be removed from your list.  
**Note:** Click **Cancel** if you do not wish to delete the record.

**SOUTH CAROLINA Healthy Connections MEDICAID**

Please select a provider to work with:

[Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

### Beneficiary List Management

\*Medicaid ID:  \*Date Of Birth:  Gender:  Active: ☒

\*First Name:  MI:  \*Last Name:

Address:  City:  State:  Zip Code:

Account Number:  Record Number:

Created By: uatest11

**Message from webpage**

Another user may have added this list entry. Are you sure you wish to delete it?

No.	First Name	MI	Last Name	STATUS	UATest	DATE	Edit	Delete
2		S	Banks'son				Edit	Delete
4		A	China				Edit	Delete
8	John			Active	UATest1	2011-06	Edit	Delete
1		M	Doe-smith&sons	Active	UATest10		Edit	Delete
5		D	Hall	Active	UATest01	2011-06	Edit	Delete
3	Jojo's	I	Mojo	Active	UATest08	2011-06	Edit	Delete
6	Catherine		Test	Active	UATest02	2011-06	Edit	Delete
7	Julia		Test	Active	UATest02	2011-06	Edit	Delete

## Provider List

Just like building a list of beneficiaries, you may also build a list of providers within your organization. Like using the beneficiary list to populate claim information regarding your beneficiary, you may utilize a *Provider List*, even if just one provider, to populate his or her required data into a claim form instead of manually keying their information. Identical to your beneficiary list, you may also **Edit** or **Delete** the records at any time.

### Add a Provider

1. Click on **Provider** from the **Lists** menu to retrieve the *Provider List Management* screen.

The screenshot displays the South Carolina Healthy Connections Medicaid portal. At the top, there is a header with the logo and a dropdown menu labeled "Please select a provider to work with:" with a "Select" button. Below the header is a navigation bar with tabs: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, and History. The "Lists" tab is active, and a dropdown menu is open, showing options: Beneficiary, Provider (highlighted with a red box), Insured, Contact, Condition Codes, ICD-9 Diagnosis Codes, ICD-10 Diagnosis Codes, HCPCS/CPT-4 Codes, ICD-9 Surgical Codes, ICD-10 Surgical Codes, Modifier Codes, Occurrence Codes, Value Codes, Revenue Codes, and Payers. A yellow callout box with a speech bubble points to the "Provider" option, containing the text: "Select Provider to begin building your Provider List." Below the navigation bar, there is a "Welcome to" message and a list of links: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Status, Search, and CMS-1500. At the bottom, there is an FAQ section with a question: "Q: Can multiple Web Tool users share the same login ID and password?" and an answer: "A: No, each user must have his or her own login ID and Password."

- Enter data into the fields to identify the provider.  
**Note:** The required fields, which are denoted by asterisk, are the *Provider Identification* and *Provider Taxonomy*.
- After entering the required data, click **Add**.  
**Note:** Click **Clear** to erase the data you have keyed in these fields.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

**Provider List Management**

\*Provider Identification:  Provider Name:   
 \*Provider Taxonomy:  Billing Provider Zip:   
 Facility Zip:   
 Active: ☐ Provider Status:

**Click Add**

Provider ID	Provider Name	Provider First Name	Provider Taxonomy	Status	BZip	FZip	User Created	
	TestJune			A	29201		UATest02	<a href="#">Edit</a> <a href="#">Delete</a>
	GHS PARTNERS				15-4566	28260-1135	UATest01	<a href="#">Edit</a> <a href="#">Delete</a>
		JANTANA			29936-2621	29936-5440	UATest01	<a href="#">Edit</a> <a href="#">Delete</a>
	june2			A			UATest02	<a href="#">Edit</a> <a href="#">Delete</a>
	HILLCREST INTERNAL MEDICIN						UATest01	<a href="#">Edit</a> <a href="#">Delete</a>

[Show All](#)

Your provider will now be added to your *Provider List*. Even if just for one provider, building a list allows you to populate your claim forms with his or her required information saving time and keystrokes when entering claim information.



## Insured List

Another list you may utilize is an *Insured List*. If a beneficiary has other insurance on file you may choose to build records of his or her insurance information to save and use when building claims for that beneficiary. Just like any other buildable list, you can **Edit** and/or **Delete** these records at any time. You may also change the **Active/Inactive** status as the need arises.

**Note:** Web Tool cannot be used to file claims to other insurances; all proper billing procedures apply.

### Add Insured Information

1. Click **Insured** from the *Lists* menu to retrieve the *Insured List Management* screen.

The screenshot shows the South Carolina Healthy Connections Medicaid portal. The top navigation bar includes links for Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, and History. The 'Lists' menu is open, showing options: Beneficiary, Provider, **Insured** (highlighted with a red box), Contact, Condition Codes, ICD-9 Diagnosis Codes, ICD-10 Diagnosis Codes, HCPCS/CPT-4 Codes, ICD-9 Surgical Codes, ICD-10 Surgical Codes, Modifier Codes, Occurrence Codes, Value Codes, Revenue Codes, and Payers. A yellow callout box with a speech bubble points to the 'Insured' option, containing the text: 'Select Insured to begin building your Insured List.' The main content area displays 'SC Medicaid Portal Home' and a 'Welcome to' message, followed by a list of instructions for using the portal. At the bottom, there is an FAQ section with a question and answer regarding user login credentials.

**SC Medicaid Portal Home**

Welcome to

- To update
- To download or new payment's remit statement, please click the
- To enter a claim (professional or hospital), select the appropriate c
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please clic
- To look for claims you have submitted via the Portal, select **Search** batch (a group of claims submitted all at once), select **CMS-1500 S** menu.

**FAQ**

**Q: Can multiple Web Tool users share the same login ID and password?**

**A: No, each user must have his or her own login ID and Password.**

2. Add records of beneficiaries' additional insurance policy/policies he or she may have. Records must have a **Last Name**, **First Name**, and from the drop-down menu, you must select the **Relation to Insured** (*Example: Self, Child, Employee, etc.*). You must include the insurance **Policy Number**, **Other Insurance Claim Filing Indicator**, and **Carrier Code**.

**Note:** A complete Carrier Code listing can be found in Appendix 2 of your Provider Manual.

Though not a required field, you may also include the insurer's name in the **Insurer Name** field.

3. After entering all required fields, click **Add**.

**Note:** Click **Clear** to erase the data you have keyed in these fields

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Insured List Management

\*Last Name:   
 \*First Name:   
 \*Relation To Insured:   
 \*Policy Number:   
 \*Other Insurance Claim Filing Indicator:   
 \*Carrier Code:   
 Insurer Name:

**Click Add**

Last Name	First Name	Patient Relation	Claim Filing Ind	Policy Num	Carrier Code	Insurer Name	Status	User Created	Edit	Delete
Test	Ben	19	BL	ZCS123456	4		A	UATest02	<a href="#">Edit</a>	<a href="#">Delete</a>

[Show All](#)

## Diagnosis Code List

Another helpful list that can be utilized is a *Diagnosis Code List*. You may choose to build a list of codes specific to your organization that may be used over and over again.

This function allows you to build a list of frequently used codes for later reference when entering claim information. Like any other buildable list, you can **Edit** and/or **Delete** these records at any time. You may also change the **Active/Inactive** status as the need arises.

### Add a Diagnosis Code

1. Click **Diagnosis Codes** from the **Lists** menu to retrieve the *Diagnosis Codes List Management* screen.

The screenshot shows the South Carolina Healthy Connections Medicaid web portal. The top navigation bar includes links for Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, and History. The 'Lists' menu is expanded, showing options like Beneficiary, Provider, Insured, Contact, Condition Codes, ICD-9 Diagnosis Codes (highlighted with a red box), ICD-10 Diagnosis Codes, HCPCS/CPT-4 Codes, ICD-9 Surgical Codes, ICD-10 Surgical Codes, Modifier Codes, Occurrence Codes, Value Codes, Revenue Codes, and Payers. A yellow callout box with a speech bubble points to the 'ICD-9 Diagnosis Codes' option, containing the text: 'Select Diagnosis Codes to begin building your Diagnosis Codes List.'

SC Medicaid Portal Home

Welcome to the South Carolina Medicaid Web Portal.

- To update your password, please click the **Change PWD** link.
- To check on the eligibility for your Medicaid subscribers, please click the **Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search** batch (a group of claims submitted all at once), select **CMS-1500** menu.

FAQ

**Q: Can multiple Web Tool users share the same login?**

**A:** No, each user must have his or her own login ID and Password.

2. Type the diagnosis code and a description of the code into the fields.

**Note:** The **Diagnosis Code** field allows space for five characters. If decimal point(s) within a code will not allow the entire numeric/non-numeric code to fit in the Diagnosis Code field, you may omit the decimal point. Descriptions can be specific or general to help you identify the Diagnosis Code. A full listing of Diagnosis Codes can be found in Section 4 of your provider manual.

3. Click **Add**.

**Note:** Click **Clear** to erase the data you have keyed in these fields

**South Carolina Healthy Connections MEDICAID**

Please select a provider to work with:

[Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

### Diagnosis Code List Management

---

\*Diagnosis Code:  \*New Description:

Code	Description	Status	Use	Added	
12345	testjune	A	UA		
477.9	Test 1	A	UATest01		<a href="#">Edit</a> <a href="#">Delete</a>
729.5	Test	A	UATest01		<a href="#">Edit</a> <a href="#">Delete</a>
V.999	Test	A	UATest01		<a href="#">Edit</a> <a href="#">Delete</a>
V25	Test	A	UATest01		<a href="#">Edit</a> <a href="#">Delete</a>

[Show All](#)

**Click Add**

## CHAPTER 4: CLAIMS ENTRY

Now that you have built your customized lists, you can enter claims information. In this chapter, you will learn how to add, edit, delete, and copy claims, as well as how to view the history of claims previously submitted. The claim forms (CMS-1500 and UB-04) are the same ones you use today, and you will complete them as you always have. Although the CMS-1500 and UB-04 claims entry screens do not look like the hardcopy forms, you will enter the same required information.

In addition to entering original claims, you can also use the Web Tool to enter adjustment claims. Adjustments to paid CMS-1500 claims can be filed using the Web Tool regardless of the submission method of the original claim. However, paid UB-04 adjustment claims must be filed using the same method with which the original claim was submitted (*i.e.*, paper, electronic, Web Tool).

The types of adjustments for a submitted claim are:

- **Void Only:** The original paid claim is “voided” in the South Carolina Medicaid claims processing system. The entire paid amount for the original claim will be deducted from the next Remittance Advice.
- **Void/Replacement:** The original paid claim is “voided” and is replaced with a new, corrected claim. If the claim has not been purged from the Web Tool, you should use the copy and edit functions to adjust and resubmit your claim. The entire paid amount of the voided claim will be deducted from the next Remittance Advice. A Void/Replacement claim cannot be used, under any circumstances, to correct the Provider ID or beneficiary Medicaid ID.

If the replacement claim is processed during the same claim payment cycle as the voided claim, the replacement claim will pay and appear with the voided original claim on the Remittance Advice. If the voided claim and the replacement claim do not process in the same payment cycle, the voided claim is reported on one Remittance Advice, and the replacement claim is reported on a separate Remittance Advice when it completes processing. The voided claim is always reported first.

**Note: If Third Party Liability is the reason for your adjustment (beneficiary has other health insurance), file the adjustment as a Void/Replacement.** The claim will update the beneficiary’s other health insurance information, which will flag future claims.

The Web Tool also offers an easy way to file your claims when South Carolina Medicaid is the secondary payer. CMS-1500 and UB-04 billers can file Medicaid secondary claims online without submitting a hard copy Explanation of Benefits (EOB) from the other insurance carrier. All of the required fields are on the Web Tool.

## Web Tool Screen Features

Let's get acquainted with some features you will encounter in the Web Tool screens:

- *Get from List* link
- Drop-down Boxes
- Navigation Buttons

### Get from List Link

Whenever you encounter a *Get from List* link, one of your lists is available for reference and for populating the field. In the illustration below, there is a Beneficiary List available for use in populating the Beneficiary Info tab.

**SOUTH CAROLINA Healthy Connections MEDICAID**

Please select a provider to work with:

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry

**Beneficiary Information** [Get from List](#)

\*Medicaid Num.  \*Date of Birth  First Name  MI  \*Last Name  Gender

Street Addr.  City  State  Zip Code

Medical Record Number  Patient Account

**Get from List Link: Click on the link to choose from your lists.**

## Drop-down Boxes

These are available wherever you see a black arrow next to the field. Just click the arrow for a list of items you can use to populate the field. In this example, you have a **Drop-down Box** for *Place of Service* field.

**SOUTH CAROLINA Healthy Connections MEDICAID**

Please select a provider to work with:   [Logout](#) [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

**CMS-1500 Claim Entry**

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Detail Lines | Other Coverage

**Add/Update Service Line(s)**

\*From Date of Service:  \*To Date of Service:

\*Place of Service:

\*HCPCS Code:  Modifier Codes:

Emergency? ☐ National Drug Code:  Rendering:

There is no data to display.

**Drop-down Box:**  
Click to choose from system lists.

- 35 - Adult Living Care Facility
- 41 - Ambulance Air Or Water
- 42 - Ambulance Land
- 24 - Ambulatory Surgical Center
- 13 - Assisted Living Facility
- 25 - Birthing Center
- 53 - Community Mental Health Center
- 61 - Comprehensive Inpatient Rehab Facility
- 62 - Comprehensive Outpatient Rehab Facility
- 33 - Custodial Care Facility
- 23 - Emergency Room Hospital
- 65 - End Stage Renal Disease Treatment Facility
- 50 - Federally Qualified Health Center
- 14 - Group Home
- 12 - Home
- 34 - Hospice
- 49 - Independent Clinic
- 81 - Independent Laboratory
- 05 - Indian Health Service Free Standing Facility

## Navigation Buttons

When you click one of these buttons, you will be transferred to another screen where you can key additional information necessary to complete the claim; *e.g.*, *Go to Provider Info* screen is illustrated below.

**SOUTH CAROLINA**  
**Healthy Connections**  
**MEDICAID**

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

---

**CMS-1500 Claim Entry**

Beneficiary Info | **Provider Info** | Misc Info | Diagnosis Codes | Detail Lines | Other Coverage

**Beneficiary Information** [\[Get from List\]](#)

\*Medicaid Num.  \*Date of Birth  First Name  MI  \*Last Name  Gender

Street Addr.  City  State  Zip Code

Medical Record Number  Patient Account

**Navigation Buttons:** Click to bring up another screen in which to enter more detailed information.

[Go to Provider Info](#)



## CMS-1500

### Add a Claim

1. From the Menu, hover over **Claims Entry**, then select **CMS-1500 (Professional) Claims** to retrieve the *CMS-1500 Pending Claims* screen.

*Note: This screen displays links to both draft and completed claims and several features.*

2. Select a provider from the drop-down menu at the top (reads: “Please select a provider to work with:”) and click the **Select** button.

*Note: You can only see provider numbers which have been submitted on the Trading Partner Agreement for your particular office.*

SOUTH CAROLINA  
Healthy Connections  
MEDICAID

Please select a provider to work with:  
<Select One>

Click CMS-1500 (Professional) Claims to enter a new claim.

Change PWD | Reports | Eligibility | **Claims Entry** | Claim Submission | Lists | Logout | Home

Insured List Management

**CMS-1500 (Professional) Claims**  
UB-04 (Hospital) Claims

\*Last Name:

\*First Name:

\*Relation To Insured:

\*Policy Number:

\*Other Insurance Claim Filing Indicator:

\*Carrier Code:

Insurer Name:

There is no data to display.  
[Show All](#)

## Edit a Claim

1. From the *CMS-1500 Pending Claims* screen, click the link under the **Name** column for either draft or completed claims. The *CMS-1500 Claim Entry* screen displays and allows you to update that claim.

## Copy a Claim

1. From the *CMS-1500 Pending Claims* screen, select one or more draft claims by clicking the checkbox.
2. Click the **Copy Sel.** button to make a copy of those claims in the draft claims.

## Delete a Claim

1. From the *CMS-1500 Pending Claims* screen, select one or more draft or completed claims by clicking the checkbox.
2. Click the **Delete Sel.** button to delete those claims from the draft claims.

## View a Claim

1. From the *CMS-1500 Pending Claims* screen, select one or more draft or completed claims by clicking the checkbox.
2. Click the **View Sel.** button to display the *Claim View* screen, showing all the claim details for the selected claims. From this screen, you can print one or all of the claim detail summaries.
3. Once you are in the *Claim View* screen, click the **Go Back** button to return to the *CMS-1500 Pending Claims* screen.

## Search Name

1. From the *CMS-1500 Pending Claims* screen, enter the first or last name of the beneficiary in the field next to the **Search Name** button.
2. Click the **Search Name** button to filter the draft and completed claims to show only the rows where the first or last name is as you specified.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Pending Claims

Enter New Claim | **Copy Sel.** | **Delete Sel.** | **View Sel.** |

**Draft (Incomplete) Claims**

Claim ID	Name	Acct Num	Medicaid ID	Total
<input type="checkbox"/> 333679	Carter, Debra; nifiah	778		
<input type="checkbox"/> 333679				

**Completed Claims**


Claim ID	Name	Acct Num	Medicaid ID	Total Chrg	
<input type="checkbox"/> 333670	Porter,			79.00	2011-07-11

Use the checkbox to Copy, Delete, and View claims

## Enter New Claim

1. From the *CMS-1500 Pending Claims* screen, click the **Enter New Claim** button to display the *CMS-1500 Claim Entry* screen.
2. Follow the tabs from left to right to fill in all the data necessary to process the claim.

**Note:** You can select the navigation button on the lower right-hand side to take you to the next tab, e.g., **Go to Provider** button

**Healthy Connections**  Please select a provider to work with:   [Logout](#) | [Home](#)

Change PWD | Reports | Eligibility | **Claims Entry** | Claim Submission | Lists | History

CMS-1500 Claim Entry

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Detail Lines | Other Coverage

**Beneficiary Information** [\[Get from List\]](#) **Asterisk: required field**

\*Medicaid Num.  \*Date of Birth  First Name  MI  \*Last Name  Gender

Street Addr.  City  State  Zip Code

Medical Record Number  Patient Account

**Navigation button to go to the next tab**

## Get from List

1. To populate many of the fields using information from **Lists**, click the **Get from List** link. The corresponding selection data will display in a box, if you have created a list.
2. Click the link of the row you want to use to populate the fields.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Detail Lines | Other Coverage

**Beneficiary Information** **Get from List**

\*Medicaid Num.  \*Date of Birth

Street Addr.

Medical Record Number  Pa

Gender

**Beneficiary Selection**

1689 's Contact List

Last Name	First Name	Medicaid ID	Account Number	Medical Record Num
Mosley		030442870x	456	456
Carter		5304	778	778
HINSON				
PORTER				
ROGERS				
GRAYSON				

**Click the link to populate the fields.**

## Finish Claim

1. Click the **Finish Claim** button in the **Other Cov** tab to check for any final validation errors. If there are errors, you may update the information and click **Finish Claim** again. The *CMS-1500 Pending Claims* screen will appear and your claim will be catalogued under the **Completed Claims** table.

**SOUTH CAROLINA**  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Detail Lines | **Other Coverage**

**Add/Edit Other Insurance Coverage Information** [\[Get from List\]](#)

\*Insured Last Name  Insured First Name  \*Relation to Insured (RI)

\*Carrier Code  \*Policy Number  \*Paid Amount  Paid Date  \*Filing Ind. (FI)

Denial? ☐ Denial Reason Code (DRC)

\*Deductible  \*Coinsurance  \*Copayment  \*Non-contracted Amount

There is no data to display.

## Add a CMS-1500 Adjustment Claim

1. From the Menu, choose **Claims Entry**, then **CMS-1500 (Professional) Claims** to retrieve the *CMS-1500 Pending Claims* screen.
2. From the *CMS-1500 Pending Claims* screen, click the **Enter New Claim** button.
3. Complete the information required under the **Beneficiary** and **Provider** tabs.
4. Select the **Misc Info** tab.
5. Under the *Create Adjustment* section, place a check in the **Initiate Adjustment Request** field.
6. Type the Claim Control Number (CCN) of the claim you want to void or void/replace in the **Orig. CCN** field.
7. Choose *Void/Replace* or *Void* from the **Reason Code** field.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Detail Lines | Other Coverage

**Create Adjustment**

☒ Initiate adjustment request

Original CCN

Reason Code   
7 - Void/Replace  
8 - Void

**Choose Void or Void/Replace**

**Accident Info**

Auto Accident

Employment

Other Accident

EPSDT Referral

**Enter the original Claim Control Number**

AV - Available

**Other Info**

MHN Referral Number

Prior Authorization Number

**Void Only**

For a Void Only claim, do not add any claim detail lines.

1. Click the **Finish Claim** button in the **Other Cov** tab to save your Void Only claim.
2. Submit your adjustment using the Claim Submission function.

**Void/Replacement**

A claim is easily adjusted if the claim has not been purged from the Web Tool. You cannot adjust a paid original claim that was filed by any method other than the Web Tool.

1. Copy your claim as described earlier in this section.
2. Open the copied claim.
3. Type in the claim control number you want to adjust in the **Original CCN** field.
4. Make the necessary corrections to your claim.
 

**Note:** If your original claim has been purged deleted from the Web Tool, you must enter your corrected line detail information in the *CMS-1500 Detail Lines* section.
5. Click the **Finish Claim** button in the **Other Cov** tab to save your replacement claim.
6. Submit your replacement claim using the Claim Submission function.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One> Select

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Detail Lines | **Other Coverage**

**Add/Edit Other Insurance Coverage Information** [\[Get from List\]](#)

\*Insured Last Name:  Insured First Name:  \*Relation to Insured (RI):

\*Carrier Code:  \*Policy Number:  \*Paid Amount:  Paid Date:  \*Filing Ind. (FI):

Denial? ☐ Denial Reason Code (DRC):

\*Deductible:  \*Coinsurance:  \*Copayment:  \*Non-contracted Amount:

Save Coverage Record

There is no data to display.  
Copy Sel. Records Delete Sel. Records

**Click to finish the adjustment claim**

**Finish Claim**

## Add a Medicaid Secondary Claim

1. From the Menu, hover over **Claims Entry**, then select **CMS-1500 (Professional) Claims** to retrieve the *CMS-1500 Pending Claims* screen.
2. From the *CMS-1500 Pending Claims* screen, click the **Enter New Claim** button.
3. Complete the information required for each tab as you do for a regular claim.
4. Select the **Other Cov** tab.
5. Type in the other insurance carrier information or click the **Get from List** link to populate the fields from the **Lists** feature.
6. Click the **Save Coverage Record** button to add the record.
  - You may enter additional payers and save them.
  - You may edit, copy or delete these records using the:
    - **Edit** link
    - **Copy Sel. Records** button
    - **Delete Sel. Records** button
7. Click the **Finish Claim** button under the **Other Cov** tab to save your claim.
8. Submit your claim using the Claim Submission function.

SOUTH CAROLINA  
Healthy Connections  
MEDICAID

Please select a provider to work with:  
<Select One> Select

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Claim Entry

Beneficiary Info | Provider Info | Misc Info | Diagnosis Codes | Detail Lines | **Other Coverage**

**Add/Edit Other Insurance Coverage Information** **Get from Lis**

\*Insured Last Name:  Insured First Name:  \*Relation to Insured (RI):

\*Carrier Code:  \*Policy Number:  \*Paid Amount:  Paid Date:  \*Filing Ind. (FI):

Denial? ☐ Denial Reason:

\*Deductible:  \*Coinsurance:  \*Copayment:  \*Non-contracted Amount:

**Save Coverage Record**

There is no data to display.

**Copy Sel. Records** **Delete Sel. Records**

**Finish Claim**



## UB-04

### Add a Claim

1. From the Menu, hover over **Claims Entry**, then select **UB-04 (Hospital) Claims** to retrieve the *UB-04 Pending Claims* screen.

*Note: This screen displays links to both draft and completed claims and several features.*

2. Select a provider from the drop-down menu at the top (reads: “Please select a provider to work with:”) and click the **Select** button.

*Note: You can only see provider numbers which have been submitted on the Trading Partner Agreement for your particular office.*

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Healthy Connections  
MEDICAID

Please select a provider to work with:  
<Select One> Select

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Insured List Management | CMS-1500 (Professional) Claims | **UB-04 (Hospital) Claims**

\*Last Name:   
 \*First Name:   
 \*Relation To Insured: [Please Select One]   
 \*Policy Number:   
 \*Other Insurance Claim Filing Indicator: [Please Select One]   
 \*Carrier Code:   
 Insurer Name:

Add Clear

There is no data to display.  
[Show All](#)

Click UB-04 (Hospital) Claims to enter a new claim.

### Edit a Claim

1. From the *UB-04 Pending Claims* screen, click the link under the **Name** column for either draft or completed claims. The UB-04 Claim Entry screen displays and allows you to update that claim.

### Copy a Claim

1. From the *UB-04 Pending Claims* screen, select one or more draft claims by clicking the checkbox.
2. Click the **Copy Sel.** button to make a copy of those claims in the draft claims.

## Delete a Claim

1. From the *UB-04 Pending Claims* screen, select one or more draft or completed claims by clicking the checkbox.
2. Click the **Delete Sel.** button to delete those claims from the draft claims.

## View a Claim

1. From the *UB-04 Pending Claims* screen, select one or more draft or completed claims by clicking the checkbox.
2. Click the **View Sel.** button to display the Claim View screen, showing all the claim details for the selected claims. From this screen, you can print one or all of the claim detail summaries.
3. Once you are in the *Claim View* screen, click the **Go Back** button to return to the UB-04 Pending Claims screen

## Search Name

1. From the *UB-04 Pending Claims* screen, type in the first or last name of the beneficiary in the field next to the **Search Name** button.
2. Click the **Search Name** button to filter the draft and completed claims to show only the rows where the first or last name is as you specified.

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Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

CMS-1500 Pending Claims

Enter New Claim | Copy Sel. | Delete Sel. | View Sel. |  Search Name

**Draft (Incomplete) Claims**

Claim ID	Name	Acct Num	Medicaid ID	Total Chrg	Last Changed
<input type="checkbox"/> 333679	Carter, De&apos;nijah	778	530447		
<input type="checkbox"/> 333677	ROGERS, ROY		010513		

**Completed Claims**

Claim ID	Name	Acct Num	Medicaid ID	Total Chrg	Last Changed
<input type="checkbox"/> 333670	f			79.00	2011-07-11

Use the checkbox to Copy, Delete, and View claims

## Enter New Claim

1. From the *UB-04 Pending Claims* screen, click the **Enter New Claim** button to display the *UB-04 Claim Entry* screen.
2. Follow the tabs from left to right to fill in all the data necessary to process the claim.

**Note:** You can select the navigation button on the lower right-hand side to take you to the next tab, e.g., **Go to Provider** button.

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Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | **Claims Entry** | Claim Submission | Lists | History

UB-04 Claim Entry

Beneficiary | Provider | Addl Info | Diag Codes | Cond Codes | Occur Codes | Value Codes | ICD9 Codes | Detail Lines | Other Cov

**Beneficiary Information** [\[Get from List\]](#) **Asterisk: required field**

\*Medicaid Num.  \*Date of Birth  First Name  MI  \*Last Name  Gender

Street Addr.  City  State  Zip Code

Medical Record Number  Patient Account

**Go to the next tab**

## Get from List

1. To populate many of the fields using information from **Lists**, click the **Get from List** link. The corresponding selection data will display in a box, if you have created a list.
2. Click the link of the row you want to use to populate the fields.

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**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

UB-04 Claim Entry

Beneficiary | Provider | Addl Info | Diag Codes | Cond Codes | Occur Codes | Value Codes | ICD9 Codes | Detail Lines | Other Cov

**Beneficiary Information** **Get from List**

\*Medicaid Num.  \*Date of Birth

Street Addr.

Medical Record Number  Pa

Gender

**Beneficiary Selection**

Contact List

Last Name	First Name	Medicaid ID	Account Number	Medical Record Num
Johnson				

Click the link to populate the fields.

## Finish Claim

1. Click the **Finish Claim** button in the **Other Cov** tab to check for any final validation errors. If there are errors, you may update the information and click **Finish Claim** again. Otherwise, the *UB-04 Pending Claims* screen will appear and your claim will be catalogued in the **Completed Claims** table.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

UB-04 Claim Entry

Beneficiary | Provider | Addl Info | Diag Codes | Cond Codes | Occur Codes | Value Codes | Surg Codes | Detail Lines | **Other Cov**

**Add/Edit Other Insurance Coverage Information** [\[Get from List\]](#)

\*Insured Last Name  Insured First Name  \*Relation to Insured (RI)

\*Carrier Code  \*Policy Number  \*Paid Amount  \*Paid Date  \*Filing Indicator (FI)

Denial? ☐ Denial Reason Code (DRC)

\*Deductible  \*Coinsurance  \*Copayment  \*Noncontracted amount

There is no data to display.

## Add a UB-04 Adjustment Claim

A UB-04 adjustment claim can be submitted to void a claim that was originally submitted via the Web Tool.

1. From the Menu, choose **Claims Entry**, then **UB-04 (Hospital) Claims** to retrieve the *UB-04 Pending Claims* screen.
2. From the *UB-04 Pending Claims* screen, click the **Enter New Claim** button.
3. Complete the information required under the **Beneficiary** and **Provider** tabs.
4. Select the **Addl Info** tab.
5. In the *Type of Bill* field, select your adjustment bill type. For Void Only claims, the third digit of the type of bill is the number 8. The third digit for Void/Replacement claims is the number 7.

**Healthy Connections MEDICAID**

Please select a provider to work with:  
 <Select One>

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

**UB-04 Claim Entry**

Beneficiary | Provider | **Addl Info** | Diag Codes | Cond Codes | Occur Codes | Value Codes | ICD9 Codes | Detail Lines | Other Cov

**Additional Information**

Admission Date:  Admission Hour:  Discharge Hour:  \*From Date of Service:  \*Through Date of Service:

Adm. Source:

Adm. Type:

Patient Status:

**Void/Replacement Type of Bill**

Type of Bill:

Orig. CCN:

Covered Days:

MHN Referral Num:

111 - Inpatient hospital, admit through discharge claim  
 112 - Inpatient hospital, Interim - First Claim  
 113 - Inpatient hospital, Interim - Continuing Claim  
 114 - Inpatient hospital, Interim - Final Claim  
 117 - Inpatient hospital, replacement claim (DRG charges)  
 118 - Inpatient hospital, void/cancel claim  
 131 - Outpatient hospital, admit through discharge claim  
 137 - Outpatient hospital, replacement claim  
 138 - Outpatient hospital, void/cancel 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

6. Type the CCN of the claim you want to void or void /replace in the Orig. CCN field.

The screenshot shows the 'UB-04 Claim Entry' form for South Carolina's Healthy Connections Medicaid. The form has a navigation bar with tabs: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, History, Logout, and Home. Below the navigation bar is a sub-header 'UB-04 Claim Entry'. The main form area has tabs: Beneficiary, Provider, Addl Info, Diag Codes, Cond Codes, Occur Codes, Value Codes, ICD9 Codes, Detail Lines, and Other Cov. The 'Addl Info' tab is selected, showing the 'Additional Information' section. This section includes fields for Admission Date, Admission Hour, Discharge Hour, \*From Date of Service, \*Through Date of Service, Adm. Source, Adm. Type, Patient Status, Type of Bill (set to '148 - Outpatient hospital, referenced diag...'), Orig. CCN (highlighted with a red box), Covered Days, Non-covered Days, Coinsurance Days, Lifetime Reserve Days, MHN Referral Number, and Prior Authorization Number. A yellow callout bubble points to the 'Orig. CCN' field with the text 'Original Claim Control Number'. A 'Go to Diagnosis Codes' button is at the bottom right.

### ***Void Only***

For a Void Only claim, do not add any claim detail lines.

1. Click the **Finish Claim** button under the **Other Cov** tab to save your Void Only claim.
2. Submit your adjustment using the Claim Submission function.

### ***Void/Replacement***

A claim is easily adjusted if the claim has not been purged from the Web Tool. You cannot adjust a paid original claim that was filed by any method other than the Web Tool.

1. Copy your claim as described earlier in this section.
2. Open the copied claim.
3. Type in the claim control number you want to adjust in the Payer Original CCN field.
4. Make the necessary corrections to your claim.  
**Note:** If your original claim has been purged deleted from the Web Tool, you must enter your corrected line detail information in the UB-04 Detail section.
5. Click the **Finish Claim** button under the **Other Cov** tab to save your replacement claim.
6. Submit your replacement claim using the Claim Submission function.

### **Add a Medicaid Secondary Claim**

1. From the Menu, hover over Claims Entry, then select UB-04 (Hospital) Claims to retrieve the UB-04 Pending Claims screen.
2. From the UB-04 Pending Claims screen, click the Enter New Claim button.
3. Complete the information required for each tab as you do for a regular claim.
4. Select the Other Cov tab.
5. Type in the other insurance carrier information or click the Get from List link to populate the fields from the Lists feature.
6. Click the Save Coverage Record button to add the record.
  - a. You may enter additional payers and save them.
  - b. You may edit, copy or delete these records using the:
    - i. Edit link
    - ii. Copy Sel. Records button
    - iii. Delete Sel. Records button
7. Click the Finish Claim button under the Other Cov tab to save your claim.
8. Submit your claim using the Claim Submission function.



## CHAPTER 5: CLAIM SUBMISSION

Once you have entered your claims, you can then submit them for payment. If you wish to review the list of claims prior to submission, you can view all the claims by claim type from the *Claims Submission Information* section on the *Claims Submission* screen.

Claims submission works the same way for CMS-1500 and UB-04 claims. We will use the CMS-1500 claim type as an example.

1. From the Menu, choose **Claim Submission**. This will take you to the *Claim Submission* screen.
2. Type in your contact information or select from List Management by clicking the **Get from List** link.
3. In the *Claim Submission Information* section, click the **Radio** button by CMS-1500.
4. If you want to submit *all claims* within that batch:
  - a. Click **Submit**. A pop-up screen will ask if you are sure you want to send the claims.
  - b. Click the **YES** button to submit your claims.

**Claim Submission**

---

**Contact Information**

\*Name:  [Get from List](#)

\*Address:

\*City:  \*State:  \*Zip:

\*Area Code:

\*Phone:  Extension:

**Form filling information**

- Required fields are denoted by \*.
- A Claim Type selection is required.
- Enter digits only for the Area Code (i.e. 803) for the area code, and 1231234 for the local part).
- The Phone Number may be entered as either 1231234 or formatted as 123-1344.
- The Phone Extension is optional but may contain up to 6 digits.

**Claim Submission Information (2 records)**

Select Claim Type	Claim Type	Number Of Claims	Total Of Claims
<input type="radio"/>	CMS 1500	2	\$168.51
<input type="radio"/>	UB-04		

**Submit claims by claim type.**

**Submit all batched claims.**

5. If you want to submit only *specific claims within a claim type*:
  - a. Click the **Edit** button to bring up the full list of claims.

**Healthy Connections MEDICAID**

Please select a provider to work with:

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

### Claim Submission

#### Contact Information

\*Name:  [\[Get from List\]](#)

\*Address:

\*City:  \*State:  \*Zip:

\*Area Code:

\*Phone:  Extension:

**Form filling information**

- Required fields are denoted by \*.
- A Claim Type selection is required.
- Enter digits only for the Area Code (i.e. 803) for the area code, and 1231234 for the local part).
- The Phone Number may be entered as either 1231234 or formatted as 123-1344.
- The Phone Extension is optional but may contain up to 6 digits.

Claim Submission Information (2 records)

Select Claim Type	Claim Type	Number Of Claims	Total Of Claims
<input type="radio"/>	CMS 1500	2	\$168.51
<input type="radio"/>	06-04	1	\$10.00

**Submit claims by claim type.**

**Submit claims by claim type.**

- b. Select the claims you wish to submit by clicking the **Radio** buttons next to the claim entries.
- c. Click **Submit Select Claims**. A pop-up screen will ask if you are sure you want to send the claims.
- d. Click the **YES** button to submit your claims.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One> Select

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Claim Submission

Contact Information

\*Name:  [\[Get from List\]](#)

\*Address:

\*City:  \*State: SC \*Zip:

\*Area Code:

\*Phone:  Extension:

Form filling information

- Required fields are denoted by \*.
- A Claim Type selection is required.
- Enter digits only for the Area Code (i.e. 803) for the area code, and 1231234 for the local part).
- The Phone Number may be entered as either 1231234 or formatted as 123-1344.
- The Phone Extension is optional but may contain up to 6 digits.

Submit Select Claims

Cancel

Available Claims (2 records)

Select Claim	Claim ID	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Charge	Balance Due
<input checked="" type="checkbox"/>	33412	Carter		Chuck06/14		\$79.00	\$79.00
<input type="checkbox"/>	33463	Carter		778			;89.51

Select All

Clear All

The following screen appears and indicates successful claim(s) submission.

The screenshot displays the 'Healthy Connections MEDICAID' web portal. The header includes the state name, logo, and a provider selection dropdown. A navigation bar contains links for 'Change PWD', 'Reports', 'Eligibility', 'Claims Entry', 'Claim Submission' (highlighted), 'Lists', and 'History'. The main content area, titled 'Claim Submission', contains a thank-you message and a summary of the batch submission. A dashed orange box highlights the submission details, which include the claim count, claim ID, batch number (39753), and batch filename. A yellow callout box points to the batch number, labeling it as the 'Batch ID number'.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | [Home](#)

Change PWD | Reports | Eligibility | Claims Entry | **Claim Submission** | Lists | History

**Claim Submission**

Thank you for submitting your claims via the web. We have received your transmission and will process your claims in a timely manner. Below is the summary of the batch.

The claim(s) selected for submission have been processed.

The following are your Claim Submission results:

You have selected the following claims for submission:

-----

Claim #: 1 ClaimID: 333565

-----

Batch Number: 39753

Batch Filename: 837PC39753.bt

**Batch ID number**

## CHAPTER 6: HISTORY

The **History** feature allows you to view specific claims that you have submitted via the South Carolina Medicaid Web-based Claims Submission Tool. You may choose to copy a claim into your *Pending Claims* list to rebuild a new claim. The Web Tool also allows you to print a particular claim, if needed.

**Note:** The South Carolina Department of Health and Human Services (SCDHHS) runs a monthly data purge on the **first** day of each month. This process deletes all submitted claims, submitted batches, and pending claims that are more than three months old from the Web Tool.

### Viewing Claims History

1. Select a provider from the drop-down menu at the top (reads: “Please select a provider to work with:”) and click the **Select** button.
2. From the Menu, hover over **History** and select one of these options from the sub-menu:
  - Search Submitted Claims
  - Dental Submitted Batches
  - CMS-1500 Submitted Batches
  - UB-04 Submitted Batches

SC Medicaid Healthy Connections MEDICAID

Please select a provider to work with: <Select One> Select

Logout Home

Change PWD Reports Eligibility Claims Entry Claim Submission Lists History

Select a sub-menu item from History.

Search Submitted Claims  
CMS-1500 Submitted Batches  
UB-04 Submitted Batches

View All

Search Results: 153 CMS-1500 records

Copy Claim	View Claim Detail	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Charge	Balance Due
Copy 286820			LESLIE	HOLLY	:	\$110.00	\$110.00
Copy 286821		ROACH		HOLLY	:	\$110.00	\$110.00
Copy 286822		CALEY		HOLLY	:	\$110.00	\$110.00
Copy 286823		PATTERSON		HOLLY	:	\$110.00	\$110.00
Copy 286824			DAYSHAUNA	HOLLY	:	\$110.00	\$110.00
Copy 286825			ALEXUS	HOLLY	:	\$110.00	\$110.00
Copy 286826			ALEXANDRIA	HOLLY	:	\$110.00	\$110.00
Copy 286827		STONE		HOLLY	:	\$110.00	\$110.00

### Search Submitted Claims

1. From the Menu, hover over **History**, and select **Search Submitted Claims** to retrieve the *Claim History Search* screen.
2. Select a **Claim Type**: CMS-1500 or UB-04

3. Optionally, select the **Show/Hide Search Filters** checkbox to display further search criteria. You may search by:

- Batch Information
  - Batch ID
  - Submitted By
  - Submitted Date From (mm/dd/yyyy)
  - Submitted Date Before (mm/dd/yyyy)
- Recipient Information
  - Medicaid ID
  - Recipient Account Number
  - Recipient First Name
  - Recipient Last Name

4. Click **Search** to retrieve information.

**Note:** Click the **Clear** button to refresh the form.

**Healthy Connections MEDICAID**

Please select a provider to work with:

[Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

### Claim History Search

Welcome uatest08. Please choose a Claim Type to view your Claim History.

\*Claim Type:

**Select CMS-1500 or UB-04.**

Batch Information - Sub

Batch ID:

Submitted By:

Submitted Date From:

Submitted Date Before:

Recipient Information

Medicaid ID:

Recipient Account Number:

Recipient First Name:

Recipient Last Name:

☒ Show/Hide Search Filters

**Form Filing Information**

- Claim Type is a required field.
- Date format: mm/dd/yyyy For example: 03/14/2009
- Claim Total Charge: please enter an amount using numbers and a period, if needed. Special characters and signs (like +, - and \$) are NOT allowed.

## Claim History Search: Search Results

The search results display all submitted claims that meet the selected criteria. You may sort the claim data by the different column headings.

**SOUTH CAROLINA Healthy Connections MEDICAID**

Please select a provider to work with:

[Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

### Claim History Search

Welcome uatest08. Please choose a Claim Type to view your Claim History.

\*Claim Type:

Search Results: 153 CMS-1500 records

Copy Claim	View Claim Detail	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Charge	Balance Due
<input type="button" value="Copy"/>	286820	WELLS		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	286821	ROACH		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	286822					\$110.00	\$110.00
<input type="button" value="Copy"/>	286823					\$110.00	\$110.00
<input type="button" value="Copy"/>	286824					\$110.00	\$110.00
<input type="button" value="Copy"/>	286825	GYDESEN		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	286826	GYDESEN		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	286827	STONE		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	286828	GAINEY		HOLLY		\$110.00	\$110.00

Copy a claim to the *Pending Claims* list.

## Copy a Claim

To copy a claim to the *Pending Claims* list in *Claims Entry*:

1. Click the **Copy** button next to the desired claim. You will receive this message:  
*"You are leaving History and will be redirected to the Claims Listing page. The newly copied Claims will be listed under the Draft section on the Claims Listing Page."*

## Claim View

To view detail on all of the displayed claims on the *Claim History Search* screen:

1. Click the **View All** button.
  - To view detail of one particular claim, click the Claim ID link for that claim under the **View Claim Detail** column.

**Healthy Connections MEDICAID**

Please select a provider to work with:

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

### Claim History Search

Welcome uatest08. Please choose a Claim Type to view your Claim History.

\*Claim Type:

**View All** Click the View All button to view claim detail for all displayed claims.

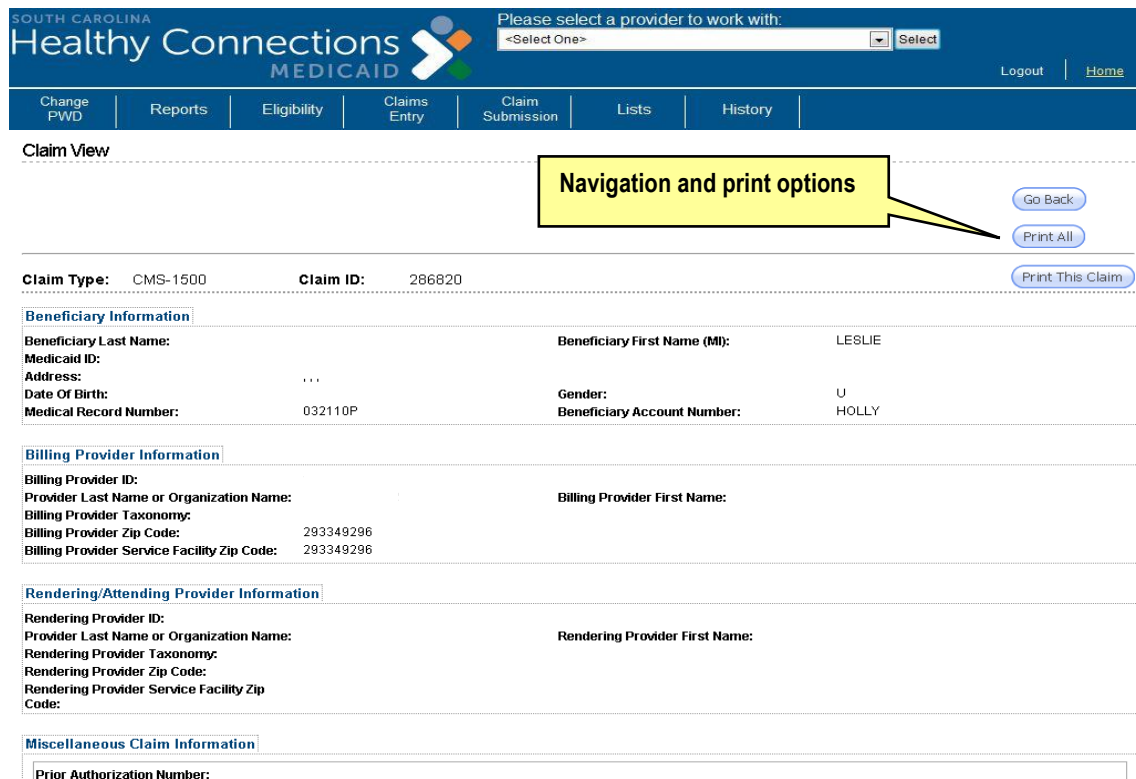
Search Results: 153 CMS-1500 records

Copy	Claim	View Claim Detail	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Charge	Balance Due
<input type="button" value="Copy"/>	286820	<a href="#">286820</a>					\$110.00	\$110.00
<input type="button" value="Copy"/>	286821	<a href="#">286821</a>					\$110.00	\$110.00
<input type="button" value="Copy"/>	286822	<a href="#">286822</a>					\$110.00	\$110.00
<input type="button" value="Copy"/>	286823	<a href="#">286823</a>	PATTERSON	KUNNOK	HOLLY	1780313608	\$110.00	\$110.00
<input type="button" value="Copy"/>	286824	<a href="#">286824</a>	SMITH	DAYSHAUNA	HOLLY	1780211131	\$110.00	\$110.00
<input type="button" value="Copy"/>	286825	<a href="#">286825</a>	STUDER	ALEXUS	HOLLY	0374224006	\$110.00	\$110.00
<input type="button" value="Copy"/>	286826	<a href="#">286826</a>	STUDER	ALEXANDRIA	HOLLY	0374222403	\$110.00	\$110.00
<input type="button" value="Copy"/>	286827	<a href="#">286827</a>	STONE	BRITAN AUSTIN	HOLLY	1373733701	\$110.00	\$110.00
<input type="button" value="Copy"/>	286828	<a href="#">286828</a>	SMITH	SPATLA	HOLLY	9047613505	\$110.00	\$110.00

Click the Claim ID link to view claim detail.



The *Claim View* screen displays all of the claims or the one claim you chose to view.



**Navigation and print options**

Go Back  
Print All  
Print This Claim

**Claim Type:** CMS-1500 **Claim ID:** 286820

**Beneficiary Information**

Beneficiary Last Name: Medicaid ID: Address: Date Of Birth: Medical Record Number: 032110P

Beneficiary First Name (MI): LESLIE

Gender: U

Beneficiary Account Number: HOLLY

**Billing Provider Information**

Billing Provider ID: Provider Last Name or Organization Name: Billing Provider Taxonomy: 293340296 Billing Provider Zip Code: 293349296 Billing Provider Service Facility Zip Code: 293349296

Billing Provider First Name:

**Rendering/Attending Provider Information**

Rendering Provider ID: Provider Last Name or Organization Name: Rendering Provider Taxonomy: Rendering Provider Zip Code: Rendering Provider Service Facility Zip Code:

Rendering Provider First Name:

**Miscellaneous Claim Information**

Prior Authorization Number:

2. From the *Claim View* screen, you may click on the following navigation and print options:
  - **Go Back:** Click to return to the *Claim History Search* screen.
  - **Print All:** Click to print a copy of all claims displayed.
  - **Print This Claim:** Click to print a copy of one selected claim.

## CMS-1500 Submitted Batches

From the Menu, hover over **History**, and select **CMS-1500 Submitted Claims** to retrieve the *CMS Submitted Batches* screen. You may sort the claim data by the different column headings.

### Copy a Batch

To copy a batch, so you can edit and re-submit it as a new batch:

- 1.) Click the **Copy** button.
- 2.) Click **OK** to the dialog box which reads: *“You are leaving History and will be redirected to the Claims Listing page. The newly copied Claims will be listed under the Draft section on the Claims Listing Page.”*

SOUTH CAROLINA Healthy Connections MEDICAID						
Please select a provider to work with:				<Select One> <input type="button" value="Select"/>		
Change PWD	Reports	Eligibility	Claims Entry	Claim Submission	Lists	History
CMS Submitted Batches						
Claim Type: CMS-1500						
CMS-1500 Submitted Batches (12 records)						
Copy All Claims in the Batch	View Batch Detail	Date Submitted	Number Of Claims	Total Amount Of All Claims	Old Batch ID	User Created
<input type="button" value="Copy"/>	<a href="#">30168</a>	2010-04-29 21:24:54.0	20	\$3,100.00	W110045C10001119	W110045C1
<input type="button" value="Copy"/>	<a href="#">30167</a>	2010-04-25 08:42:24.0	4	\$440.00	W110045C10001115	W110045C1
<input type="button" value="Copy"/>	<a href="#">30166</a>	2010-04-24 17:35:43.0	11	\$2,310.00	W110045C10001114	W110045C1
<input type="button" value="Copy"/>	<a href="#">30165</a>	2010-04-24 17:35:43.0	11	\$2,310.00	W110045C10001114	W110045C1
<input type="button" value="Copy"/>	<a href="#">30164</a>	2010-04-24 17:35:43.0	11	\$2,310.00	W110045C10001114	W110045C1
<input type="button" value="Copy"/>	<a href="#">30163</a>	2010-04-24 17:35:43.0	11	\$2,310.00	W110045C10001114	W110045C1
<input type="button" value="Copy"/>	<a href="#">30162</a>	2010-04-17 15:48:04.0	5	\$1,050.00	W110045C10001107	W110045C1
<input type="button" value="Copy"/>	<a href="#">30161</a>	2010-04-15 19:30:44.0	6	\$660.00	W110045C10001105	W110045C1
<input type="button" value="Copy"/>	<a href="#">30160</a>	2010-04-10 21:06:14.0	7	\$1,170.00	W110045C10001100	W110045C1
<input type="button" value="Copy"/>	<a href="#">30159</a>	2010-04-08 22:02:11.0	11	\$1,229.95	W110045C10001098	W110045C1
<input type="button" value="Copy"/>	<a href="#">30158</a>	2010-04-06 20:05:46.0	3	\$530.00	W110045C10001096	W110045C1
<input type="button" value="Copy"/>	<a href="#">30157</a>	2010-04-04 18:22:00.0	60	\$1,197.00	W110045C10001094	W110045C1
<input type="button" value="Copy"/>	<a href="#">30156</a>	2010-04-01 20:17:37.0	9	\$990.00	W110045C10001091	W110045C1

Copy a batch to edit and re-use.

## View Batch Detail

To view a list of all claims in a batch:

1. Click the selected Claim ID link under the **View Batch Detail** column.

SOUTH CAROLINA Healthy Connections MEDICAID						
			Please select a provider to work with:			
			<Select One> <input type="button" value="Select"/>			
Change PWD	Reports	Eligibility	Claims Entry	Claim Submission	Lists	History
CMS Submitted Batches						
Claim Type: CMS-1500						
CMS-1500 Submitted Batches (12 records)						
Copy All Claims in the Batch	View Batch Detail	Date Submitted	Number Of Claims	Total Amount Of All Claims	Old Batch ID	User Created
<a href="#">Copy</a>	<a href="#">30168</a>	2010-04-29 21:24:54.0	20	\$3,100.00	W11004SC10001119	W11004SC1
<a href="#">Copy</a>	<a href="#">30167</a>	2010-04-29 21:24:54.0	20	\$440.00	W11004SC10001115	W11004SC1
<a href="#">Copy</a>	<a href="#">30166</a>	2010-04-29 21:24:54.0	20	\$2,310.00	W11004SC10001114	W11004SC1
<a href="#">Copy</a>	<a href="#">30165</a>	2010-04-29 21:24:54.0	8	\$880.00	W11004SC10001111	W11004SC1
<a href="#">Copy</a>	<a href="#">30164</a>	2010-04-19 18:02:57.0	9	\$990.00	W11004SC10001109	W11004SC1
<a href="#">Copy</a>	<a href="#">30163</a>	2010-04-17 15:48:04.0	5	\$1,050.00	W11004SC10001107	W11004SC1
<a href="#">Copy</a>	<a href="#">30162</a>	2010-04-15 19:30:44.0	6	\$660.00	W11004SC10001105	W11004SC1
<a href="#">Copy</a>	<a href="#">30161</a>	2010-04-10 21:06:14.0	7	\$1,170.00	W11004SC10001100	W11004SC1
<a href="#">Copy</a>	<a href="#">30160</a>	2010-04-08 22:02:11.0	11	\$1,229.95	W11004SC10001098	W11004SC1
<a href="#">Copy</a>	<a href="#">30159</a>	2010-04-06 20:05:46.0	3	\$530.00	W11004SC10001096	W11004SC1
<a href="#">Copy</a>	<a href="#">30158</a>	2010-04-04 18:22:00.0	60	\$1,197.00	W11004SC10001094	W11004SC1
<a href="#">Copy</a>	<a href="#">30157</a>	2010-04-01 20:17:37.0	9	\$990.00	W11004SC10001091	W11004SC1

Click the selected Claim ID link.

The table displays the summary for each batch. You can sort by any column header:

- View Claim Detail (Claim ID)
- Recipient Last Name
- Recipient First Name
- Recipient Account Number
- Recipient Medicaid ID
- Total Charge
- Balance Due

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

### CMS-1500 Batch Details

Claim Type: CMS-1500      Batch ID: 10019      Submitted: 09/16/2014 10:53:53 AM  
Number of Claims: 11      Total Gross Charges: \$1,529.77      Submitted: 09/16/2014 10:53:53 AM

CMS-1500 Information: showing 11 record(s) of Provider 129 out of total 11 record(s) in this batch

Copy	Claim	View Claim Detail	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Charge	Balance Due
Copy	135280		CAIN		10540164		\$60.02	\$60.02
Copy	135281		KATES		10489074		\$269.00	\$269.00
Copy	135282		JONES		10534409		\$151.83	\$151.83
Copy	135283		WHITTENBERG		10520557		\$82.00	\$51.98
Copy	135284		BENNETT		10497582		\$444.00	\$330.24
Copy	135285		MOON		10580101		\$30.93	\$30.93
Copy	135286		MOON		10491184		\$58.21	\$58.21
Copy	135287		MCCULLOUGH		10535528		\$20.00	\$20.00
Copy	135288		HUBBARD		10574850		\$81.00	\$52.30
Copy	135289		HUBBARD		10564360		\$272.00	\$175.16
Copy	135290		HUBBARD		10496079		\$470.00	\$330.10

## Claim View

To view the detail of an individual claim:

1. Click the Claim ID link for that claim under the **View Claim Detail** column to view the detail of one particular claim.
  - Click the **View All** button to view detail on all of the displayed claims.
  - Click **Go Back** to return to the *CMS-1500 Submitted Batches* screen.

**SOUTH CAROLINA Healthy Connections MEDICAID**

Please select a provider to work with:

[Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

### CMS-1500 Batch Details

Claim Type: CMS-1500      Batch ID: 30168      Submitted Date: 2010-04-29 21:24:54.0     

Number of Claims: 20      Total Gross Charges: \$3,100.00      Submitted By: W11004SC1     

CMS-1500 Information: showing 20 record(s) of Provider 195      out of total 20 record(s) in this batch

Copy	Claim	View Claim Detail	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Charge	Balance Due
<input type="button" value="Copy"/>	<a href="#">286953</a>		PARSON		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286954</a>		CONNER		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286955</a>		NEAL		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286956</a>		LYNCH		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286957</a>		WOOD		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286958</a>		COLLIER		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286959</a>		AYERS		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286960</a>		WELLS		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286961</a>		CARROLL		HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286962</a>		JUSTICE	H	HOLLY		\$110.00	\$110.00
<input type="button" value="Copy"/>	<a href="#">286963</a>		ROACH		HOLLY		\$110.00	\$110.00

## UB-04 Submitted Batches

From the Menu, hover over **History**, and select **UB-04 Submitted Claims** to retrieve the *UB Submitted Batches* screen. You may sort the claim data by the different column headings.

### Copy a Batch

To copy a batch, so you can edit and re-submit it as a new batch:

1. Click the **Copy** button.
2. Click **OK** to the dialog box which reads: *"You are leaving History and will be redirected to the Claims Listing page. The newly copied Claims will be listed under the Draft section on the Claims Listing Page."*

SOUTH CAROLINA Healthy Connections MEDICAID						
Please select a provider to work with:				<input type="text" value="Select One"/> <input type="button" value="Select"/>		
Change PWD	Reports	Eligibility	Claims Entry	Claim Submission	Lists	History
UB Submitted Batches						
Claim Type: UB-04						
UB-04 Submitted Batches (4 records)						
Copy All Claims in the Batch	View Batch Detail	Date Submitted	Number Of Claims	Total Amount Of All Claims	Old Batch ID	User Created
<input type="button" value="Copy"/>	<a href="#">39752</a>		1	\$10.00		UATest12
<input type="button" value="Copy"/>	<a href="#">39752</a>		5	\$50.00		UATest12
<input type="button" value="Copy"/>	<a href="#">39752</a>	2011-07-12 13:15:54.48	4	\$40.00		UATest12
<input type="button" value="Copy"/>	<a href="#">39752</a>	2011-07-01 14:03:20.95	1	\$10.00		UATest12

Copy a batch to edit and re-use.

## View Batch Detail

To view a list of all claims in a batch:

1. Click the selected Claim ID link under the **View Batch Detail** column.

**Healthy Connections MEDICAID**

Please select a provider to work with:

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

### UB Submitted Batches

Claim Type: UB-04

UB-04 Submitted Batches (4 records)

Copy All Claims in the Batch	View Batch Detail	Date Submitted	Number Of Claims	Total Amount Of All Claims	Old Batch ID	User Created
<a href="#">Copy</a>	<a href="#">39786</a>	2011-07-01 14:03:20.95	1	\$10.00		UATest12
<a href="#">Copy</a>	<a href="#">39785</a>	2011-07-12 13:15:54.48	4	\$40.00		UATest12
<a href="#">Copy</a>	<a href="#">39784</a>	2011-07-12 13:17:38.817	5	\$50.00		UATest12
<a href="#">Copy</a>	<a href="#">39752</a>	2011-07-01 14:03:20.95	1	\$10.00		UATest12

Click the selected Claim ID link.

The table displays the summary for each batch. You can sort by any column header:

- View Claim Detail (Claim ID)
- Recipient Last Name
- Recipient First Name
- Recipient Account Number
- Recipient Medicaid ID
- Total Charge
- Balance Due

SOUTH CAROLINA

Healthy Connections

MEDICAID

Please select a provider to work with:

<Select One>

Select

Logout

Home

Change PWD

Reports

Eligibility

Claims Entry

Claim Submission

Lists

History

CMS-1500 Batch Details

Claim Type: CMS-1500

Batch ID: 30168

Submitted Date: 2010-04-29 21:24:54.0

Go Back

Number of Claims: 20

Total Gross Charges: \$3,100.00

Submitted By: W11004SC1

View All

CMS-1500 Information: showing 20 record(s) of Provider 195 out of total 20 record(s) in this batch

Copy Claim	View Claim Detail	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Charge	Balance Due
Copy	286953		DOROTHY	HOLLY		\$110.00	\$110.00
Copy	286954	CONNER		HOLLY		\$110.00	\$110.00
Copy	286955		TAYSEAN	HOLLY		\$110.00	\$110.00
Copy	286956	LYNCH		HOLLY		\$110.00	\$110.00
Copy	286957		CALEY	HOLLY		\$110.00	\$110.00
Copy	286958	COLLIER		HOLLY		\$110.00	\$110.00
Copy	286959		MEGAN	HOLLY		\$110.00	\$110.00
Copy	286960		LESLIE	HOLLY		\$110.00	\$110.00
Copy	286961	CARROLL	KIRSTIE	HOLLY		\$110.00	\$110.00
Copy	286962		KIMBERLY HANNAH	HOLLY		\$110.00	\$110.00
Copy	286963	ROACH		HOLLY		\$110.00	\$110.00



## Claim View

To view the detail of an individual claim:

1. Click the Claim ID link for that claim under the **View Claim Detail** column to view the detail of one particular claim.

**Note:** Click the **View All** button to view detail on all of the displayed claims.

Click **Go Back** to return to the *UB-04 Submitted Batches* screen.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

### CMS-1500 Batch Details

**Claim Type:** CMS-1500

**Batch ID:** 30168

**Submitted Date:** 2010-04-29 21:24:54.0

Go Back

**Number of Claims:** 20

**Total Gross Charges:** \$3,100.00

**Submitted By:** W11004SC1

View All

CMS-1500 Information: showing 20 record(s) of Provider 195 out of total 20 record(s) in this batch

Copy Claim	View Claim Detail	Recipient Last Name	Recipient First Name	Recipient Account Number	Recipient Medicaid ID	Total Charge	Balance Due
Copy 286953			DOROTHY	HOLLY		\$110.00	\$110.00
Copy 286954		CONNER		HOLLY		\$110.00	\$110.00
Copy 286955			TAYSEAN	HOLLY		\$110.00	\$110.00
Copy 286956		LYNCH		HOLLY		\$110.00	\$110.00
Copy 286957			CALEY	HOLLY		\$110.00	\$110.00
Copy 286958		COLLIER		HOLLY		\$110.00	\$110.00
Copy 286959			MEGAN	HOLLY		\$110.00	\$110.00
Copy 286960			LESLIE	HOLLY		\$110.00	\$110.00
Copy 286961		CARROLL	KIRSTIE	HOLLY		\$110.00	\$110.00
Copy 286962			KIMBERLY HANNAH	HOLLY		\$110.00	\$110.00
Copy 286963		ROACH		HOLLY		\$110.00	\$110.00

## CHAPTER 7: STATUS

Whether or not you use the South Carolina Medicaid Web-based Claims Submission Tool to enter and submit your claims, you can check claims status for CMS-1500 (A), UB-04 (Z), and Premium Payment (J) claims, as well as their associated adjustments (U). The Provider ID is required to complete your search. You also have the ability to narrow your search results. Claims are available for search using the **Status** feature for up to six months from the check date for paid or rejected claims, and up to six months from the process date for approved, denied or suspended claims.

### Check Status

3. Select a provider from the drop-down menu at the top (reads: “Please select a provider to work with:”) and choose the **Select** button.

***Note:** You can only see provider numbers which have been submitted on the Trading Partner Agreement for your particular office.*

4. From the Reports Menu, choose **Status** to retrieve the *Claim Status* screen.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
 **Select**

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Claim Status | e-Remit | **Status**

☐ Show/Hide Additional Search Options

1 2 3 4 5 6 7 8 9 10 11 ... 3650 3651

CCN	Beneficiary Name	Medicaid ID	Amount Billed	Date of Service	Check Date	Check Num	Payment Type	Total	Claim Status	Claim Status Date	Original CCN
			\$350.00	01/05/2011 to 01/05/2011				\$94.55	Suspended	06/26/2011	
			\$321.40	11/12/2010 to 11/12/2010	12/03/2010	657	ACH	\$191.37	Paid	11/23/2010	
	ACEVEDO		\$391.50	10/21/2010 to 10/21/2010	12/03/2010	657	ACH	\$66.44	Paid	11/29/2010	

## Filter Results

1. Check the option **Show/Hide Additional Search Options**. A menu of search fields will appear.
2. Type in criteria to contain the results:
  - a. Medicaid ID
  - b. Claim Control Number (CCN)
  - c. To/From Dates of Service (mm/dd/yyyy)
  - d. Min/Max Amount Billed (Only use numbers, and a period if needed. Special characters and signs like +, -, \$ are not allowed.)
3. Click **Search** to display the results of your query. (Alternatively, click **Clear** to reset the form fields to blank.)

**Healthy Connections MEDICAID**

Please select a provider to work with:

[Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

### Claim Status

Medicaid ID:

Claim Control Number (CCN):

Dates of Service (mm/dd/yyyy)

From:

To:

Amount Billed

Min:

Max:

Form filling information

**Narrow the search by entering your criteria.**

☒ Show/Hide Additional Search Options

CCN	Beneficiary Name	Medicaid ID	Amount Billed	Date of Service	Check Date	Check Num	Payment Type	Total	Claim Status	Claim Status Date	Original CCN
			\$150.20	05/19/2011 to 05/19/2011				\$0.00	Denied	06/29/2011	
			\$559.80	12/29/2010 to 12/29/2010				\$0.00	Denied	06/29/2011	
			\$140.00	06/21/2011 to 06/21/2011				\$0.00	Denied	06/29/2011	
			\$586.10	11/20/2010 to 11/20/2010				\$0.00	Denied	07/01/2011	
			\$181.50	10/13/2010 to 10/13/2010				\$0.00	Denied	06/29/2011	

## No Search Results

If the search criteria you entered yields no results, a message will display: *There is no data to display*. A search may not yield results if:

- The claim(s) have not been adjudicated.
- The claim(s) have been purged from the system (older than six months from the check date for paid or rejected claims, or older than six months from the process date for approved, denied or suspended claims).
- Your search criteria were inaccurate (incorrect Provider ID or Medicaid ID).
- Your search criteria were too narrow.

The screenshot shows the 'Claim Status' search interface. The header includes the 'SOUTH CAROLINA Healthy Connections MEDICAID' logo and a navigation bar with links: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, History, Logout, and Home. A dropdown menu for 'Please select a provider to work with:' is set to '<Select One>' with a 'Select' button.

The search criteria fields are as follows:

- Medicaid ID: 1236
- Claim Control Number (CCN):
- Dates of Service (mm/dd/yyyy):
  - From: 01/03/2011
  - To: 01/05/2011
- Amount Billed:
  - Min: 1.00
  - Max: 261.99

Buttons for 'Search' and 'Clear' are present. A checkbox for 'Show/Hide Additional Search Options' is checked. A red box highlights the message 'There is no data to display', which is also shown in a yellow callout box with the text 'No search results found.'

A yellow box titled 'Form filling information' contains the following instructions:

- You must select a provider from the above drop down menu.
- Date format: mm/dd/yyyy For example: 03/14/2009
- Amount billed: please enter an amount using numbers and a period, if needed. Special characters and signs (like +, - and \$) are NOT allowed.

If you enter data that is not valid for the field, you will be prompted to correct the error. To try again, refine the data in the search fields and click **Search**.

The screenshot shows the same 'Claim Status' search interface, but with an error message displayed in a red box at the top:

**You must correct the following errors before you may continue.**

- You must provide at least 10 characters for Medicaid ID:..

The Medicaid ID field now contains '21212' and is marked with a red 'X' icon. The 'Form filling information' box is still visible.

## Sort Results

Click any underlined header (example: *Date of Service*) to sort the claims table by that column. Note:

- Your first click will sort the data ascending. Click it again, to sort the list descending.
- You can only sort by one column at a time.
- The arrows below the header values will indicate how the data is sorted:
  - Double arrow: not sorted
  - Arrow up: ascending
  - Arrow down: descending

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One>

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

### Claim Status

☐ Show/Hide Additional Search Options

1 2 3 4 5 6 7 8 9 10 11 ... 3650 3651

CCN	Beneficiary Name	Medicaid ID	Amount Billed	Date of Service	Check date	Num	Type	Total	Claim Status	Claim Status Date	Original CCN
	BURGESS		\$6,974.70	06/16/2011 to 06/18/2011	07/01/2011					7/2011	
	CORIO		\$11,036.10	06/15/2011 to 06/18/2011	07/01/2011	67				7/2011	
	DAVIS		\$53,699.50	06/10/2011 to 06/18/2011	07/01/2011					7/2011	
	SNYDER		\$6,877.50	06/16/2011 to 06/18/2011	07/01/2011	67				7/2011	
	TURNER		\$25,213.90	06/13/2011 to 06/18/2011	07/01/2011		ACH	\$6,197.83	Paid	06/27/2011	
	WARE G E		\$14,701.00	06/15/2011 to 06/18/2011	07/01/2011	67	ACH	\$9,666.45	Paid	06/27/2011	
	KESECKER		\$5,088.10	06/16/2011 to 06/17/2011	07/01/2011		ACH	\$3,500.70	Paid	06/27/2011	
	MOBLEY		\$8,534.70	05/23/2011 to 06/17/2011	07/01/2011	67	ACH	\$24,891.83	Paid	06/27/2011	
	ANDERSON		\$14,792.50	06/14/2011 to 06/16/2011	07/01/2011			\$3,556.46	Rejected	06/25/2011	
	ANDERSON		\$50.00	06/16/2011 to 06/16/2011	07/01/2011	67	ACH	\$93.00	Paid	06/25/2011	

This column is sorted descending (arrow down).

This column is not sorted (double arrow).

## Claims Status Results

The *Claims Status* screen displays all claims that are associated with the Provider ID that have not been purged (deleted) from the Web Tool.

The columns appear in the following order:

<b>CCN</b>	Claim control number
<b>Beneficiary Name</b>	The last name of the beneficiary followed by first and middle initials
<b>Medicaid ID</b>	The beneficiary's 10-digit Medicaid ID number.
<b>Amount Billed</b>	Total amount South Carolina Medicaid was billed for the claim
<b>Date of Service</b>	Date of service range for the claim
<b>Check Date</b>	Date the payment cycle was finalized. For claims with a "Paid" status, the check date is the date on the actual check or the date the electronic funds transferred to your account. For claims with a "Rejected" status, the check date is the Remittance Advice (RA) date.
<b>Check Num</b>	(Check Number): Number of your payment check or, if you use electronic funds transfer, the transaction number provided by your financial institution
<b>Payment Type</b>	Indicates whether the payment was made by check (CHK) or by electronic funds transfer (ACH)
<b>Total</b>	Amount paid based on adjudication through the South Carolina Medicaid claims processing system
<b>Claim Status</b>	Status of the claim currently in South Carolina Medicaid's system
<b>Claim Status Date</b>	Date the claim last processed through the adjudication system for claims with a status of "Approved", "Denied" or "Suspended"
<b>Original CCN</b>	Original CCN for adjustment (U) claims that were submitted

## Claim Status Codes

The table below shows the five possible claim status options. The sortable column headings on the *Claims Status — Search Results* screen display across the first row. The check marks indicate that information will appear for that particular status. *BLANK* simply states that information will not be returned for that status.

CLAIMS STATUS	CCN	Beneficiary Name	Medicaid ID	Amount Billed	Dates of Service	Check Date	Check Number	Payment Type	Total Payment	Claim Status Date
<b>PAID</b> -Claim Payment Made	✓	✓	✓	✓	✓	✓	✓	✓	✓	BLANK
<b>APPROVED</b> -Claim Processed and Payment Scheduled	✓	✓	✓	✓	✓	BLANK	BLANK	BLANK	✓	✓
<b>REJECTED</b> -Claim Processed through Payment Cycle	✓	✓	✓	✓	✓	✓	BLANK	BLANK	BLANK	BLANK
<b>DENIED</b> -Claim Adjudicated, Assigned Edit Code(s), and Approval Denied	✓	✓	✓	✓	✓	BLANK	BLANK	BLANK	BLANK	✓
<b>SUSPENDED</b> -Claim in Process	✓	✓	✓	✓	✓	BLANK	BLANK	BLANK	BLANK	✓

## Claims Processing Cycle

Wednesday through Monday – Claims process each night.

\*Tuesday – Payment runs.

Friday – Payment is applied for Electronic Funds Transfer.

\*Once the Payment Cycle runs, the *Approved* status will change to *Paid* and the *Denied* status will change to *Rejected*.

## CHAPTER 8: ELIGIBILITY

Verifying beneficiary eligibility is fast and efficient with the South Carolina Medicaid Web-based Claims Submission Tool. You have the option to check eligibility for one or multiple beneficiaries at a time by entering the required criteria (see below) manually or by selecting beneficiaries from your *Beneficiary List*. A summary screen is displayed letting you know if the beneficiary is eligible or not. You can then elect to display/review the eligibility verification results on a detailed screen. From this screen, you have the option to add the beneficiary to your list and/or to print beneficiary eligibility information for your files.

### Verify One Recipient

1. Select a provider from the drop-down menu at the top (reads: “Please select a provider to work with:”) and click the **Select** button.  
*Note: You can only see provider numbers which have been submitted on the Trading Partner Agreement for your particular office.*
2. From the Menu, hover over **Eligibility** and choose **Single Query** to retrieve the *Eligibility Verification Inquiry* screen.
3. Enter your selection criteria in one of the following three possibilities:
  - Date of Service, Medicaid ID
  - Date of Service, Date of Birth, Social Security Number (SSN)
  - Date of Service, Date of Birth, Full Name
4. Click the **Check Eligibility** button.

#### Selection Criteria



The next screen you will see is the *Eligibility Verification Inquiry: Selection Summary* screen. Place a check in the **Sel** column beside the beneficiary's information, and click the **Display** button to view the beneficiary's eligibility results.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One> Select

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

---

Eligibility Verification Inquiry: Selection Summary

---

There are several ways to view individual or multiple query details. Individual details may be displayed by clicking on the hyperlink within the Medicaid ID box or by clicking on one of the checkboxes and then click the 'Display' button. Multiple details may be selected by clicking multiple checkboxes and then click the 'Display' Button or to see all details, click the 'Display All' button.

---

### Selection Criteria

Date of Service: 08/09/2011    Provider ID: 1295763217    Display    Display All    Select All    Clear    Back

Sel	MID	Name	DOB	Status	Gender	DOS
<input checked="" type="checkbox"/>			7/06/1991	ELIGIBLE	MALE	08/09/2011

Display    Display All    Select All    Clear    Back

## Eligibility Verification Results

Once you make a selection from the *Selection Summary* screen, you will see the detailed results for that recipient(s) on the *Eligibility Verification Results* screen. If you choose multiple recipients' results to view, they will be listed one after the other. From this screen you can:

- Research data concerning: the beneficiary, benefit information, the beneficiary's special programs, and third party liability (TPL).
- Print a single beneficiary's record (**Print Response** button)
- Print all the beneficiaries' records listed on the page (**Print All** button)
- Add a single beneficiary to your beneficiary list (**Add Beneficiary** link)
- Add all the beneficiaries listed to your beneficiary list (**Add All Beneficiaries** button)
- Click **Back** (link) to return to the *Selection Summary* screen

**South Carolina Healthy Connections MEDICAID**

Please select a provider to work with:

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

### Eligibility Verification Results

A total of 1 responses are displayed.

#### Selection Criteria for response 1

[Add Beneficiary](#) [Back...](#) [Add All Beneficiaries](#) [Print Response](#) [Print All](#)

Date Of Service: 07/08/2011 Provider ID: SC Medicaid:

#### Beneficiary Data

Name: Gender: Address: ID Number: Birth Date: City/State/Zip:

#### Eligibility or Benefit Information

Beneficiary ID: Payment Category: CHILDREN UNDER POVERTY Category: RECIPIENT UNDER 18 YEARS OF AGE EXEMPT FROM COBRA Unlaid Benefit: N/A

Qual. Category: UFDC AND UFDC RELATED GROUPS

Qualified Medicaid Beneficiary: N/A

Home Visit remaining: 20

Ambulatory Visit remaining: N/A

Chiropractic Visit remaining: 6

Maternal/Obstetrical remaining: 12

Rehabilitative remaining: N/A

#### Beneficiary Special Programs Data

Disruption: Reason: Anniversary Date: N/A

Provider ID: Organization: UNITED HEALTHCARE OF SOUTH Address: 100 RICE CENTER DR STE 205 City/State/Zip: COLUMBIA, SC 29204-4607 Telephone: 800-544-7504

#### TPL - Third Party Liability

Medicare A: N/A Medicare B: N/A Medicare C: N/A

Carrier: Maternity Insured: Eligibility Date: Eligibility To: Policy Holder:

## Adding Beneficiaries to Lists

You can select **Add Beneficiary** or **Add All Beneficiaries** from the *Eligibility Verification Results* screen to add that person(s) to your *Lists*.

- If successful, you will receive a confirmation message: **Beneficiary List - Insert Summary: A total of X Beneficiaries have been selected to be added to your list. Any errors found are listed below.**

- Otherwise, you may receive a message like this: **ERRORS FOUND: You have selected to add a Beneficiary, MedicaidID: [xxxxxxxxxx], from Eligibility that is already on file. Please correct and re-enter.**
- To remove these confirmation and error messages, click the **Close Summary** button to return to the original *Eligibility Verification Results* view.

## Verify Multiple Recipients

1. From the Menu, hover over **Eligibility** and choose **Multiple Queries** to retrieve the *Eligibility Verification Inquiry* screen.
2. Select a provider from the drop-down menu at the top (reads: “Please select a provider to work with:”) and choose the **Select** button.
3. Type the Date of Service you are seeking in the **Date of Service** field (format: mm/dd/yyyy)
  - a. Select the **Change Dates** button to update all the search fields, if needed.
4. In the **Key Type** column, select whether you are searching by:
  - a. Medicaid ID
  - b. \*SSN
  - c. \*Name (Must be an exact match, including middle initial)

\*Requires: **Date of Birth**; format: mm/dd/yyyy or mm-dd-yyyy
5. Click the **Submit** button to display results.

**Note:** Click **Clear** to refresh both fields.

**Eligibility Verification Inquiry**

Please enter a valid SC Medicaid ID or SSN and DOB or Name and DOB.

**Selection Criteria**

Date of Service: 06/30/2011    Beneficiary List    Change Dates    Submit    Clear

Date of Service	Key Type	Key Value	Birth Date	Date of Service	Key Type	Key Value	Birth Date
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	SSN			06/30/2011	Medicaid		
06/30/2011	Name			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		

**Search by Medicaid ID, SSN, or Name.**

## Add from Beneficiary List

You can manually type in beneficiary information to search eligibility. Alternatively, you may select beneficiaries that you have already stored in your **Beneficiary List**.

1. From the Eligibility Verification Inquiry screen, click the **Beneficiary List** button. This will open the *Beneficiary Selection List* screen.

**SOUTH CAROLINA Healthy Connections MEDICAID**

Please select a provider to work with:

[Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

### Eligibility Verification Inquiry

Please enter a valid SC Medicaid ID or SSN and DOB or Name and DOB.

#### Selection Criteria

Date of Service: 06/30/2011 **Beneficiary List** [Change Dates](#) [Submit](#) [Clear](#)

Date of Service	Key Type	Key Value	Birth Date	Date of Service	Key Type	Key Value	Birth Date
06/30/2011	Medicaid	1		06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	SSN			06/30/2011	Medicaid		
06/30/2011	Name			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		

2. Click on the Medicaid ID link to select a single beneficiary. (You will automatically return to the *Eligibility Verification Inquiry* screen with that beneficiary's Medicaid ID populated in the **Key Value** field.)
  - Alternatively, select the checkbox next to each beneficiary you want to transfer from your **Beneficiary List**. Or, click the **Select All** button to check all the boxes.
  - Select the **Clear All** button to refresh the checkboxes to blank.
  - Finally, click the **Populate Query** button to transfer all selected beneficiaries to the *Eligibility Verification Inquiry* screen.
  - The **Cancel** button returns you to the *Eligibility Verification Inquiry* screen with no changes made.

Click on the Medicaid ID link to transfer a single beneficiary.

Please select a provider to work with:  
 <Select One> Select

Logout | [Home](#)

[PWS](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

Beneficiary Selection List

No.		Medicaid ID	First Name	MI	Last Name	Birth Date	Gender	Account Number	Record Number	Date Added
1	<input type="checkbox"/>	<a href="#">70x</a>		m	Mosley	2002-06-21	M	456	456	2011-05
2	<input type="checkbox"/>	<a href="#">603</a>		m	Carter	.....	M	778	778	2011-05
3	<input type="checkbox"/>			R	HINSON	1940-07-28	M			2011-06
4	<input type="checkbox"/>			A	PORTER		F			2011-06
5	<input type="checkbox"/>			D	ROGERS	.....	M			2011-06
6	<input type="checkbox"/>	<a href="#">101</a>			GRAYSON		F			2011-06

[Select All](#) | [Clear All](#) | [Populate Query](#) | [Cancel](#)

## Eligibility Results

Once you submit a request from the *Eligibility Verification Inquiry* screen, the *Eligibility Verification Inquiry: Selection Summary* screen opens, displaying the:

- Medicaid ID
- Name
- Date of Birth
- Status (eligible or ineligible)
- Gender
- Date of Service

You might instead receive a message that: “*The Subscriber entered was not found in our database.*” If that happens, you may need to refine your search request.

There are several ways to view individual or multiple query details.

- Individual details may be displayed by clicking on the hyperlink within the Medicaid ID box, or by clicking on one of the checkboxes and then clicking the **Display** button.
- Multiple details may be selected by clicking multiple checkboxes and then clicking the **Display** button; or to see all details, click the **Display All** button.

**Healthy Connections MEDICAID** Please select a provider to work with:   [Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

### Eligibility Verification Inquiry: Selection Summary

There are several ways to view individual or multiple query details. Individual details may be displayed by clicking on the hyperlink within the Medicaid ID box or by clicking on one of the checkboxes and then click the 'Display' button. Multiple details may be selected by clicking multiple checkboxes and then click the 'Display' Button or to see all details, click the 'Display All' button.

#### Selection Criteria

Date of Service: 06/30/2011 Provider ID: 18

Sel	MID	Name	DOB	Status	Gender	DOS
<input type="checkbox"/>		GRAYSON		INELIG	FEMALE	06/30/2011
<input type="checkbox"/>		1. The Subscriber entered was not found in our database. 2. Medicaid ID:				06/30/2011
<input type="checkbox"/>		ROGERS		ELIGIBLE	MALE	06/30/2011

**The Medicaid ID was not found.**

**This beneficiary is "eligible."**



REMIT\_10232009\_1992984470[1].pdf - Adobe Reader

File Edit View Document Tools Window Help

2 / 5 69.7% Find

PROVIDER ID.		DEPT OF HEALTH AND HUMAN SERVICES		PROFESSIONAL SERVICES		PAYMENT DATE		PAGE	
AB00080000		SOUTH CAROLINA MEDICAID PROGRAM		REMITTANCE ADVICE		02/14/2014		1	
PROVIDER'S OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE RENDERED DATE(S) FY INDIMDDYY	AMOUNT BILLED	TITLE 19(S) PAYMENT(T) MEDICAID(S)	RECIPIENT ID. (F M I I LAST NAME	RECIPIENT NAME M (TLE. 18 O (ALLOWED) AMT D(CHARGES)	COPY AMT	TITLE 18 PAYMENT	
ABE1AA	1403004803012700A	01 101713 71010	27.00	6.72(P)	1112233333M	CLARK	0.00	0.00	
ABE2AA	1403004804012700A	01 101713 74176	259.00	0.00(S)	1112233333M	CLARK	0.00	0.00	
ABE3AA	1403004805012700A	01 071913 A5120	24.00	0.00(R)	1112233333M	CLARK	0.00	0.00	
		02 071913 A4927	12.00	0.00(R)			0.00	0.00	
TOTALS			3	310.00			0.00	0.00	

FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".

IF YOU STILL HAVE QUESTIONS, PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.

CERT. PG TOT \$0.00  
MEDICAID PG TOT \$286.46  
CERTIFIED AMT \$0.00  
CHECK TOTAL \$6.72

STATUS CODES:  
P = PAYMENT MADE  
R = REJECTED  
S = IN PROCESS  
E = ENCOUNTER

PROVIDER NAME AND ADDRESS  
ABC HEALTH PROVIDER  
PO BOX 000000  
FLORENCE SC 00000

## Saving e-Remits

1. After clicking your desired e-Remit, click **Save** to save your e-Remit.
2. Choose your desired drive or save destination.

SOUTH CAROLINA  
**Healthy Connections**  
MEDICAID

Please select a provider to work with:  
<Select One> Select

Logout Home

Change PWD Reports Eligibility Claims Entry Claim Submission Lists History

**Payment Remit**

Available Remits for: (129-25-2011).

07-01-2011 03-25-2011  
06-24-2011 03-18-2011  
06-17-2011 03-11-2011  
06-10-2011 03-04-2011  
06-03-2011 02-25-2011  
05-27-2011 02-18-2011  
05-20-2011 02-11-2011  
05-13-2011 02-04-2011  
05-06-2011 01-28-2011  
04-29-2011 01-21-2011  
04-22-2011 01-14-2011  
04-15-2011 01-07-2011  
04-08-2011  
04-01-2011

File Download

Save As

Save in: eRemits 2011

My Recent Documents  
Desktop  
My Documents  
My Computer  
My Network Places

Select the SAVE button to download the e-Remit to your local computer hard drive.

Save

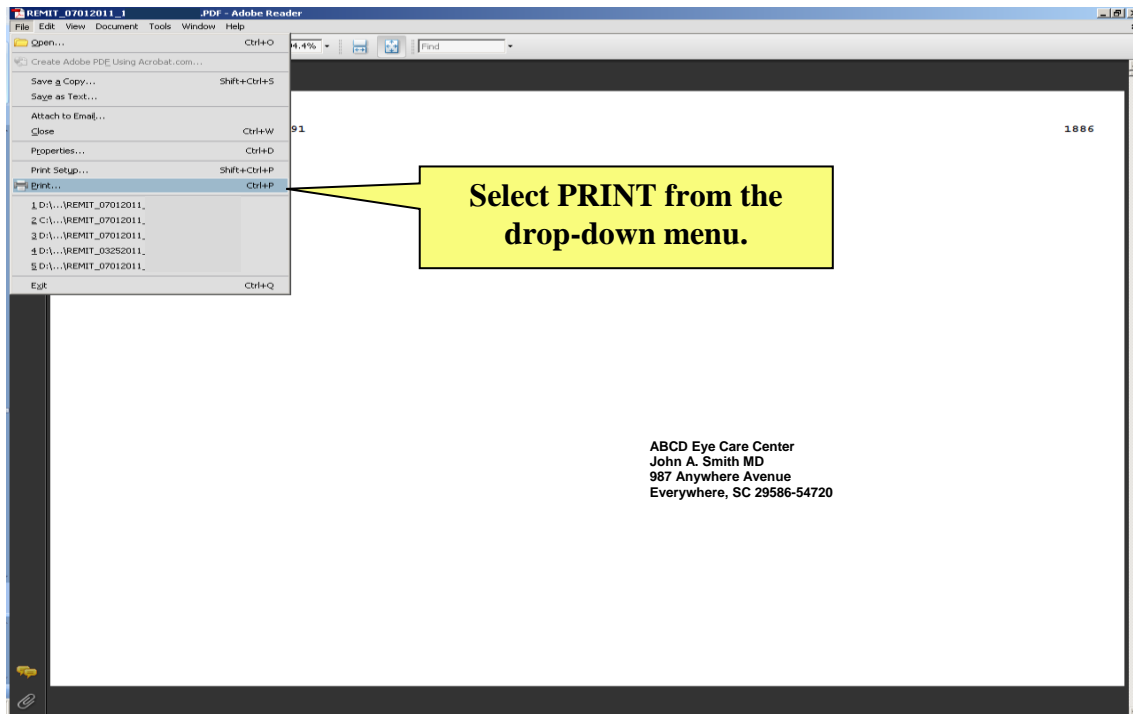
Save as type: Adobe Acrobat Document

Cancel



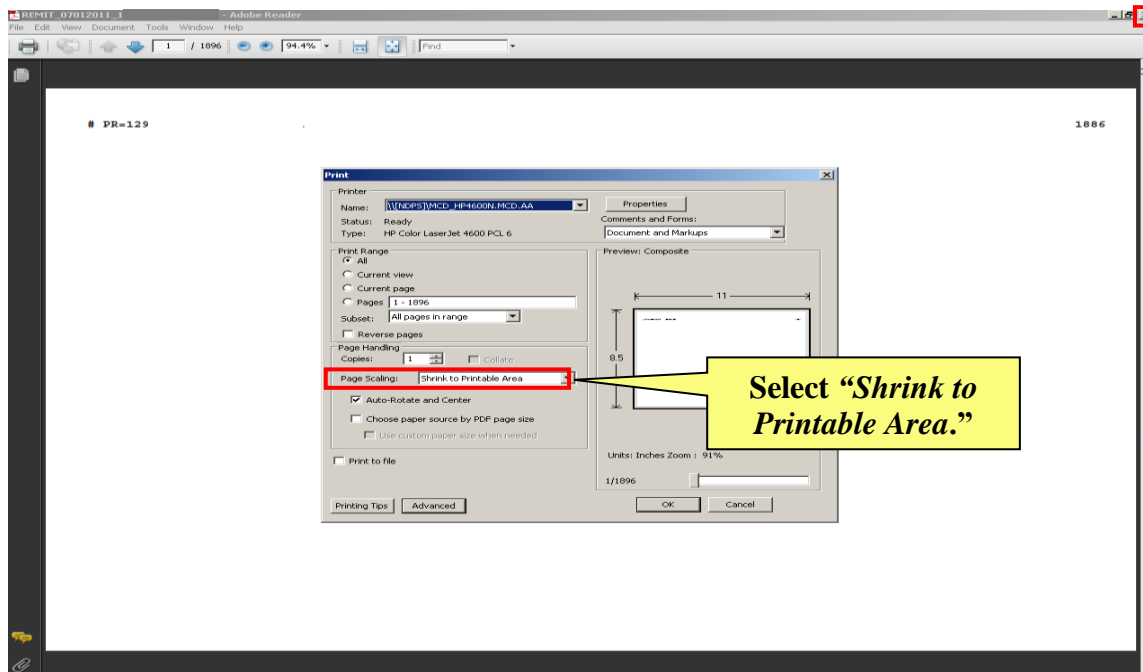
## Printing e-Remits

1. Select **File** from the browser bar.
2. Select **Print** from the File menu.



**Note:** Remember to set page scaling to “Shrink to Printable Area” to ensure all content is visible.

To close the document, click on the “X” in the upper right-hand corner of the screen.



## CHAPTER 10: REFERENCE MATERIALS

The *Contact* link in the upper-right of the *Home* screen includes contact information for the South Carolina Medicaid Electronic Data Interchange (EDI) Support Center.

Web Tool Publications include:

- ***The Web Tool User Guide***
- ***The CMS-1500 and UB-04 Addenda:*** Each Addendum describes the relationship between the Web Tool screen fields and the CMS-1500 and UB-04 paper claim fields.
- ***The Web Tool Times:*** South Carolina Department of Health and Human Services (SCDHHS) publishes a quarterly newsletter that provides users with the latest information about the Web Tool. The newsletter focuses on specific topics that need clarification, and also includes information about revisions and enhancements to the Web Tool as they are developed.
- ***The Web Tool Quick Reference Guide:*** The Quick Reference Guide summarizes the most frequently used claims submission commands. The guide is designed to give users quick access to instructions on how to enter, submit, and/or check the status of their claims and adjustments.

The screenshot displays the 'Healthy Connections MEDICAID' web application. The header includes the South Carolina state logo and a navigation bar with links: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, and History. A dropdown menu for provider selection is visible, with the text 'Please select a provider to work with:' and a 'Select' button. The main content area is titled 'Support Center Contact Information' and provides the following details for the South Carolina Medicaid EDI Support Center:

South Carolina Medicaid EDI Support Center:  
P.O. Box 17  
Columbia, SC 29202  
Toll Free-Dial 1-888-289-0709  
Fax to (803) 870-9021  
Email us at [EDIG OPS-MCAID@palmettogba.com](mailto:EDIG OPS-MCAID@palmettogba.com)

## DOCUMENT CHANGE HISTORY

Date of Change	Description of Change
03/18/2014	Headers updated, List management updated to show ICD-10 as buildable lists, FAQ updated to remove program rep note, provider list management update to show current fields.
06/20/2012	All headers updated to reflect reports tab.
06/11/2012	Page 70: Chapter 8, Updated Eligibility screenshot to reflect newly added MCO/MHN eligibility verification fields.
03/06/2012	Page 41: Chapter 4, Added verbiage about the Noncontracted amount field.
02/28/2012	Updated TOC fields to reflect new page numbers.
02/28/2012	Page 41: Chapter 4, Updated UB-04 screen shot with the non-contracted provider field.
02/28/2012	Page 36: Chapter 4, Updated CMS-1500 screen shot with the non-contracted provider field.
02/28/2012	Page 35: Chapter 4, Updated CMS-1500 screen shot with the non-contracted provider field.
02/28/2012	Page 33: Chapter 4, Updated CMS-1500 screen shot with the non-contracted provider field.
01/06/2012	Entire document updated to reflect Web Tool Redesign header change.
01/06/2012	Page 2: Chapter 2, Inserted important login and password requirement information.
08/24/2011	Entire document updated to reflect Web Tool Redesign.
08/10/10	Updated Title page to reflect new revision date
08/10/10	Updated TOC fields to reflect new page numbers
08/10/10	Page 39: Chapter 4, Inserted new 1 <sup>st</sup> paragraph, Important Notice for Dental Providers (in red)
08/10/10	Page 43: Chapter 4, Inserted Important Notice for Dental Providers info
08/10/10	Page 47: Chapter 4, Incorrect screen shot on this page. Inserted correct screen shot
08/10/10	Page 72: Chapter 6, Deleted info re: copying a claim. Same info covered on next page in Copy a Claim section
08/10/10	Page 73: Chapter 6, Deleted info re: viewing claims not yet submitted. Same info covered on previous page
08/10/10	Page 86: Chapter 9, Deleted Medicaid ID # from 2 <sup>nd</sup> screen shot
08/10/10	Page 89, Chapter 10, Deleted "Providers are urged to use this new feature now so that any potential issues can be resolved prior to February 1, 2010." Out dated information. Changed future tense language on the page to present tense.
08/10/10	Page 100: Chapter 10, Deleted part of 1 <sup>st</sup> sentence that refers to searching for the e-remit using provider number. By this time user reaches this step, he/she has already searched for and found the e-remit.
05/10/2010	Page 105: Chapter 11, Reference Materials
05/10/2010	Added new Chapter 10, Electronic Remittance Packages to the Table of Contents
05/10/2010	Added new Chapter 10, Electronic Remittance Packages, pages 87 – 103.
05/10/2010	Updated screen shots throughout <i>User Guide</i> to reflect e-Remit Package
04/27/2010	Page 6, in the last paragraph capitalized <i>List Management</i> .
04/27/2010	Deleted references to Dental throughout the <i>User Guide</i> to include the Table of Contents and a whole section.
04/27/2010	Changed the word <i>recipient</i> to beneficiary throughout the <i>User Guide</i> .
09/09/2009	Updated all screen shots to show the HIDE/MENU feature described on page 4.

7/27/2009	Page 17: Added new screen shot showing the second half of the Insured screen and the <i>Edit</i> and <i>Delete</i> buttons related to that screen shot.
07/24/2009	Page 85: Added call outs for Provider ID and NPI Information in addition to callout for Name and DAB or SSN and DOB.
06/01/2009	Page 85: Added as #2, <i>Type one of the following into the fields provided: Provider ID <u>or</u> Provider NPI numbers, <b>not</b> both.</i>
06/01/2009	Page 85: Added Note pertaining to step #2: <b>NOTE:</b> A warning will appear if both numbers are entered reminding the user only one number should be used.
05/29/2009	Page 62: Screen shot reflects the replacement of UB Insurance Detail with <i>UB-04 Detail</i> .
05/29/2009	Page 63: In the Insured Information section of the screen the updated screenshot includes the removal of the Provider ID, Provider NPI, and Provider Taxonomy fields.
05/29/2009	Page 64: In the Insured Information section of the screen the updated screenshot includes the removal of the Provider ID, Provider NPI, and Provider Taxonomy fields.
05/29/2009	Page 65: Dental, #3, removed the word <i>Details</i> from the <i>Dental Insurance Add/Edit</i> screen description.
05/28/2009	Page 61: Screen shot reflects new field for Insured indicating with ellipses a list.
05/28/2009	Page 61: Screen shot reflects the removal of the <b>RA Provider ID</b> field.
05/28/2009	Page 62: In the Insured Information section of the screen the updated screenshot includes the removal of the Provider ID, Provider NPI, and Provider Taxonomy fields.
05/19/2009	Page 59: Updated verbiage for <b>Void/Replacement</b> , #8, to <i>Click the Add/Edit Other Insurance</i> button.
05/19/2009	Page 60: Updated screenshot includes the removal of the R/A Provider ID field, and the Provider ID, Provider NPI, and Provider Taxonomy fields.
05/19/2009	Page 60: Updated verbiage to #9 to read, <i>UB Insurance Add/Edit screen...</i> and #10 to read <i>...Payer Original CCN</i> field.
05/19/2009	Page 61: Screen name corrected on number "4" to read <i>UB Insurance Add/Edit</i> screen
05/14/2009	Page 56: The updated screenshot includes the removal of the Provider ID, Provider NPI, and Provider Taxonomy fields.
05/14/2009	Page 56: Verbiage to <b>Add a Claim</b> , #3, second bullet, has been changed from <i>UB Insurance Add/Edit Details</i> button to <i>Click the Add/Edit Other Insurance</i> button. <i>The UB Add/Edit screen will appear.</i>
04/16/2009	Page 26: Updated Provider List Add/View screen shot to reflect the New Provider List information to include the Billing Provider Zip and the Facility Zip.
04/16/2009	Page 26: Update the Providers Edit screen shot to include the Billing Provider Zip and the Facility Zip.
04/16/2009	Page 38: Claims Entry screen was updated to reflect the Prior Authorization and Referral Number fields.
04/16/2009	Page 40: Updated the <b>Note</b> to read "The records..."
04/16/2009	Page 41: Updated screen shot for CMS-1500 to include the Prior Authorization and Referral Number fields.
04/16/2009	Page 50: Screen shot was updated to reflect the screen name <i>CMS-1500 Insurance Add/Edit</i> .
04/16/2009	Page 55: Updated screenshot includes the removal of the Provider ID, Provider NPI, and Provider Taxonomy fields.
04/06/2009	Updated screenshots throughout the User Guide to for uniformity and to reflect changes outlined later in the CCR.
04/06/2009	Page 1: Updated Technical requirements first bullet from version 6.0 to <i>version 7.0 or lower</i> .

04/06/2009	Page 2: Updated screen shot to include the <b>Hide/Show Menu</b> option.
04/06/2009	Page 4: Updated the screen shot to reflect the Hide/Show Menu as well as instructions on the use of the new option.
12/01/07	Pages 37, 40, 43: Updated screenshots due to the addition of the Prior Authorization Qualifier field in the Recipient Information section of the CMS-1500 main screen.
12/01/07	Page 39: Corrected explanatory box to reflect a valid purge date for the example given.
12/01/07	Page 54: Corrected the second bullet under Step 3 to say, "Click the <b>UB Insurance Add/Edit Details</b> button."
12/01/07	Pages 54, 58, 60, 61, 62: Replaced all <b>UB Insurance Add/Edit Details</b> screenshots to reflect the addition of new fields for Claim Adjustment Reason Codes and Amounts that correspond with the code(s).
12/01/07	Page 87: Replaced screenshot to display the deletion of the SSN column from the Eligibility Verification Multi Inquiry Results screen.
12/01/07	Page 88: Changed the first paragraph to delete reference to the Self-paced Training Guide; this option is no longer available on the Web Tool.
06/07/07	Corrected the original publication date on the cover page to reflect the correct date of February 1, 2004.
05/25/07	Revised instructions in the Eligibility section to include the Date of Birth as required when searching by the recipient's Social Security number.
05/25/07	Updated instructions and screenshots in the Claims Status section to include the new option to provide the NPI when performing a claims status search.
05/25/07	Replaced screenshot on page 84 to reflect the deletion of the Social Security and family number fields on the Eligibility Verification Results screen.
05/25/07	Changed all Claims Entry screenshots to illustrate the addition of the Billing Provider Zip Code field.
05/25/07	Updated all screenshots to reflect the implementation of the UB-04 Claim Form.
05/25/07	Changed all instructions that reflected UB-92 to UB-04.
01/01/07	Page 9: New screenshot illustrates the deletion of the address, city, state, zip, phone, extension, and status columns in the View Contact Information table at the bottom of the screen.
01/01/07	Page 46: Updated screenshot to reflect the Service Facility Location Zip.
11/01/06	Updated all screenshots to show the National Provider Identifier (NPI) fields (where applicable) and the Internet browser and task bar.
11/01/06	Page 58: Removed the claim control number entry instruction from step 9 and incorporated the instruction in step 10
11/01/06	Pages 57, 59: Replaced screenshots to reflect the deletion of Treatment Authorization Codes B and C
11/01/06	Page 60: Removed the <b>Drop-down Box</b> selection instruction for the <i>Patient Relationship</i> , <i>Insured Responsibility Sequence</i> , and <i>Claims Filing Indicator</i> fields and incorporated the instruction in step 7
11/01/06	Page 79: Updated text and replaced screenshot to reflect the fix to the <i>Recipient Last Name</i> field to sort by the recipient's last name and first name
11/01/06	Page 83, 84: Removed the Recipient Eligibility Information screenshot with corresponding <i>CoPay</i> field verbiage from page 83 and inserted information in new page 84
09/01/05	Complete revision to incorporate all previous changes and new material on Claims Status and Web-Submitted Claims