

General Information

The provider, once registered within the system, will be able to sign into the provider section of the web portal. Once signed in to the provider home page, the provider/user can navigate to the tool bar and select from among the various ARS functions.

The options considered part of the ARS functionality include:

- Claims Status Inquiry
- Member Eligibility
- Member Service Limits
- Service Authorization
- Payment History

All of the ARS functionality utilizes data stored on the MMIS DB2 tables. In addition to displaying the data, all ARS transactions trigger an audit transaction that is stored on an audit table and then output nightly in a look-a-like version of the mainframe audit report RS-O-700. The audit reports are stored on the ECM and available for research, etc. from there.

The following functionality will be detailed out further within this documentation.

Claims Status Inquiry

This function allows any registered user, regardless of role, to access information associated with claims filed by the billing provider the user is associated with.

This function allows the user to enter selection criteria and retrieve any record(s) meeting that criterion. The user can then select from the search results to review some claims header information or drill down to the claim line information.

Member Eligibility

This function allows any registered user, regardless of role, to access information associated with a member's eligibility. Information on benefit plans the member is eligible for, any third part liability information and/or any member payment information. This information is used by the provider community to determine a member's eligibility for Medicaid services.

Copay

This functionality is new in association with the HIPAA Operating Rules enhancement. From the eligibility and service limits screen, copay maximums associated with various service types can be accessed. Copays are based on the member's age and aid category.

Service Limits

This function allows any registered user to check member eligibility and after receipt and review of those eligibility results, the user can check for a member's service limits by category type or by procedure code and optional modifier. The resulting information depicts the allowed and remaining services for the remaining year.

Service Authorization

There are two functions on the Service Authorization tab. The first option, gives a registered user the capability of checking the remaining units for any service authorization. The second option 'Pharmacy Web PA Request' routes the user to another vendor web site.

Payment History

Payment History lets the user retrieve information on their financial payments. They can retrieve the amounts, the method of payment and also link to a copy of the remittance advice that is stored in the ECM.

Data Elements

Data Elements Not Previously Defined

- Claim Status (PDE-0400)
- Claim Payment Amount (PDE-0401)
- Status Effective Date (PDE-0402)
- Trans Type (PDE-0403)
- RA# (PDE-0404)
- Claim Type (PDE-0405)
- Age (PDE-0406)
- Payment Method Code (PDE-0407)
- Adjudication or Paid Date (PDE-0408)
- Check Issue or EFT Effective Date (PDE-0409)
- To Be Paid Amount (PDE-0410)
- EFT/Check # (PDE-0411)
- Paid Date (PDE-0412)
- Paid Amount (PDE-0413)
- Claim Line Number (PDE-0414)
- Claim Line Status (PDE-0415)
- Paid Units (PDE-0416)
- EOB Code (PDE-0417)
- EOB Description (PDE-0418)
- Member SSN (PDE-0419)
- TPL Indicator (PDE-0420)
- Confirmation Number (PDE-0421)
- Benefit Plan Description (PDE-0422)

- Benefit Plan CoPay Ind (PDE-0423)
- Benefit Plan From Date (PDE-0424)
- Benefit Plan To Date (PDE-0425)
- TPL Carrier Name (PDE-0426)
- TPL Coverage Type (PDE-0427)
- TPL CoPay Amount (PDE-0428)
- TPL Policy Begin Date (PDE-0429)
- TPL Policy End Date (PDE-0430)
- Patient Pay Begin Date (PDE-0431)
- Patient Pay End Date (PDE-0432)
- Patient Pay Status (PDE-0433)
- Service Type Code (PDE-0434)
- Procedure/Equipment Description (PDE-0435)
- Quantity Remaining (PDE-0436)
- Service Limits Begin Date (PDE-0437)
- Service Limits End Date (PDE-0438)
- Service Authorization ID (PDE-0439)
- SA Header Status (PDE-0440)
- SA Begin Date (PDE-0441)
- SA End Date (PDE-0442)
- SA Line Number (PDE-0443)
- Service Authorization Type (PDE-0444)
- Service Type (PDE-0445)
- SA Line Begin Date (PDE-0446)
- SA Line End Date (PDE-0447)
- Authorized Units (PDE-0448)
- Authorized Amount (PDE-0449)
- Used Units (PDE-0450)

- Used Amount (PDE-0451)
- Remaining Units (PDE-0452)
- Remaining Amounts (PDE-0453)
- Payment Begin Date (PDE-0454)
- Payment End Date (PDE-0455)
- Paid Date (PDE-0456)
- Payment Amount (PDE-0457)
- TPL Carrier ID (PDE-0399)
- Service Type (PDE-0480)
- Service Type Description (PDE-0481)
- Co-Pay Amount (PDE-0482)

Data Elements Previously Defined

- Billing Provider ID (existing – Billing Provider NPI PDE-0007)
- Servicing Provider ID (existing – Servicing Provider NPI PDE-0216)
- ICN (existing – Internal Control Number PDE-0044)
- Claim Service Period Begin Date (existing – Statement Date Begin PDE-0136)
- Claim Service Period End Date (existing – Statement Date End PDE-0137)
- Member ID (existing – Member ID Number PDE-0016)
- Claim Charged Amount (existing – Total Claim Charges PDE-0097)
- Member Name (existing – Member's Last Name PDE-0013; Member's First Name PDE-0012)
- Member Gender (existing – Member's Gender PDE-0053)
- Member Date of Birth (existing – Date of Birth PDE-0051)
- Servicing Provider Name (existing – Provider Org-Last Name PDE-0011; Provider's First Name PDE-0012)
- Patient Acct # (existing – Member's Account Number PDE-0017)
- Medical Record # (existing Medical Record Num PDE-0135)
- Payer Name (existing Payer Name PDE-0167)
- Billing Provider Name (existing – Billing Provider Org/Last Name PDE-0217; Billing Provider First Name PDE-0218)
- Portal ID (existing Submitter ID PDE-0006)
- Claim Service Line Date (existing – Service From Date PDE-0030; Service Thru Date PDE-0031)
- Procedure Code (existing – Procedure Code PDE-0026)

- Modifier (existing – Modifier PDE-0027)
- Total Line Charge (existing – Submitted Charges PDE-0089)
- Non-Covered Charges (existing – Non-Covered Charges PDE-0166)
- Revenue Code (existing – Revenue Code PDE-0162)
- Submitted Units (existing – Submitted Units PDE-0090)
- Provider Phone (existing Billing Provider Phone PDE-0115)
- TPL Carrier Code (existing Primary Carrier Code PDE-0019)
- TPL Policy Number (existing Other Insured's Policy Num PDE-0120)
- Patient Pay (existing Member Pay Amount PDE-0038)
- Member Middle Initial (existing Member's MI PDE-0015)

- Member's Suffix (existing Member's Suffix PDE-0052)

Portal ID

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0006
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Main – Information Receiver Data
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

N/A

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Billing Provider ID

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0007
Page	Claim Status Inquiry Eligibility Inquiry Service Authorization Log Payment History
Portlet Name	Claims Status Inquiry – Request Claims Status Inquiry – Results Eligibility Inquiry – Request Service Authorization Log – Request Payment History – Request Payment History - Results
MMIS Data Element	Claims Status Inquiry DE-CLAIM-BILLING-PROVIDER-IDENTIFICATION-NUMBER (I-BILLING-PROV) Eligibility Inquiry DE-PROVIDER-IDENTIFICATION-NUMBER (I-PROV) Service Authorization Log DE-NATIONAL-PROVIDER-IDENTIFIER (I-SRVC-PROV-SUBMT) Payment History DE-REMITTANCE-PAYEE-IDENTIFICATION-NUMBER (I-PROV-PAYEE)
MMIS DE Number	Claims Status Inquiry – DE2001 Eligibility Inquiry – DE4002 Service Authorization Log – DE4700 Payment History – DE9588

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0001 – Claims Status Inquiry – Request
- ARS-S-0002 – Claims Status Inquiry – Results
- ARS-S-0006 – Eligibility Inquiry – Request
- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0014 – Payment History - Request
- ARS-S-0015 – Payment History - Results

Tables – MMIS/DB2

Claims Status Inquiry

- CP-CLM-PYMT-REQ – Claim Payment Request

Member eligibility

- PS-PROVIDER – Provider Master Table

Service Authorization Log

- CP-PRIOR-AUTH – Claim Prior Auth

Payment History

- FN-DISBMNT - Disbursement Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Servicing Provider Name

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	Concatenation of: PDE-0011 PDE-0012
Page	Claim Status Inquiry Eligibility Inquiry
Portlet Name	Claims Status Inquiry – Main – Provider Data Eligibility Inquiry – Benefit Plan
MMIS Data Element	DE-PROVIDER-NAME (T-PROV-NAME)
MMIS DE Number	DE4085

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0008 – Eligibility Inquiry – Detail

Tables – MMIS/DB2

- PS-NAME – Base Name Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Servicing Provider Name

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	Concatenation of: PDE-0011 PDE-0012
Page	Claim Status Inquiry Eligibility Inquiry
Portlet Name	Claims Status Inquiry – Main – Provider Data Eligibility Inquiry – Benefit Plan
MMIS Data Element	DE-PROVIDER-NAME (T-PROV-NAME)
MMIS DE Number	DE4085

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0008 – Eligibility Inquiry – Detail

Tables – MMIS/DB2

- PS-NAME – Base Name Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Member Name

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	Concatentation of: PDE-0013 PDE-0012
Page	Claim Status Inquiry Eligibility Inquiry Service Authorization Log
Portlet Name	Claims Status Inquiry - Response Claims Status Inquiry – Main – Member Data Eligibility Inquiry – Request Eligibility Inquiry – Search Results Eligibility Inquiry – Member Information Eligibility Inquiry – Service Limits – Member Information Service Authorization Log – Additional Information Service Authorization Log – Results Service Authorization Log – Member Information
MMIS Data Element	DE-ENROLLEE-LAST-NAME (T-NAME-LAST) DE-ENROLLEE-FIRST-NAME (T-NAME-FIRST) DE-ENROLLEE-MIDDLE-INITIAL (T-MIDDLE-INIT)
MMIS DE Number	DE3110 DE3111 DE3112

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0002 – Claims Status Inquiry - Response
- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0006 – Eligibility Inquiry – Request
- ARS-S-0007 – Eligibility Inquiry – Response
- ARS-S-0008 – Eligibility Inquiry – Detail
- ARS-S-0009 – Eligibility Inquiry – Service Limits – Request
- ARS-S-0010 – Eligibility Inquiry – Service Limits – Response
- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0012 – Service Authorization Log – Response
- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- RS-PERSON-NAME – Recipient Person Name Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Member Name

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	Concatentation of: PDE-0013 PDE-0012
Page	Claim Status Inquiry Eligibility Inquiry Service Authorization Log
Portlet Name	Claims Status Inquiry - Response Claims Status Inquiry – Main – Member Data Eligibility Inquiry – Request Eligibility Inquiry – Search Results Eligibility Inquiry – Member Information Eligibility Inquiry – Service Limits – Member Information Service Authorization Log – Additional Information Service Authorization Log – Results Service Authorization Log – Member Information
MMIS Data Element	DE-ENROLLEE-LAST-NAME (T-NAME-LAST) DE-ENROLLEE-FIRST-NAME (T-NAME-FIRST) DE-ENROLLEE-MIDDLE-INITIAL (T-MIDDLE-INIT)
MMIS DE Number	DE3110 DE3111 DE3112

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0002 – Claims Status Inquiry - Response
- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0006 – Eligibility Inquiry – Request
- ARS-S-0007 – Eligibility Inquiry – Response
- ARS-S-0008 – Eligibility Inquiry – Detail
- ARS-S-0009 – Eligibility Inquiry – Service Limits – Request
- ARS-S-0010 – Eligibility Inquiry – Service Limits – Response
- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0012 – Service Authorization Log – Response
- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- RS-PERSON-NAME – Recipient Person Name Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Member Middle Initial

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0015
Page	Service Authorization Log
Portlet Name	Service Authorization Log – Member Information
MMIS Data Element	DE-ENROLLEE-MIDDLE-INITIAL (T-MIDDLE-INIT)
MMIS DE Number	DE3112

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- RS-PERSON-NAME – Recipient Person Name Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Member ID

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0016
Page	Claim Status Inquiry Eligibility Inquiry Service Authorization Log
Portlet Name	Claims Status Inquiry – Request Claims Status Inquiry – Search Results Claims Status Inquiry – Member Data Eligibility Inquiry – Request Eligibility Inquiry – Search Results Eligibility Inquiry – Member Information Eligibility Inquiry – Service Limits – Member Information Service Authorization Log – Additional Information Service Authorization Log – Results Service Authorization Log – Member Information
MMIS Data Element	Claims Status Inquiry DE-ENROLLEE-PERMANENT-IDENTIFICATION-NUMBER (I-ENROLLEE-ID) Eligibility Inquiry DE-PERSON-IDENTIFIER-VALUE (I-ID-VALUE) Service Authorization Log DE-PA-ENROLLEE-IDENTIFICATION-NUMBER (I-ENROLLEE)
MMIS DE Number	Claims Status Inquiry DE3093 Eligibility Inquiry DE3955 Service Authorization Log DE2650

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0001 – Claims Status Inquiry – Request
- ARS-S-0002 – Claims Status Inquiry - Response
- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0006 – Eligibility Inquiry – Request
- ARS-S-0007 – Eligibility Inquiry – Response
- ARS-S-0008 – Eligibility Inquiry – Detail
- ARS-S-0009 – Eligibility Inquiry – Service Limits – Request
- ARS-S-0010 – Eligibility Inquiry – Service Limits – Response
- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0012 – Service Authorization Log – Response
- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-REQ – Claim Payment Request
- RS-PRSN-IDENTIFIER – Recipient Person ID Table
- CP-PRIOR-AUTH – Claim Prior Auth

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Patient Account Number

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0017
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Main – Payment Data
MMIS Data Element	DE-CLAIM-PATIENT-ACCOUNT-NUMBER (I-PATNT-ACCT-NUM)
MMIS DE Number	DE2031

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-REQ – Claim Payment Request

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Procedure Code

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0026
Page	Claim Status Inquiry Eligibility Inquiry – Service Limits Service Authorization Log
Portlet Name	Claims Status Inquiry – Line Detail Eligibility Inquiry – Service Limits – Request Eligibility Inquiry – Service Limits – Search Results Service Authorization Log – Request Service Authorization Log – Results Service Authorization Log – Service Line Item Information
MMIS Data Element	DE-PROCEDURE-CODE (C-PROCEDURE)
MMIS DE Number	DE5002

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Line Detail
- ARS-S-0009 – Eligibility Inquiry – Service Limits – Request
- ARS-S-0010 – Eligibility Inquiry – Service Limits – Response

- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0012 – Service Authorization Log - Response
- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- CP-CLM-PROCEDURE – Claim Procedure Codes Tables
- CP-MED-PA-LINE – Claim Medical PA Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Modifier

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0027
Page	Claim Status Inquiry Eligibility Inquiry – Service Limits Service Authorization Log
Portlet Name	Claims Status Inquiry – Line Detail Eligibility Inquiry – Service Limits – Request Eligibility Inquiry – Service Limits – Search Results Service Authorization Log – Request Service Authorization Log – Results Service Authorization Log – Service Line Item Information
MMIS Data Element	DE-CLAIMS-PROCEDURE-CODE-MODIFIER (C-PROCEDURE-MOD)
MMIS DE Number	DE5171

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Line Detail
- ARS-S-0009 – Eligibility Inquiry – Service Limits – Request
- ARS-S-0010 – Eligibility Inquiry – Service Limits – Response

- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0012 – Service Authorization Log - Response
- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- CP-CLM-PROCEDURE – Claim Procedure Codes Tables
- CP-MED-PA-LINE – Claim Medical PA Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Service Line Date

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	Concatenation of: PDE-0030 PDE-0031
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Line Detail
MMIS Data Element	Concatenation of: DE-CLAIM-STATUS-BEGIN-DATE (D-MOD-STAT-BEGIN) DE-CLAIM-STATUS-END-DATE (D-MOD-STAT-END)
MMIS DE Number	DE2383 DE2384

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-CLM-MOD-STATUS – Claim Type Modifier and Status Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Service Line Date

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	Concatenation of: PDE-0030 PDE-0031
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Line Detail
MMIS Data Element	Concatenation of: DE-CLAIM-STATUS-BEGIN-DATE (D-MOD-STAT-BEGIN) DE-CLAIM-STATUS-END-DATE (D-MOD-STAT-END)
MMIS DE Number	DE2383 DE2384

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-CLM-MOD-STATUS – Claim Type Modifier and Status Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

ICN (Internal Control Number)

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0044
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Request Claims Status Inquiry - Response Claims Status Inquiry – Claim Header Data
MMIS Data Element	Concatenation of: DE-CLAIMS-PAYMENT-REQUEST-DATE (I-PYMT-REQ-DATE) DE-CLAIMS-PAYMENT-REQUEST-MEDIA-CODE (C-PYMT-REQ-MEDIA) DE-CLAIMS-PAYMENT-SEQUENCE (I-PYMT-REQ-SEQ-NO) DE-CLAIM-REQUEST-LINE-NUMBER (I-PYMT-REQ-LINE-NO)
MMIS DE Number	DE2477 DE2478 DE2480 DE2343

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0001 – Claims Status Inquiry – Request
- ARS-S-0002 – Claims Status Inquiry - Response
- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-REQ – Claim Payment Request

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Member Date of Birth

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0051
Page	Claim Status Inquiry Eligibility Inquiry Service Authorization Log
Portlet Name	Claims Status Inquiry – Main – Member Data Eligibility Inquiry - Request Eligibility Inquiry – Search Results Eligibility Inquiry – Member Information Eligibility Inquiry – Service Limits – Member Information Service Authorization Log – Additional Information Service Authorization Log – Member Information
MMIS Data Element	DE-ENROLLEE-BIRTH-DATE (D-BIRTH)
MMIS DE Number	DE3005

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0006 – Eligibility Inquiry – Request
- ARS-S-0007 – Eligibility Inquiry – Response

- ARS-S-0008 – Eligibility Inquiry – Detail
- ARS-S-0009 – Eligibility Inquiry – Service Limits – Request
- ARS-S-0010 – Eligibility Inquiry – Service Limits – Response
- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- RS-PERSON – Recipient Person Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Member Gender

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0053
Page	Claim Status Inquiry Eligibility Inquiry
Portlet Name	Claims Status Inquiry – Main – Member Data Eligibility Inquiry – Search Results
MMIS Data Element	DE-ENROLLEE-SEX-CODE (C-GENDER-CVAL)
MMIS DE Number	DE3007

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0007 – Eligibility Inquiry – Response

Tables – MMIS/DB2

- RS-PERSON – Recipient Person Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Member's Suffix

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0052
Page	Service Authorization Log
Portlet Name	Service Authorization Log – Member Information
MMIS Data Element	DE-ENROLLEE-NAME-SUFFIX (T-NAME-SUFFIX)
MMIS DE Number	DE3113

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- RS-PERSON-NAME – Recipient Person Name Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Total Line Charge

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0089
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Line Detail
MMIS Data Element	DE-CLAIM-BILLED-CHARGE (N-BILLED-CHG)
MMIS DE Number	DE2016

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-REQ - Claim Payment Request

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Submitted Units

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0090
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – View Line Item Detail
MMIS Data Element	DE-CLAIM-REVENUE-UNITS (N-UNITS)
MMIS DE Number	DE2123

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-FAC-LINE - Claim Facility Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Charged Amount

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0097
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry - Response Claims Status Inquiry – Main Payment Data Claims Status Inquiry – View Line Item Detail
MMIS Data Element	DE-CLAIM-BILLED-CHARGE (N-BILLED-CHG)
MMIS DE Number	DE2016

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0002 – Claims Status Inquiry - Response
- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-REQ – Claim Payment Request

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Provider Phone

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0115
Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Benefit Plan
MMIS Data Element	DE-PROVIDER-PHONE-NUMBER (T-PHONE-NUM)
MMIS DE Number	DE4090

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- PS-PROV-PHONE – Provider Address Phone Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Patient Pay

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0120
Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Patient Pay Information
MMIS Data Element	DE-PATIENT-PAY-AMOUNT (N-PP-PATN-PAY-AMT)
MMIS DE Number	DE4835

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- RS-ENRL-PATN-PAY – Receipt Patient Pay Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

TPL Policy Number

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0120
Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – TPL Spans
MMIS Data Element	DE-TPL-POLICY-NUMBER (I-POLICY)
MMIS DE Number	DE3658

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- TP-POLICY – TPL Policy Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Medical Account Number

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0135
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Main – Payment Data
MMIS Data Element	DE-CLAIM-MEDICAL-RECORD-NUMBER (I-MED-REC-NO)
MMIS DE Number	DE2845

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-FAC-CLM – Claim Facility Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Service Period Begin Date

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0136
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Request Claims Status Inquiry - Response Claims Status Inquiry – Claim Header Data
MMIS Data Element	DE-CLAIM-SERVICE-FROM-DATE (D-SERV-FROM)
MMIS DE Number	DE2010

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0001 – Claims Status Inquiry – Request
- ARS-S-0002 – Claims Status Inquiry - Response
- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-REQ – Claim Payment Request

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Service Period End Date

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0137
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Request Claims Status Inquiry - Response Claims Status Inquiry – Claim Header Data
MMIS Data Element	DE-CLAIM-SERVICE-THRU-DATE (D-SERV-THRU)
MMIS DE Number	DE2011

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0001 – Claims Status Inquiry – Request
- ARS-S-0002 – Claims Status Inquiry - Response
- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-REQ – Claim Payment Request

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Revenue Code

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0162
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – View Line Item Detail
MMIS Data Element	DE-CLAIM-REVENUE-CODE (C-REV)
MMIS DE Number	DE2122

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-FAC-LINE - Claim Facility Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Non-Covered Charges

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0166
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – View Line Item Detail
MMIS Data Element	DE-CLAIM-NON-COVERED-AMOUNT (N-NON-COV-AMT)
MMIS DE Number	DE2139

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-FAC-LINE - Claim Facility Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Payer Name

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0167
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Main – Payer Data
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Default value of 'Medicaid'

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

N/A

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Servicing Provider NPI

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0216
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Request Claims Status Inquiry – Provider Data
MMIS Data Element	DE-PROVIDER-IDENTIFICATION-NUMBER (I-PROV)
MMIS DE Number	DE4002

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0001 – Claims Status Inquiry – Request
- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- PS-PROVIDER – Provider Master Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Billing Provider ID

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	PDE-0007
Page	Claim Status Inquiry Eligibility Inquiry Service Authorization Log Payment History
Portlet Name	Claims Status Inquiry – Request Claims Status Inquiry – Results Eligibility Inquiry – Request Service Authorization Log – Request Payment History – Request Payment History - Results
MMIS Data Element	Claims Status Inquiry DE-CLAIM-BILLING-PROVIDER-IDENTIFICATION-NUMBER (I-BILLING-PROV) Eligibility Inquiry DE-PROVIDER-IDENTIFICATION-NUMBER (I-PROV) Service Authorization Log DE-NATIONAL-PROVIDER-IDENTIFIER (I-SRVC-PROV-SUBMT) Payment History DE-REMITTANCE-PAYEE-IDENTIFICATION-NUMBER (I-PROV-PAYEE)
MMIS DE Number	Claims Status Inquiry – DE2001 Eligibility Inquiry – DE4002 Service Authorization Log – DE4700 Payment History – DE9588

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0001 – Claims Status Inquiry – Request
- ARS-S-0002 – Claims Status Inquiry – Results
- ARS-S-0006 – Eligibility Inquiry – Request
- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0014 – Payment History - Request
- ARS-S-0015 – Payment History - Results

Tables – MMIS/DB2

Claims Status Inquiry

- CP-CLM-PYMT-REQ – Claim Payment Request

Member eligibility

- PS-PROVIDER – Provider Master Table

Service Authorization Log

- CP-PRIOR-AUTH – Claim Prior Auth

Payment History

- FN-DISBMNT - Disbursement Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Billing Provider Name

General Information

This data element has previously been defined. The following information is how this data element is used within the ARS functionality.

Portal Data Element	Concatenation of: PDE-0217 PDE-0218
Page	Claim Status Inquiry
Portlet Name	Claims Status Inquiry – Main – Information Receiver Data
MMIS Data Element	DE-PROVIDER-NAME (T-PROV-NAME)
MMIS DE Number	DE4085

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- PS-NAME – Base Name Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

TPL Carrier ID (PDE-0399)

General Information

This is the 5 digit DMAS issued number that identifies third party insurance vendor/carrier. This number is not the same as any federal ID number issued for the carrier.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – TPL Spans
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	40
MMIS Data Element	DE-TPL-CARRIER-CODE (I-CARRIER)
MMIS DE Number	DE3657

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- TP-INS-CARR-ADDR – TPL Insurance Carrier Address Table
-

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Status (PDE-0400)

General Information

This is the code indicating the status of a claim after an adjudication cycle.

Page	Claim Status Inquiry Page Claim Status Detail Page
Portlet Name	Claim Information Search Results Claim Header Data Claim Line Data
Element Type	Drop Down (inquiry); Display (detail)
Data Type	String
Field Type	Optional (inquiry); Required (display)
Size	1
MMIS Data Element	DE-CLAIM-STATUS (C-CLM-STAT-CVAL)
MMIS DE Number	DE2039

Business Rules

N/A

Valid Values

- 1 – Paid **
- 2 – RTD or TAD *
- 3 – Denied **
- 4 – Pended **
- 5 – To be Paid **
- 6 – To be Denied **
- 7 – Post Adjudication Pend *
- 8 – Interim to be Paid *
- 9 – Interim to be Denied *

* - Available on response only

** - Available on request and response

Outputs

N/A

Screens

- ARS-S-0001 – Claims Status Inquiry - Request
- ARS-S-0002 – Claims Status Inquiry - Results
- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0004 – Claims Status Inquiry – Line Summary
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-REQ – Claim Payment Request
- CP-CLM-MOD-STATUS – Claim Type Modifier and Status Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Payment Amount (PDE-0401)

General Information

This is the claim payment amount for any claim.

Page	Claim Status Inquiry Page Claims Status Detail Page
Portlet Name	Search Results Claim Header Data Claim Line Data
Element Type	Display
Data Type	Decimal
Field Type	Required (display)
Size	11
MMIS Data Element	DE-CLAIM-PAYMENT-AMOUNT (N-PYMT-AMT)
MMIS DE Number	DE2023

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0002 – Claims Status Inquiry - Results
- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-DETAIL – Claim Payment Detail

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Status Effective Date (PDE-0402)

General Information

This is the date on which this status was assigned to the claim. It is essentially the most current claims activity date, assigned during the MMIS adjudication or financial cycles.

Page	Claim Status Detail Page
Portlet Name	Claim Header Data Claim Line Data
Element Type	Display
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-CLAIMS-STATUS-BEGIN-DATE (D-MOD-STAT-BEGIN)
MMIS DE Number	DE2383

Business Rules

- Display date format as MM/DD/YYYY

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-MOD-STATUS – Claim Type Modifier and Status Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Trans Type (PDE-0403)

General Information

This is a code which indicates the type of claim transaction and the processing to be done.

Page	Claim Status Detail Page
Portlet Name	Claim Header Data
Element Type	Display
Data Type	String
Field Type	Required (display)
Size	1
MMIS Data Element	DE-CLAIM-TYPE-MODIFIER (C-CLM-MOD-CVAL)
MMIS DE Number	DE2003

Business Rules

N/A

Valid Values

- 1 – Original Claim
- 2 – Debit Adjustment
- 3 – Credit Adjustment (internally generated)
- 4 – Voided Claim
- 9 – Voiding Claim

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0004 – Claims Status Inquiry – Line Summary
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-MOD-STATUS – Claim Type Modifier and Status Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

RA# (PDE-0404)

General Information

This is a sequential number that identifies which remittance advice was produced for a provider for the claim being viewed. The first five positions are the Year and Julian day (YYDDD) format.

Page	Claim Status Detail Page
Portlet Name	Claim Header Data
Element Type	Display
Data Type	Numeric
Field Type	Required (display)
Size	9
MMIS Data Element	DE-REMITTANCE-ADVICE-NUMBER (I-RA-NUM)
MMIS DE Number	DE9580

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0004 – Claims Status Inquiry – Line Summary
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-MOD-STATUS – Claim Type Modifier and Status Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Type (PDE-0405)

General Information

This is the code defining the type of claim. The first two positions of the claim's transmission code are used to derive this field during the adjudication cycle.

Page	Claim Status Detail Page
Portlet Name	Claim Header Data
Element Type	Display
Data Type	String
Field Type	Required (display)
Size	2
MMIS Data Element	DE-CLAIM-TYPE (C-CLM-TYPE-CVAL)
MMIS DE Number	DE2002

Business Rules

N/A

Valid Values

- 01 – UB92-Hospital Inpatient
- 02 – UB92-Nursing Home (SNF)
- 03 – UB92-Hospital Outpatient/Home Health
- 04 – HCFA-Personal Care
- 05 – HCFA-Practitioner
- 06 – DRUG-Pharmacy
- 08 – HCFA-Lab
- 09 – XOV-Title-18
- 10 – UB92-Intermediate Care (ICF)
- 11 – ADA-Dental
- 13 – HCFA – Transportation

- 15 – Capitation Payments (HMO)
- 16 – Management Fees (PCP)
- 17 – Administrative Fees (CMM)
- 96 - Assessments

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0004 – Claims Status Inquiry – Line Summary
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-REQ – Claim Payment Request

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Age (PDE-0406)

General Information

This field is a derived field calculated from current date – member’s DOB.

Page	Claim Status Detail Page
Portlet Name	Member Data
Element Type	Text Box
Data Type	Numeric
Field Type	Required (display)
Size	3
MMIS Data Element	DE-MEMBER-BIRTH-DATE (D-BIRTH)
MMIS DE Number	DE3005

Business Rules

- Calculated field = Current Date minus member’s date of birth

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- RS-PERSON – Member Person Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Payment Method Code (PDE-0407)

General Information

This is a one digit code that indicates the type of disbursement made.

Page	Claim Status Detail Page
Portlet Name	Payment Data
Element Type	Text Box
Data Type	Numeric
Field Type	Required (display)
Size	1
MMIS Data Element	DE-DISBURSEMENT-TYPE-CODE (C-DISBURS-TYP-CVAL)
MMIS DE Number	DE9663

Business Rules

N/A

Valid Values

- C – Check
- E – Electronic Funds Transfer – EFT
- Z – No Check or EFT

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- FN-DISBMNT – Disbursement Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Adjudication or Paid Date (PDE-0408)

General Information

This is the date on which the claim was last adjudicated. It is essentially the most current claims activity date, assigned during the MMIS adjudication or financial cycles.

Page	Claim Status Detail Page
Portlet Name	Payment Data
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-CLAIMS-STATUS-BEGIN-DATE (D-MOD-STAT-BEGIN)
MMIS DE Number	DE2383

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-CLM-MOD-STATUS – Claim Type Modifier and Status Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Check Issue or EFT Effective Date (PDE-0409)

General Information

The date the check was issued or the electronic funds were available.

Page	Claim Status Detail Page
Portlet Name	Payment Data
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-BARS-CHECK-CASHED-DATE (D-CHECK-CASHED)
MMIS DE Number	DE9771

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- FN-DISBMNT – Disbursement Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

To Be Paid Amount (PDE-0410)

General Information

This is the claim payment amount for the claim to be paid and/or paid, depending on where the claim is within the adjudication and financial cycles.

Page	Claim Status Detail Page
Portlet Name	Payment Data
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	11,2
MMIS Data Element	DE-CLAIM-PAYMENT-AMOUNT (N-PYMT-AMT)
MMIS DE Number	DE2023

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-DETAIL - Claim Payment Detail

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

EFT/Check # (PDE-0411)

General Information

This is the sequential number assigned to the check or funds transfer disbursed to payees/providers.

Page	Claim Status Detail Page
Portlet Name	Payment Data
Element Type	Text Box
Data Type	Numeric
Field Type	Required (display)
Size	9
MMIS Data Element	DE-REMITTANCE-CHECK-NUMBER (I-RA-CHECK-NUM)
MMIS DE Number	DE9576

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- FN-DISBMNT – Disbursement Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Paid Date (PDE-0412)

General Information

This is the date of the remittance payment cycle.

Page	Claim Status Detail Page
Portlet Name	Payment Data
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-REMITTANCE-PAYMENT-DATE (D-RA-PYMT)
MMIS DE Number	DE9578

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- GL-CYCLE-DATES – General Ledger Cycle Dates

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Paid Amount (PDE-0413)

General Information

This is the claim payment amount for the claim to be paid and/or paid, depending on where the claim is within the adjudication and/or financial cycles.

Page	Claims Status Inquiry Claim Status Detail Page
Portlet Name	Search Results Claim Header Data Claim Line Data
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	11,2
MMIS Data Element	DE-CLAIM-PAYMENT-AMOUNT (N-PYMT-AMT)
MMIS DE Number	DE2023

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0002 – Claims Status Inquiry - Results
- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-PYMT-DETAIL - Claim Payment Detail

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Line Number (PDE-0414)

General Information

This is the line number assigned to the claim line within the submitted claim.

Page	Claim Status Detail Page
Portlet Name	Claim Line Data
Element Type	Text Box
Data Type	Numeric
Field Type	Required (display)
Size	2
MMIS Data Element	DE-CLAIM-PAYMENT-REQUEST-LINE-NUMBER (I-PYMT-REQ-LINE-NO)
MMIS DE Number	DE2343

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0004 – Claims Status Inquiry – Line Summary
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-MOD-STATUS – Claim Type Modifier and Status Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Claim Line Status (PDE-0415)

General Information

This is the code indicating the status of a claim line after an adjudication and/or financial cycle.

Page	Claim Status Detail Page
Portlet Name	Claim Line Data
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	1
MMIS Data Element	DE-CLAIM-STATUS (C-CLM-STAT-CVAL)
MMIS DE Number	DE2039

Business Rules

N/A

Valid Values

- 1 – Paid
- 2 – RTD or TAD
- 3 – Denied
- 4 – Pended
- 5 – To be Paid
- 6 – To be Denied
- 7 – Post Adjudication Pend
- 8 – Interim to be Paid
- 9 – Interim to be Denied

Outputs

N/A

Screens

- ARS-S-0004 – Claims Status Inquiry – Line Summary
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-CLM-MOD-STATUS – Claim Type Modifier and Status Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Paid Units (PDE-0416)

General Information

The quantitative measure of services paid on behalf of the member (i.e. days, miles, treatments).

Page	Claim Status Detail Page
Portlet Name	Claim Line Data
Element Type	Text Box
Data Type	Numeric
Field Type	Required (display)
Size	4
MMIS Data Element	DE-CLAIM-CUTBACK-DAYS-UNITS (N-CUTBACK-UNITS)
MMIS DE Number	DE2065

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- CP-FAC-LINE – Claim Facility Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

EOB Code (PDE-0417)

General Information

This indicates the number of the edit per the claim status.

Page	Claim Status Detail Page
Portlet Name	Claim Header Data
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	4
MMIS Data Element	DE-ERROR-TEXT-ERROR-CODE (C-EDIT)
MMIS DE Number	DE5501

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail

Tables – MMIS/DB2

- CP-CLM-EDIT – Claim Edit Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

EOB Description (PDE-0418)

General Information

This is the description associated to the number of the edit per the claim status.

Page	Claim Status Detail Page
Portlet Name	Claim Header Data
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	70
MMIS Data Element	DE-ERROR-TEXT-LONG-DESCRIPTION (T-EDIT-LONG-DESC)
MMIS DE Number	DE2544

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0003 – Claims Status Inquiry – Header Detail
- ARS-S-0004 – Claims Status Inquiry – Line Summary
- ARS-S-0005 – Claims Status Inquiry – Line Detail

Tables – MMIS/DB2

- RF-EDIT-TEXT – Edit Text Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Member SSN (PDE-0419)

General Information

This is the member's social security number.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry - Request Member Information
Element Type	Text Box
Data Type	Numeric
Field Type	Optional (Request screen) Situational (Display only)
Size	9
MMIS Data Element	DE-ENROLLEE-SOCIAL-SECURITY-NUMBER-SSN
MMIS DE Number	DE3034

Business Rules

- SSN is only displayed on the Member Information if it was previously entered by the user on the Member Inquiry request screen.

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0006 – Eligibility Inquiry – Request
- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

N/A

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

TPL Indicator (PDE-0420)

General Information

This field indicates that the member had TPL coverage on the dates of service requested.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry - Results
Element Type	Text Box
Data Type	String
Field Type	Optional (display)
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Determined by the existence of tpl information associated with the requested member

Valid Values

- Blank – No
- Y - Yes

Outputs

N/A

Screens

- ARS-S-0007 – Eligibility Inquiry – Results

Tables – MMIS/DB2

N/A

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Confirmation Number (PDE-0421)

General Information

This is the verification number assigned by the MMIS and returned to the provider when a request for eligibility verification has been submitted and the member is determined to be eligible for the dates of service requested by the user.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Results Eligibility Inquiry - Detail
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	10,2
MMIS Data Element	DE-ELIGIBILITY-VERIFICATION-NUMBER (I-EVS-NO)
MMIS DE Number	DE3098

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0007 – Eligibility Inquiry – Results
- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- RS-VERIFICATION – Member Verification Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Benefit Plan Description (PDE-0422)

General Information

This is a short, concise description of the member's benefit plan(s).

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Benefit Plan
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	12
MMIS Data Element	DE-BENEFIT-PLAN-SHORT-NAME (T-BNFT-SHRT-NAME)
MMIS DE Number	DE3555

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- RS-BENEFIT-PACKAGE – Member Benefit Package Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Benefit Plan CoPay Ind (PDE-0423)

General Information

The special indicator code is determined by the member's age and the benefit plan exception code (MMIS DE3072) and then concatenated to the benefit plan name for display purposes.

The Special Indicator Code indicates the status of copayments or eligibility for certain additional services.

- A - Member is under 21 and has no copay
- B – Member is receiving long term care or other community based services and no copay is required for any service
- C – All other members and copays applying for inpatient hospital admissions, outpatient hospital clinic visits, clinic visits, physician office visits, other physician visits, eye examinations, prescriptions, home health visits, and rehabilitation services.

The following copay exemptions apply:

- Members in managed care organizations may not have to pay copays (FAMIS members enrolled in a MCO do have copays);
- No copays for pregnancy-related services or family planning clinic visits, drugs, and supplies;
- No copays for Durable Medical Equipment and supplies

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Benefit Plan
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	1
MMIS Data Element	DE-SPECIAL-INDICATOR-CODE (CO-PAY INDICATOR)
MMIS DE Number	DE3555

Business Rules

- If the member is under 21 years of age, regardless of benefit plan exception indicator, the special indicator is 'A'
- If the member is 21 (defined as greater than 20 years and 364 days) or over and the benefit plan exception code is 1, 2, 7, 9, A, D, E, L, Q, R or Y indicating the member is receiving long term care or other community based services and no copay is required for any service, the special indicator is 'B'

- If the member is 21 or over with any other benefit plan exception code, indicating members and copays applying for inpatient hospital admissions, outpatient hospital clinic visits, clinic visits, physician office visits, other physician visits, eye examinations, prescriptions, home health visits, and rehabilitation services, the special indicator is 'C'

Valid Values

- A
- B
- C

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- RS-BNFT-LOC-EXCP-R – Member Benefit Level of Care Exception Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Benefit Plan From Date (PDE-0424)

General Information

This is the date a benefit plan became/becomes effective. The date is usually contingent upon legislation for a source of funding.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Benefit Plan
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-BENEFIT-DEFINITION-PLAN-BEGIN-EFFECTIVE-DATE (D-BNFT-PKG-BEGIN)
MMIS DE Number	DE3556

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- RS-BENEFIT-PACKAGE – Member Benefit Package Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Benefit Plan To Date (PDE-0425)

General Information

This is the date a benefit plan will/did close or terminate. The date is usually contingent upon legislation and/or loss of funding.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Benefit Plan
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-BENEFIT-DEFINITION-PLAN-END-TERMINATION-DATE (D-BNFT-PKG-END)
MMIS DE Number	DE3557

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- RS-BENEFIT-PACKAGE – Member Benefit Package Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

TPL Carrier Name (PDE-0426)

General Information

This the name of the third party insurance vendor/carrier.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – TPL Spans
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	40
MMIS Data Element	DE-TPL-CARRIER-NAME (T-NAME)
MMIS DE Number	DE3673

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- TP-INS-CARR-ADDR – TPL Insurance Carrier Address Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

TPL Coverage Type (PDE-0427)

General Information

This is the code that identifies the type of coverage a member has with the third party vendor.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – TPL Spans
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	2
MMIS Data Element	DE-TPL-COVERAGE-CODE (C-CVRG-CVAL)
MMIS DE Number	DE3013

Business Rules

N/A

Valid Values

.	.	• A - Medicare Part A
.	.	• B - Medicare Part B
.	.	• C - Cancer
.	.	• D - Dental
.	.	• E - Not assigned
.	.	• F - Home Health/Personal Care
.	.	• G - Mental Health
.	.	• H - Hospitalization
.	.	• I - Indemnity/Accident
.	.	• J - Dependent Pregnancy
.	.	• K - Medicare Extended

.	.	• L - Managed Care (HMO/PPO)
.	.	• M - Major/Medical-Comprehensive
.	.	• N - Intermediate Care Nursing Facility
.	.	• O - Optical/Vision
.	.	• P - Physician
.	.	• Q - Chiropractor
.	.	• R - Pharmacy
.	.	• RD - Medicare Part D
.	.	• S - Skilled Nursing
.	.	• T - Transportation
.	.	• U - Uninsured Absent Parent
.	.	• V - Rehabilitation/Physical Medicine
.	.	• W - Worker's Compensation
.	.	• X - Preventive Care

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- TP-POLICY-CVRG – TPL Policy Coverage Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

TPL CoPay Amount (PDE-0428)

General Information

This is the co-pay amount associated with each type of third party coverage.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – TPL Spans
Element Type	Text Box
Data Type	Decimal (9,2)
Field Type	Required (display)
Size	9
MMIS Data Element	DE-TPL-COVERAGE-CO-PAY-AMOUNT (N-COPAY-AMT)
MMIS DE Number	DE3672

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- TP-POLICY-CVRG – TPL Policy Coverage Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

TPL Policy Begin Date (PDE-0429)

General Information

This is the date the third party policy for this member began with the insurance carrier.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – TPL Spans
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-TPL-POLICY-EFFECTIVE-DATE (D-POLICY-BEGIN)
MMIS DE Number	DE3659

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- TP-POLICY – TPL Policy Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

TPL Policy End Date (PDE-0430)

General Information

This is the date the third party policy for this member ended/ends with the insurance carrier.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – TPL Spans
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-TPL-POLICY-END-DATE (D-POLICY-END)
MMIS DE Number	DE3660

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- TP-POLICY – TPL Policy Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Patient Pay Begin Date (PDE-0431)

General Information

This is the beginning date of any coinsurance liability the member is responsible for.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Patient Pay Information
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-PATIENT-PAY-BEGIN-DATE (D-PP-BEGIN)
MMIS DE Number	DE4801

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- RS-ENRL-PATN-PAY – Member Patient Pay Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Patient Pay End Date (PDE-0432)

General Information

This is the end date of any coinsurance liability the member is responsible for.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Patient Pay Information
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-PATIENT-PAY-END-DATE (D-PP-END)
MMIS DE Number	DE4802

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- RS-ENRL-PATN-PAY – Member Patient Pay Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Patient Pay Status (PDE-0433)

General Information

This is the code indicating the status of any period of patient pay/coinsurance liability.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Patient Pay Information
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	1
MMIS Data Element	DE-PATIENT-PAY-STATUS (C-PP-STAT-CVAL)
MMIS DE Number	DE4838

Business Rules

N/A

Valid Values

- Blank – Non-applicable
- A – Active
- V - Void

Outputs

N/A

Screens

- ARS-S-0008 – Eligibility Inquiry - Detail

Tables – MMIS/DB2

- RS-ENRL-PATN-PAY – Member Patient Pay Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Service Type Code (PDE-0434)

General Information

This is the Service Authorization service type which defines a category of services.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Service Limits Eligibility Inquiry – Service Limits Search Results
Element Type	Drop Down (inquiry) Text Box (response)
Data Type	String
Field Type	Required (display)
Size	30
MMIS Data Element	DE-PA-SERVICE-TYPE-CATEGORY (C-SRVC-TYPE-CATG)
MMIS DE Number	DE2297

Business Rules

N/A

Valid Values

<ul style="list-style-type: none">• 0050 - Outpatient Psych
<ul style="list-style-type: none">• 0051 - SPO Substance Abuse
<ul style="list-style-type: none">• 0052 - MICC
<ul style="list-style-type: none">◦ 0090 – 0099 - EPSDT Non-State Plan Services• 0100-0102 – Durable Medical Equipment
<ul style="list-style-type: none">• 0200 – 0206 - Rehab
<ul style="list-style-type: none">• 0300 – 0313 - Medical Support
<ul style="list-style-type: none">• 0400 - Hospital
<ul style="list-style-type: none">• 0401 - Inpatient Psychiatric
<ul style="list-style-type: none">• 0450 – 0452 - Radiology Scans
<ul style="list-style-type: none">• 0500 - Home Health
<ul style="list-style-type: none">• 0550 - Hospice
<ul style="list-style-type: none">• 0600 - Community MHMR Services
<ul style="list-style-type: none">• 0625 - Elderly Case Management
<ul style="list-style-type: none">• 0700 - Case Management

• 0701 - Foster Care Case Management
• 0750 – 0751 - Residential Treatment
• 0800 – 0850 - Dental
• 0900 – 0970 - Community Based Care (CBC)
• 0980 - Facility Based Waiver

Outputs

N/A

Screens

- ARS-S-0009 – Eligibility Inquiry – Service Limits – Request
- ARS-S-0010 – Eligibility Inquiry – Service Limits - Response

Tables – MMIS/DB2

- CP-PA-SVCTY-R – Claim PA Service Types Reference Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Procedure/Equipment Description (PDE-0435)

General Information

This is a long description associated with a procedure or equipment.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Service Limits Search Results
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	90
MMIS Data Element	DE-PROCEDURE-LONG-NAME (T-PROC-LONG-NAME)
MMIS DE Number	DE5012

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0010 – Eligibility Inquiry – Service Limits - Response

Tables – MMIS/DB2

- RF-PROCEDURE – Reference Procedure Code Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Quantity Remaining (PDE-0436)

General Information

A calculated total based on the allotted service limits minus the units from any adjudicated claims from the service limit period start through the ending requested service dates.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Service Limits Search Results
Element Type	Text Box
Data Type	Numeric
Field Type	Required (display)
Size	9
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0010 – Eligibility Inquiry – Service Limits - Response

Tables – MMIS/DB2

N/A

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Service Limits Begin Date (PDE-0437)

General Information

This is the member's beginning date for the period of time defined by DMAS used to calculate service limits for a category of services. This may be a calendar year, fiscal year, or another DMAS-defined period of time.

Note: In the case of behavioral health and outpatient psych service limits, this would be the date of the first claim received between the above begin date and the date of inquiry.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Service Limits Search Results
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-ENROLLEE-SERVICE-LIMITS-PERIOD-BEGIN-DATE (D-SRVC-LIMIT-BEGIN)
MMIS DE Number	DE3953

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0010 – Eligibility Inquiry – Service Limits - Response

Tables – MMIS/DB2

- RF-PROCEDURE – Reference Procedure Code Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Service Limits End Date (PDE-0438)

General Information

This is the member's ending date for the period of time defined by DMAS used to calculate service limits for a category of services. This may be a calendar year, fiscal year, or another DMAS-defined period of time.

Page	Eligibility Inquiry
Portlet Name	Eligibility Inquiry – Service Limits Search Results
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-ENROLLEE-SERVICE-LIMITS-PERIOD-END-DATE (D-SRVC-LIMIT-END)
MMIS DE Number	DE3954

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0010 – Eligibility Inquiry – Service Limits - Response

Tables – MMIS/DB2

- RF-PROCEDURE – Reference Procedure Code Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Service Authorization ID (PDE-0439)

General Information

This is the concatenation of the Claims Service Authorization 'Number of Days Since' and the Claims Service Authorization Number Sequence.

The Claims Service Authorization 'Number of Days Since' is the number of days since 1/1/1980. This is used to identify the day the number was issued and is the first five digits of the Service Authorization ID.

The Claims Service Authorization Number Sequence is the sequence portion of the Service Authorization ID.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Additional Information Service Authorization Log – Results Service Authorization Log - Details
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	11
MMIS Data Element	DE-CLAIMS-PA-NUMBER-OF-DAYS-SINCE (N-DAYS-SINCE) DE-CLAIMS-PA-NUMBER-SEQUENCE (I-PA-SEQ-NO)
MMIS DE Number	DE2499 DE2498

Business Rules

- Service Authorization is the concatenation of the Claims Service Authorization 'Number of Days Since' and the Claims Service Authorization Number Sequence

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0012 – Service Authorization Log – Results
- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- CP-PRIOR-AUTH – Claim Prior Auth

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

SA Header Status (PDE-0440)

General Information

This is the service authorization action reason code. It indicates what range a specific service authorization reason code is in.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Additional Information Service Authorization Log – Results Service Authorization Log - Details
Element Type	Text Box
Data Type	Drop Down (inquiry) String (display)
Field Type	Optional (inquiry) Required (display)
Size	1
MMIS Data Element	DE-PA-ACTION-REASON-RANGE-CODE (C-PA-ACTION-CVAL)
MMIS DE Number	DE2595

Business Rules

N/A

Valid Values

- A - Approved *
- D - Denied *
- I - Parital Approval **
- P - Pended *
- R - Rejected *

* Available on request and response screens

** Available only on response screen

Outputs

N/A

Screens

- ARS-S-0011 – Service Authorization Log – Request
- ARS-S-0012 – Service Authorization Log – Results
- ARS-S-0013 – Service Authorization Log - Detail

Tables – MMIS/DB2

- CP-PA-ACTION-RSN-R – PA Action Reason Range Code

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

SA Begin Date (PDE-0441)

General Information

This is the requested service authorization search criteria begin date.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Additional Information
Element Type	Text Box
Data Type	Date
Field Type	Optional
Size	10
MMIS Data Element	DE-PA-ENTRY-DATE (D-PA-ENTERED)
MMIS DE Number	DE2601

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0011 – Service Authorization Log – Request

Tables – MMIS/DB2

- CP-PRIOR-AUTH – Claim Prior Auth

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

SA End Date (PDE-0442)

General Information

This is the requested service authorization search criteria end date.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Additional Information
Element Type	Text Box
Data Type	Date
Field Type	Optional
Size	10
MMIS Data Element	DE-PA-ENTRY-DATE (D-PA-ENTERED)
MMIS DE Number	DE2601

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0011 – Service Authorization Log – Request

Tables – MMIS/DB2

- CP-PRIOR-AUTH – Claim Prior Auth

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

SA Line Number (PDE-0443)

General Information

A service authorization can contain requests regarding up to 15 procedures. Each request occupies a line on the service authorization request input form. This is the line number of a specific service authorization procedure request.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Numeric
Field Type	Required (display)
Size	4
MMIS Data Element	DE-PA-LINE-NUMBER (I-PA-LINE-NO)
MMIS DE Number	DE2607

Business Rules

N/A

Valid Values

- 1 - 15

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

- CP-PRIOR-AUTH-LINE – Claim Prior Auth Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Service Authorization Type (PDE-0444)

General Information

This identifies the type of service authorization it is.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	1
MMIS Data Element	DE-CLAIMS-PA-TYPE-CODE (C-PA-TYPE-CVAL)
MMIS DE Number	DE2508

Business Rules

N/A

Valid Values

- D – Drug
- I – Pharmacy Submitted
- M – Medical
- P – Pharmacy Pend (system generated)

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

- CP-PRIOR-AUTH-LINE – Claim Prior Auth Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Service Type (PDE-0445)

General Information

This represents the valid code(s) for DMAS-defined service categories.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	4
MMIS Data Element	DE-PA-SERVICE-TYPE-CODE (C-SRVC-TYPE)
MMIS DE Number	DE2635

Business Rules

N/A

Valid Values

- 0050 – Outpatient Psych
- 0051 – SPO Substance Abuse
- 0090 – Private Duty Nursing
- 0091 – Personal Care
- 0092 – EPSDT DME
- 0093 – EPSDT In-Patient Psych
- 0094 – EPSDT Outpatient Psychiatric Services
- 0095 – EPSDT Outpatient Rehabilitation Services
- 0096 – EPSDT Substance Abuse Services
- 0097 – EPSDT Home Health
- 0098 – EPSDT Inpatient Treatment

- 0099 – EPSDT Pharmacy
- 0100 – DME
- 0101 – Nursing Home
- 0102 – Tech Waiver DME
- 0200 – Intensive Rehab
- 0202 – Special Vent Contract
- 0203 – Special Contract (Out of State)
- 0204 – Outpatient Rehab
- 0205 – Department of Education
- 0206 – Special DOE Rehab
- 0300 – Organ Transplants
- 0301 – Out of State Services
- 0302 – Surgical/Invasive
- 0303 – Prosthetics
- 0304 – Muscular Skeletal Devices
- 0305 – Vision
- 0306 – Other
- 0307 – Rhinoplasty/Septoplasty
- 0308 – Muscular Skeletal Devices/Procs
- 0309 – Vision
- 0310 – Other Surgical Procedures
- 0311 – Anesthesia (Telephonic Only)
- 0312 – Urinary and Genital Devices/Procs
- 0313 – Hearing Aides
- 0314 – Transportation (Out of State Services)
- 0400 – Inpatient Admission
- 0401 – Inpatient Psych

- 0450 – Magnetic Resonance Imaging (MRI) Scan
- 0451 – Computerized Axial Tomography (CAT) Scan
- 0452 – Positron Emission Tomography (PET) Scan
- 0500 – Home Health
- 0550 – Hospice
- 0600 – Community MHMR Services
- 0625 – ECM (Elderly Case Management)
- 0650 – Community Mental Health Rehab Services
- 0700 – Treatment Foster Care
- 0701 – Regular Foster Care
- 0750 – CSA Residential Treatment
- 0751 – NON-CSA Residential Treatment
- 0752 – PA Community Based Residential Level A
- 0753 – PA Community Based Residential Level B
- 0800 – Children under 21
- 0801 – ORTHO under 21
- 0850 – Adult over 21
- 0900 – Elderly & Disabled with Consumer Directed Waiver
- 0902 – IFDDS (Individual & Family Development Disability Services)
- 0909 – Money Follows People (MFP)
- 0920 – AIDS Waiver
- 0940 – Mental Retardation Waiver
- 0945 – Day Support Waiver
- 0950 – CDPAS
- 0960 – Tech Waiver
- 0970 – Children’s Mental Health Waiver
- 0980 – Alzheimer’s Disease Waiver

- 0990 – Medicaid Works

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

- CP-PRIOR-AUTH – Claim Prior Auth

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

SA Line Begin Date (PDE-0446)

General Information

This is the effective begin date for the service type. Along with the Service Authorization Service Type End Date (DE2299), it defines the date range in which the service type may be used within the MMIS.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-PRIOR-AUTHORIZATION-SERVICE-TYPE-BEGIN-DATE (D-SRVC-TYPE-BEGIN)
MMIS DE Number	DE2298

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

- CP-PA-SVCTY-R – Claim PA Service Types Reference Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

SA Line End Date (PDE-0447)

General Information

This is the effective end date for the service type. Along with the Servicee Authorization Service Type Begin Date (DE2298), it defines the date range in which the service type may be used within the MMIS.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-PRIOR-AUTHORIZATION-SERVICE-TYPE-END-DATE (D-SRVC-TYPE-END)
MMIS DE Number	DE2299

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

- CP-PA-SVCTY-R – Claim PA Service Types Reference Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Authorized Units (PDE-0448)

General Information

This is the number of units for which the provider requested DMAS to grant prior authorization.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	9
MMIS Data Element	DE-PA-REQUESTED-UNITS (N-REQ-UNITS)
MMIS DE Number	DE2612

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

- CP-PRIOR-AUTH-LINE – Claim Prior Auth Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Authorized Amount (PDE-0449)

General Information

This is the number of units the provider requested DMAS to grant prior authorization for.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	11
MMIS Data Element	DE-PA-REQUESTED-AMOUNT (N-REQ-AMT)
MMIS DE Number	DE2615

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

- CP-PRIOR-AUTH-LINE – Claim Prior Auth Line

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Used Units (PDE-0450)

General Information

This is the claim units paid for a particular claim towards the prior authorization. This field is only used when the authorization is units based, as opposed to dollar based.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	9
MMIS Data Element	DE-CLAIM-UNITS-USED (N-UNITS-USED)
MMIS DE Number	DE2346

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

- CP-CLM-PA-UTIL – Claim PA utilization Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Used Amount (PDE-0451)

General Information

This is the money paid for a particular claim towards the prior authorization. This field is only used when the authorization is dollar based (as opposed to unit based).

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	11
MMIS Data Element	DE-PA-AMOUNT-USED (N-AMT-USED)
MMIS DE Number	DE2345

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

- CP-CLM-PA-UTIL – Claim PA utilization Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Remaining Units (PDE-0452)

General Information

This is a calculated field – Authorized Units (PDE-0448) minus Used Units (PDE-0450).

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	9
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

N/A

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Remaining Amount (PDE-0453)

General Information

This is a calculated field – Authorized Amount (PDE-0449) minus Used Amount (PDE-0451).

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	11
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0013 – Service Authorization Log – Detail

Tables – MMIS/DB2

N/A

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Payment Begin Date (PDE-0454)

General Information

This is the begin date requested by the user to be compared to the remittance cycle date.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-REMITTANCE-PAYMENT-DATE (D-RA-PYMT)
MMIS DE Number	DE9578

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0014 – Payment History - Request

Tables – MMIS/DB2

- GL-CYCLE-DATES – General Ledger Cycle Dates

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Payment End Date (PDE-0455)

General Information

This is the end date requested by the user to be compared to the remittance cycle date.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-REMITTANCE-PAYMENT-DATE (D-RA-PYMT)
MMIS DE Number	DE9578

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0014 – Payment History - Request

Tables – MMIS/DB2

- GL-CYCLE-DATES – General Ledger Cycle Dates

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Paid Date (PDE-0456)

General Information

This is the date of the remittance cycle.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Date
Field Type	Required (display)
Size	10
MMIS Data Element	DE-REMITTANCE-PAYMENT-DATE (D-RA-PYMT)
MMIS DE Number	DE9578

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0014 – Payment History – Request
- ARS-S-0015 – Payment History - Results

Tables – MMIS/DB2

- GL-CYCLE-DATES – General Ledger Cycle Dates

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Payment Amount (PDE-0457)

General Information

This is the total payment amount for all direct and indirect services rendered by the provider for the current remittance cycle.

Page	Service Authorization Log
Portlet Name	Service Authorization Log – Service Line Item Information
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	11
MMIS Data Element	DE-REMITTANCE-CHECK-AMOUNT (N-RA-CHECK-AMT)
MMIS DE Number	DE9577

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

- ARS-S-0015 – Payment History - Results

Tables – MMIS/DB2

- FN-DISBMNT – Disbursement Table

Tables - Portal

- ARS-T-0001 – ARS Audit Trail Table

Service Type (PDE-0480)

General Information

This is the 2 digit number associated with the service type. The service type number and associated description is assigned as part of the HIPAA Operating Rules.

Page	Member Eligibility
Portlet Name	CoPay Amounts
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	2
MMIS Data Element	DE-SVC-TYPE
MMIS DE Number	DE4907

Business Rules

N/A

Valid Values

01	02	04	05	06
07	08	12	13	18
20	33	35	40	42
45	47	48	50	51
52	53	62	65	68
73	76	78	80	81
82	86	88	93	98
99	A0	A3	A6	A7
A8	AD	AE	AF	AG
AI	AL	BG	BH	MH
UC				

Outputs

N/A

Screens

ARS-S-0016 – Copay Maximum

Tables – MMIS/DB2

RF-SVC-TYP-COPAY – Service Type Copay Table

Tables - Portal

N/A

Service Type Description (PDE-0481)

General Information

This is the description associated with the 2 digit number service type. The service type description and associated service type is assigned as part of the HIPAA Operating Rules.

Page	Member Eligibility
Portlet Name	CoPay Amounts
Element Type	Text Box
Data Type	String
Field Type	Required (display)
Size	40
MMIS Data Element	DE-SVC-TYPE-DESC
MMIS DE Number	DE4909

Business Rules

N/A

Valid Values

Service Type	Service Type Description
01	Medical Care
02	Surgical
04	Diagnostic X-RAY
05	Diagnostic Lab
06	Radiation therapy
07	Anesthesia
08	Surgical Assistance
12	Durable Medical Equipment Purchase
13	Ambulatory Surgical center facility
18	Durable Medical Equipment Rental
20	Second Surgical Option
33	Chiropractic
35	Dental Care
40	Oral Surgery
42	Home Health care
45	Hospice
47	Hospital
48	Hospital - Inpatient

50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
62	MRI/CAT Scan
65	Newborn Care
68	Well Baby Care
73	Diagnostic Medical
76	Dialysis
78	Chemotherapy
80	Immunizations
81	Routine Physical
82	Family Planning
86	Emergency Services
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
98	Professional (physician) visit office
99	Professional (physician) visit office - Inpatient
A0	Professional (physician) visit office - Outpatient
A3	Professional (physician) visit office - Home
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Facility
AI	Substance Abuse
AL	Vision
BG	Cardiac Rehabilitation
BH	Pediatric
MH	Mental Health
UC	Urgent Care

Outputs

N/A

Screens

ARS-S-0016 – Copay Maximum

Tables – MMIS/DB2

RF-SVC-TYP-COPAY – Service Type Copay Table

Tables - Portal

N/A

Copay Amount (PDE-0482)

General Information

This is the maximum possible amount that the member could be liable for.

Page	Member Eligibility
Portlet Name	CoPay Amounts
Element Type	Text Box
Data Type	Decimal
Field Type	Required (display)
Size	5
MMIS Data Element	DE-MAX-COPAY-AMT
MMIS DE Number	DE4913

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

ARS-S-0016 – Eligibility Inquiry – CoPay Amount

Tables – MMIS/DB2

RF_SVC_TYP_COPAY – Service Type Copay

Tables - Portal

ARS-T-0001 – ARS Audit Trail Table

Outputs

- ARS Audit Report (RS-O-700)

ARS Audit Report (RS-O-700)

General Information

All ARS transactions are stored in Oracle table WP_AUD_DETAILS (Web Portal Audit Details – ARS-T-0001).

Each night a batch program named GenerateAuditPdfServlet is executed and pulls all records added for the previous day. This program formats the records into the RS-O-700 format and loads the completed report to ECM.

Data Elements

The following is an example of one of the pages of the report pulled from ECM.

TRANS ID	REQ TYPE	REQ MODE	QUERY METHOD	TRANS STATUS
47813623	4	2	I	00 COMPLETE TRANSACTION , NO ERRORS
PROV : 0	ENR :	DATE : 09/19/2012	TIME : 00:09:00	*****CHECKS***** CHECK TYPE : RPT CHECK NUMBER : 592939 REMITTANCE DATE : 09/14/2012 REMITTANCE AMOUNT : 9467.60 *****CHECKS***** CHECK TYPE : Neither CHECK NUMBER : 0 REMITTANCE DATE : 09/07/2012 REMITTANCE AMOUNT : .00
47813622	4	1	I	00 COMPLETE TRANSACTION , NO ERRORS
PROV : 0	ENR :	DATE : 09/19/2012	TIME : 00:09:00	PROVIDER ID : [REDACTED]
47889412	1	1	I	00 COMPLETE TRANSACTION , NO ERRORS
PROV : 0	ENR : 0	DATE : 09/19/2012	TIME : 00:09:00	*****ELIGIBILITY***** MEMBER ID : [REDACTED] SSN : [REDACTED] LAST NAME : [REDACTED] DATE OF BIRTH: 05/31/2009 BEGIN DATE OF SERVICE: 09/01/2012 END DATE OF SERVICE: 09/30/2012
47889413	1	2	I	00 COMPLETE TRANSACTION , NO ERRORS
PROV : 0	ENR : [REDACTED] 1	DATE : 09/19/2012	TIME : 00:09:00	MEMBER ID : [REDACTED] SSN : [REDACTED] LAST NAME : [REDACTED] DATE OF BIRTH: 05/31/2009 BEGIN DATE OF SERVICE: 09/01/2012 END DATE OF SERVICE: 09/30/2012 VERIFICATION NUMBER : 201226382929 COPAY INDICATOR : *****BENEFITS***** BENEFIT PLAN: - MEDICAID FFS - A AID CATEGORY: EXCEPTION INDICATOR: PLAN FROM DATE: 09/01/2012 PLAN THRU DATE: 09/30/2012 BENEFIT PLAN PROVIDERID : BENEFIT PLAN PROVIDER PHONE :
47889392	R	2	I	00 COMPLETE TRANSACTION , NO ERRORS
PROV : 0	ENR : [REDACTED]	DATE : 09/19/2012	TIME : 00:09:00	*****ELIGIBILITY***** MEMBER ID : [REDACTED] 141 SSN : [REDACTED] LAST NAME : [REDACTED] DATE OF BIRTH: 05/31/2009

***** CONFIDENTIAL INFORMATION *****

Programs

- ARS Audit Report Creation (ARS-P-0001)
- Claims Status Inquiry (ARS-P-0002)
- Member Eligibility and Service Limit Inquiry (ARS-P-0003)
- Service Authorization Log (ARS-P-0004)
- Payment History (ARS-P-0005)

ARS Audit Report Creation (ARS-P-0001)

General Information

This is a batch program that is initiated nightly. The GenerateAuditPdfServlet.Java executes this program as scheduled. Within this program the job will read the WP_AUD_DETAILS (ARS Audit Table) and extract all the transaction information residing there.

The program will then take the transaction information and format it in the RS-O-700 report and then load the completed report into the ECM for retrieval and research purposes.

Process



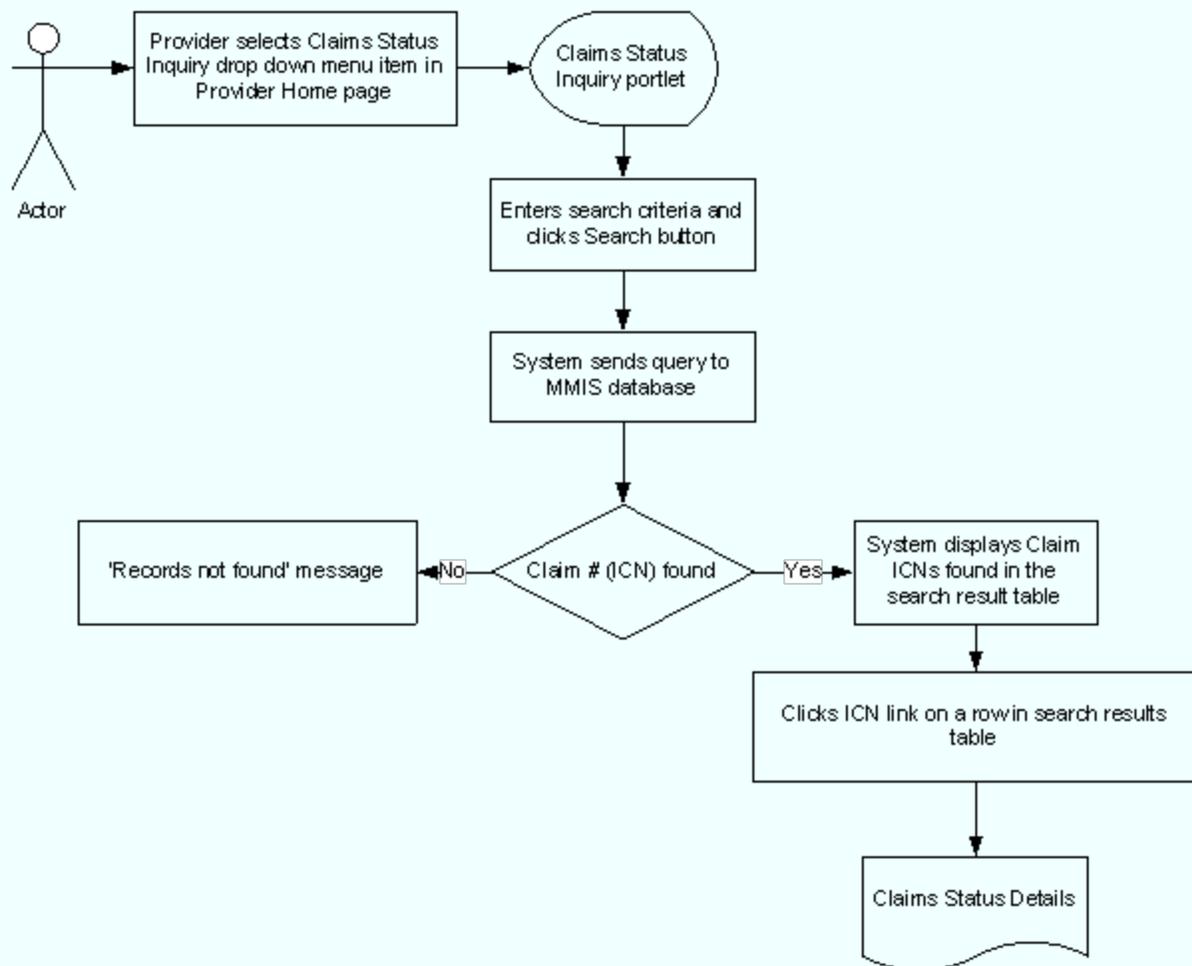
Claims Status Inquiry (ARS-P-0002)

General Information

This program will allow the user to go out and search for a specific claim. The user can search on a particular claim based on the information they enter in the search screen. Once the search criteria result is selected, the program will get information from the VA MMIS for a particular claim number and only fields contained in the VA MMIS will be displayed on the Claim Status Detail page. For additional information on online programs, please see section 5. Screens.

Note: Ordering, Referring and Prescribing providers who only participate in Program 11 will not have access to this functionality.

Process



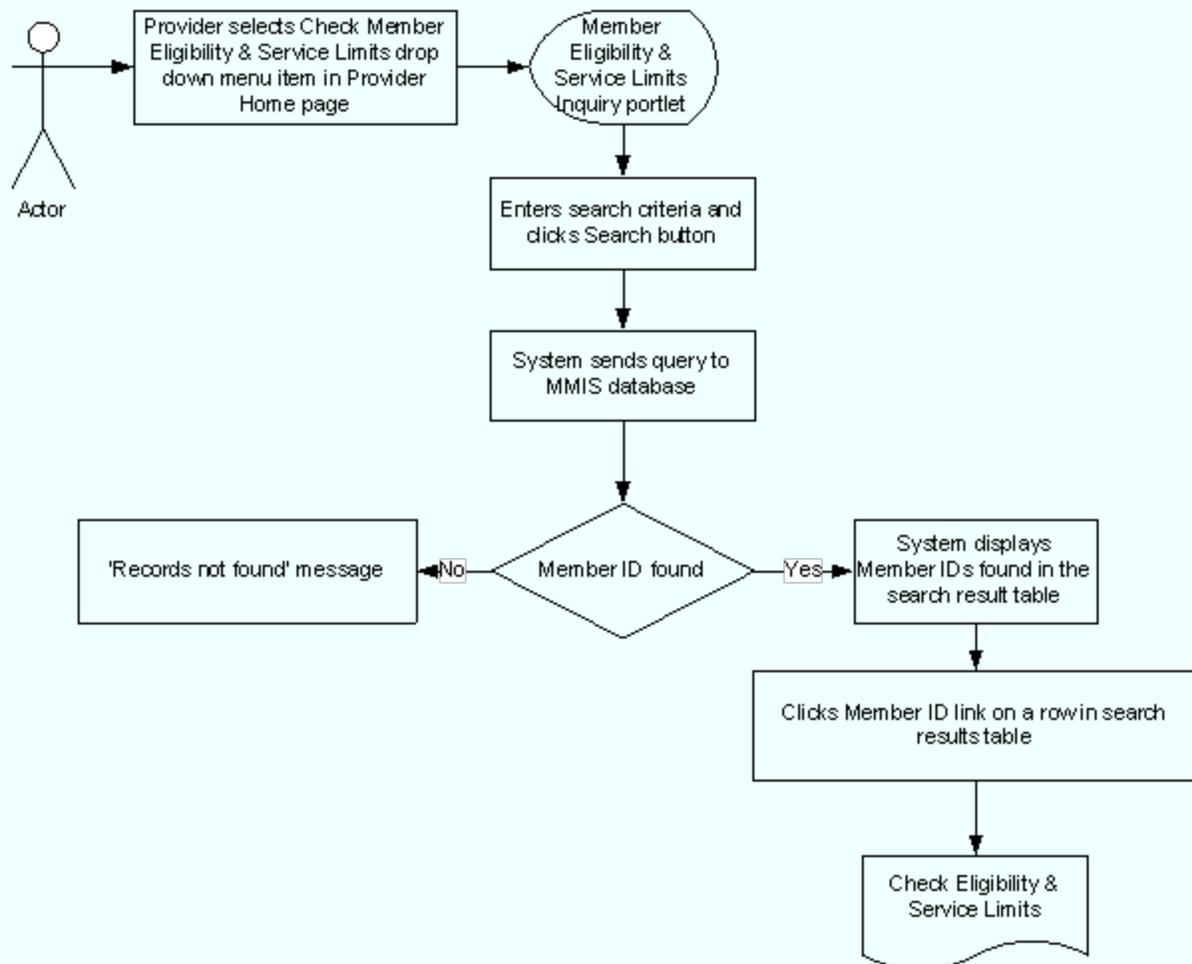
Member Eligibility and Service Limits Inquiry (ARS-P-0003)

General Information

This program is used to inquire about a specific member's eligibility. User enters search criteria and clicks on the search button. The program is also used to conduct a search for Member Service Limit Information. For additional information on online programs, please see section 5. Screens.

Note: Providers who are registered and then become inactive or only participate in Program 10 will not have access to this functionality.

Process

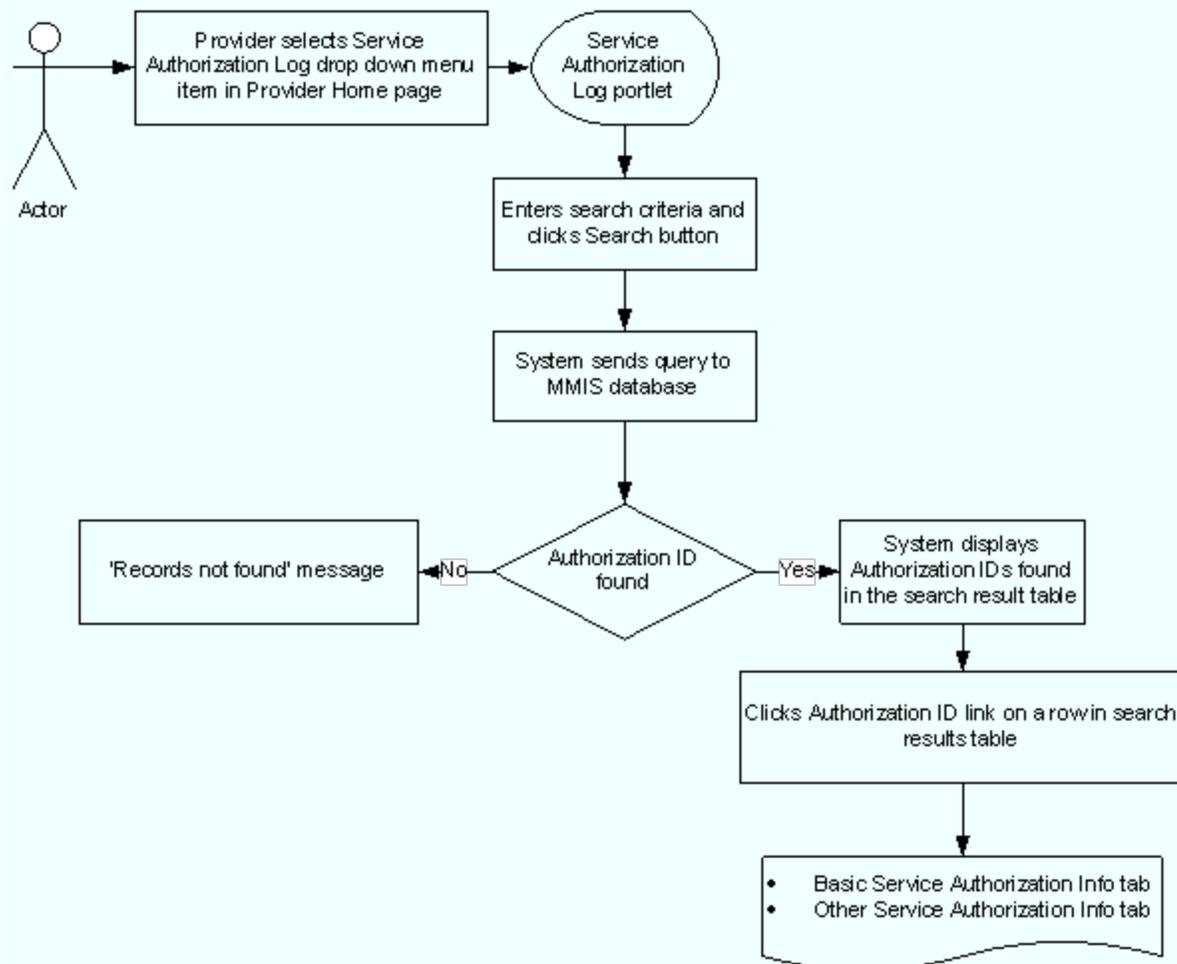


Service Authorization Log (ARS-P-0004)

General Information

This program allows the user to conduct a search for one or more previously submitted service authorizations. The portlet will only allow viewing of the Service Authorizations. For additional information on online programs, please see section 5. Screens.

Process



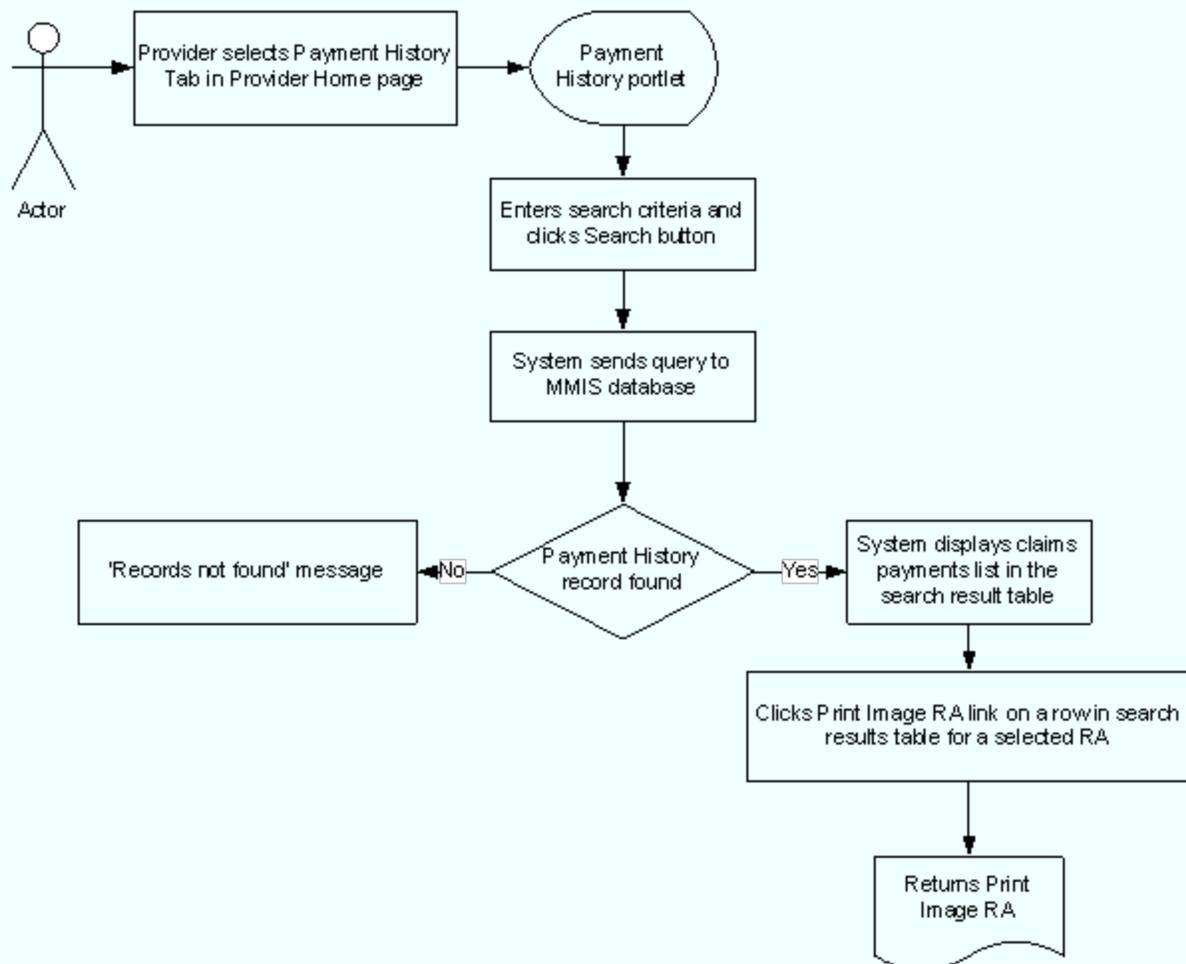
Payment History (ARS-P-0005)

General Information

This program will allow the provider to view of the history of their claims payments. For additional information on online programs, please see section 5. Screens.

Note: Ordering, Referring and Prescribing providers who only participate in Program 11 will not have access to this functionality.

Process



Screens

- Claims Status Inquiry – Request (ARS-S-0001)
- Claims Status Inquiry - Results (ARS-S-0002)
- Claims Status Inquiry – Header Detail (ARS-S-0003)
- Claims Status Inquiry – Line Summary (ARS-S-0004)
- Claims Status Inquiry – Line Detail (ARS-S-0005)
- Eligibility Inquiry - Request (ARS-S-0006)
- Eligibility Inquiry - Results (ARS-S-0007)
- Eligibility Inquiry – Detail (ARS-S-0008)
- Eligibility Inquiry – Service Limits – Request (ARS-S-0009)
- Eligibility Inquiry – Service Limits – Results (ARS-S-0010)
- Service Authorization – Request (ARS-S-0011)
- Service Authorization – Results (ARS-S-0012)
- Service Authorization – Detail (ARS-S-0013)
- Payment History – Request (ARS-S-0014)
- Payment History – Results (ARS-S-0015)
- Eligibility Inquiry - CoPay Amount (ARS-S-0016)

Claim Status Inquiry - Request (ARS-S-0001)

General Information

If a user wants to inquire on an adjudicated claim, this screen is the mechanism to start that process.

It allows the user to enter both required and optional information to retrieve the resulting claim(s).

The program will validate the search criterion: Member ID and the other key fields (ICN and/or Servicing Provider NPI) for the request. Member ID, if present must be a 12 digit numeric. Servicing Provider NPI, if present must be a 10 digit numeric. Either the ICN or a combination of Member ID and service dates must be present. Servicing NPI and/or claim status selection are optional.

Service dates must exist if the Member ID is used. Both dates should be within the last 2 years. The service thru date must be greater than or equal to the service from date. The service thru and service from dates can not be more than 1 month apart.

If the service from date is within the current month and the current date is on or after the 20th day of the month, the service thru date can be in to the next month, otherwise the service thru date can not be past the end of the current month.

After entering any desired selection criteria, the user selects 'Search' to obtain any records resulting from the search criteria.

Note: This functionality is available to all registered users associated with an active provider. If a provider had a registered organization established while active and then became inactive or Program 10 only, this tab would still be available to them in order to research claims back 24 months from the current date.

Ordering, Referring and Prescribing providers who only participate in Program 11 will not have access to this functionality. The navigation tab will not be displayed for these providers.

Screen Name	Claims Status Inquiry
Source/Originator	Automated Response System (ARS)
Usage	Entry of claim search criteria for search or reset data

Screen Sample – ARS-S-0001



Claim Status Inquiry

*** Required Fields**

To conduct a claim inquiry, please select a Billing Provider ID. Then, please enter either an ICN or Member ID and Claim Service Dates. To further refine your search, you may also select a service provider. Entering an ICN will return the exact matching claim. Entering the Member ID and date information will return a list of all the claims matching the search criteria.

Billing Provider ID

* Billing Provider ID

Servicing Provider ID

Claim Information

ICN

Claim Service Period Begin Date

Claim Service Period End Date

Claim Status

Member Information

Member ID

Search

Data Elements

Data Element Name (ID)	Instructions
Billing Provider ID (PDE-0007)	<p>This field is non-enterable and will display the provider NPI/API associated with the user's ID.</p> <p>For the superuser access only, this field is enterable.</p> <p>This field is automatically populated or required with superuser access.</p>
Servicing Provider ID (PDE-0216)	<p>If the user wants to limit the returned results by a combination of billing and servicing provider, this field can be entered.</p> <p>This field is enterable and optional.</p>
ICN (PDE-0044)	<p>If the specific ICN is known, the 16 digit number can be entered. Though not a required field, either it or a combination of the Member ID and service period dates are required.</p> <p>This field is enterable and situationally required.</p>

<p>Claim Service Period Begin Date (PDE-0136)</p>	<p>If the user doesn't enter the ICN, then the service dates, begin and end, are required along with the Member ID.</p> <p>The begin date can not be greater than the current date and must be within the last 24 months. It must also be in the format of MM/DD/CCYY.</p> <p>This field is enterable and situationally required.</p>
<p>Claim Service Period End Date (PDE-0137)</p>	<p>If the user doesn't enter the ICN, then the service dates, begin and end, are required along with the Member ID.</p> <p>The end date can not be greater than the current date, must be within 30 days of the begin date and must be within the last 24 months. It must also be in the format of MM/DD/CCYY.</p> <p>This field is enterable and situationally required.</p>
<p>Claim Status (PDE-0400)</p>	<p>If the user wants to limit the returned results by a specific claims status, while requesting results by Member ID and service dates, this field can be selected.</p> <p>This field is selectable and optional.</p>
<p>Member ID (PDE-0016)</p>	<p>If the user doesn't enter the ICN, then the Member ID and service dates, begin and end, are required.</p> <p>The members' 12 digit Medicaid ID needs to be entered.</p> <p>This field is enterable and situationally required.</p>

Navigation

Button/Link	Action	Link
Search	Takes all the information entered in the screen and processes it. If the necessary information is entered the user will be directed to the search results.	ARS-S-0002
Reset	Resets all the entered fields and stays on the same page	ARS-S-0001

Error Messages

Description	Resolution
Please enter valid NPI	This is applicable to superuser access only. Enter a valid 10 digit NPI/API for the billing provider.
(Servicing Provider ID) Please enter digits only	Enter a valid 10 digit numeric NPI/API for the serving provider.
Enter either ICN or Member ID	Enter a valid 16 digit numeric ICN for the claim desired or a valid 12 digit numeric Member ID and begin and ending service dates.
(ICN) Validation Error: Length is less than allowable minimum of '16'	Enter a valid 16 digit numeric ICN of the claim desired.
(ICN) Please enter digits only.	Enter a valid 16 digit numeric ICN for the claim desired.
Enter Member ID of 12 digits	Enter the member's valid 12 digit numeric Medicaid ID.
Enter Member ID and Service Dates	Enter the member's valid 12 digit numeric Medicaid ID, as well as valid begin and end service dates in the format MM/DD/CCYY.
Begin date should be earlier than the current date.	Enter a valid begin date, equal to or prior to the current date, in the format MM/DD/CCYY.
End date should not be beyond the current date.	Enter a valid end date, equal to or prior to the current date and equal to or greater than the begin date, in the format MM/DD/CCYY.
Dates must be within 1-month range.	Enter valid begin and end dates within 1 month of each other, in the format MM/DD/CCYY.
Dates must be within past 2-year period.	Enter valid begin and end dates no older than 2 years from the current date, in the format MM/DD/CCYY.
The beginning date of service may not be greater than the ending date of service.	The beginning date should be equal to or prior to the end date, in the format MM/DD/CCYY.
No claims found that meet the entered criteria.	There were no search results for the ICN or Member ID and service dates entered. Enter another ICN or Member ID and service dates.

Screen Access

This screen is accessed through the 'Claims Status Inquiry' option in the Claims drop down menu or through the Claims Main Page menu.

1. Select Claims Menu
2. Select Claims Status Inquiry
3. The Claims Status Inquiry request screen will appear.

Claim Status Inquiry - Results (ARS-S-0002)

General Information

Results that match the search criteria entered will be displayed in the 'Search Results' section.

Clicking on the individual search result record will direct the user to the Claims Status Inquiry – Header Detail page containing detailed information for the selected claim.

Screen Name	Claim Status Inquiry – Search Results
Source/Originator	Claims Status Inquiry - Request
Usage	Review results and select a specific claim for detail review

Screen Sample – ARS-S-0002



Claim Status Inquiry

* Required Fields

To conduct a claim inquiry, please select a Billing Provider ID. Then, please enter either an ICN or Member ID and Claim Service Dates. To further refine your search, you may also select a claim type or service provider. Entering an ICN will return the exact matching claim. Entering the Member ID and date information will return a list of all the claims matching the search criteria.

Billing Provider ID

* Billing Provider ID Servicing Provider ID

Claim Information

ICN Claim Service Period Begin Date Claim Service Period End Date Claim Status

Member Information

Member ID

Search

SEARCH RESULTS

Below is a list of claims that met your search criteria for the selected Provider ID. Click on a row to view details associated with that claim.

Billing Provider ID:

ICN	Service Period	Claim Status	Claim Charged Amount	Claim Payment Amount	Member Name	Member ID
<input type="text" value=""/>	01/29/2012 - 01/31/2012	Paid	\$621.69	\$621.69	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	01/15/2012 - 01/28/2012	Paid	\$3,027.36	\$3,027.36	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	01/01/2012 - 01/14/2012	Paid	\$1,297.44	\$1,297.44	<input type="text" value=""/>	<input type="text" value=""/>

Showing 1 - 3 of 3

Data Elements

Note: For more detailed information on each of the data elements noted in the table below, please see section 2 Data Elements.

Data Element Name (ID)	Instructions
Billing Provider ID (PDE-0007)	This field is non-enterable and will display the provider NPI/API associated with the user's ID or the NPI/API entered by the superuser.
ICN (PDE-0044)	This field is display only but is a link field that will select this claim for detail review. The specific 16 digit numeric ICN associated with the claim selection.
Claim Service Period Begin	This field is display only but is a link field that will select this claim for detail review. The beginning service date for the specific claim selection.

Date (PDE-0136)	This field is display only but is a link field that will select this claim for detail review.
Claim Service Period End Date (PDE-0137)	The ending service date for the specific claim selection. This field is display only but is a link field that will select this claim for detail review.
Claim Status (PDE-0400)	The current adjudication status for the specific claim selection. This field is display only but is a link field that will select this claim for detail review.
Claim Charged Amount (PDE-0097)	The total billed amount for the specific claim selection. This field is display only but is a link field that will select this claim for detail review.
Claim Payment Amount (PDE-0401)	The total amount paid or to be paid for the specific claim selection, if applicable for this claim. This field is display only but is a link field that will select this claim for detail review.
Member's Last Name (PDE-0013)	The last name of the member the claim is filed for. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only but is a link field that will select this claim for detail review.
Member's First Name (PDE-0014)	The first name of the member the claim is filed for. This is an alphanumeric field with a maximum of 14 characters (including spaces, special characters, etc.) This field is display only but is a link field that will select this claim for detail review.
Member ID (PDE-0016)	The members' 12 digit Medicaid ID. This field is display only but is a link field that will select this claim for detail review.

Screen Navigation

Button	Action	Link
Row selection	System transfers the user to the claims detail information associated with the selected claim.	ARS-S-0003
Search	Takes all the information entered in the screen and processes it. If the necessary information is entered the user will be directed to the search results.	ARS-S-0002

Reset	Resets all the entered fields and stays on the same page	ARS- S- 0001
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Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Claims Menu
2. Select Claims Status Inquiry
3. The Claims Status Inquiry - request screen will appear.
4. Complete required fields and select SEARCH button
5. Claims Status Inquiry – Search Results will appear.

Claim Status Inquiry – Header Detail (ARS-S-0003)

General Information

This screen is used for displaying claim header detail information regarding the selected claim.

Screen Name	Claims Status Inquiry – Header
Source/Originator	Claims Status Inquiry - Results
Usage	Review claim header data, select line data to view or return to Claims Status Inquiry or cancel out of the transaction

Screen Sample – ARS-S-0003



Claim Status Inquiry

*** Required Fields**

<p>Claim Header Data</p> <p>ICN: [REDACTED] Status Effective Date: 02/03/2012 Trans Type: Original Claim Status: Paid Service Period Begin: 01/15/2012 Service Period End: 01/28/2012 RA#: [REDACTED] Claim Type: HCFA-Practitioner Total Claim: \$3,027.36</p>	<table border="1"> <thead> <tr> <th>Main</th> <th>Line</th> </tr> </thead> <tbody> <tr> <td colspan="2"> <p>Member Data</p> <p>Member ID: [REDACTED] Name: [REDACTED] Date of Birth: [REDACTED] Gender: Female Age: [REDACTED]</p> </td> </tr> <tr> <td colspan="2"> <p>Provider Data</p> <p>Provider ID: [REDACTED] Name: [REDACTED]</p> </td> </tr> <tr> <td colspan="2"> <p>Payment Data</p> <p>Total Charge: \$3,027.36 Payment Method Code: Electric Funds Transfer - EFT Adjudication or Paid Date: 02/03/2012 Check Issue or EFT Effective Date: [REDACTED] To Be Paid Amount: \$3,027.36 EFT/Check #: [REDACTED] Paid Date: 02/10/2012 Patient Acct #: [REDACTED] Paid Amount: \$3,027.36 Medical Record #: [REDACTED]</p> </td> </tr> <tr> <td colspan="2"> <p>Payer Data</p> <p>Name: Medicaid</p> </td> </tr> <tr> <td colspan="2"> <p>Information Receiver Data</p> <p>Name or Submitting Org: [REDACTED] Portal ID: [REDACTED]</p> </td> </tr> </tbody> </table>	Main	Line	<p>Member Data</p> <p>Member ID: [REDACTED] Name: [REDACTED] Date of Birth: [REDACTED] Gender: Female Age: [REDACTED]</p>		<p>Provider Data</p> <p>Provider ID: [REDACTED] Name: [REDACTED]</p>		<p>Payment Data</p> <p>Total Charge: \$3,027.36 Payment Method Code: Electric Funds Transfer - EFT Adjudication or Paid Date: 02/03/2012 Check Issue or EFT Effective Date: [REDACTED] To Be Paid Amount: \$3,027.36 EFT/Check #: [REDACTED] Paid Date: 02/10/2012 Patient Acct #: [REDACTED] Paid Amount: \$3,027.36 Medical Record #: [REDACTED]</p>		<p>Payer Data</p> <p>Name: Medicaid</p>		<p>Information Receiver Data</p> <p>Name or Submitting Org: [REDACTED] Portal ID: [REDACTED]</p>	
Main	Line												
<p>Member Data</p> <p>Member ID: [REDACTED] Name: [REDACTED] Date of Birth: [REDACTED] Gender: Female Age: [REDACTED]</p>													
<p>Provider Data</p> <p>Provider ID: [REDACTED] Name: [REDACTED]</p>													
<p>Payment Data</p> <p>Total Charge: \$3,027.36 Payment Method Code: Electric Funds Transfer - EFT Adjudication or Paid Date: 02/03/2012 Check Issue or EFT Effective Date: [REDACTED] To Be Paid Amount: \$3,027.36 EFT/Check #: [REDACTED] Paid Date: 02/10/2012 Patient Acct #: [REDACTED] Paid Amount: \$3,027.36 Medical Record #: [REDACTED]</p>													
<p>Payer Data</p> <p>Name: Medicaid</p>													
<p>Information Receiver Data</p> <p>Name or Submitting Org: [REDACTED] Portal ID: [REDACTED]</p>													

Cancel

Data Elements

Data Element Name (ID)	Instructions
ICN (PDE-0044)	The unique 16 digit internal control number associated with the selected claim. This field is display only.
Status Effective Date (PDE-0402)	The date of the most recent adjudication or financial cycle associated with the current claim status. This field is display only.
Tran Type (PDE-0403)	The claim transaction type (i.e. original claim, voided claim, adjustment, etc). This field is display only.
Claim Status	The most recent status assigned to the claim resulting from the most current

(PDE-0400)	adjudication or financial cycle. This field is display only.
Service Period Begin (PDE-0136)	The beginning date of service covered by the selected claim. This field is display only.
Service Period End (PDE-0137)	The ending date of service covered by the selected claim. This field is display only.
RA # (PDE-0404)	If the claim has gone through a financial cycle, the remittance advice number associated with the selected claim will be displayed. If it exists, this field is display only.
Claim Type (PDE-0405)	The type of the selected claim (i.e. Practitioner, Professional, Institutional, etc) This field is display only.
Total Claim (PDE-0097)	The total amount of charges associated with the selected claim. This field is display only.
EOB Code (PDE-0417)	EOB code(s) associated with the selected claim. If this exists, this field is display only.
EOB Description (PDE-0418)	The EOB description associated with the EOB code from the previous field. If this exists, this field is display only.
Member ID (PDE-0016)	The 12 digit Medicaid ID number associated with the member the selected claim is for. This field is display only.
Member Last Name (PDE-0013)	The last name of the member the selected claim is associated with. This field is display only.
Member First Name (PDE-0012)	The first name of the member the selected claim is associated with. This field is display only.
Gender	The gender of the member the selected claim is associated with.

(PDE-0053)	This field is display only.
Date of Birth (PDE-0051)	The birthdate of the member the selected claim is associated with. This field is display only.
Age (PDE-0406)	The calculated field of the service begin date minus the member's birthdate. This field is display only.
Servicing Provider ID (PDE-0216)	The 10 digit numeric NPI/API associated with the provider rendering services for the selected claim. This field is display only.
Servicing Provider Org/Last Name (PDE-0011)	The organization name or last name of the provider rendering services for the selected claim. This field is display only.
Servicing Provider First Name (PDE-0012)	If the provider performing services on this claim is an individual, this will be the provider's first name. This field is display only.
Total Charge (PDE-0097)	The total amount of charges associated with the selected claim. This field is display only.
Payment Method Code (PDE-0407)	If the selected claim has been paid, the method of payment will be noted (i.e. EFT, check, etc) This field is display only.
Adjudication or Paid Date (PDE-0408)	The date of the most recent adjudication or financial cycle. This field is display only.
Check Issue or EFT Effective Date (PDE-0409)	The date of the financial cycle if the claim has been paid. If this exists, this field is display only.
To Be Paid Amount (PDE-0410)	The amount to be paid or was paid for the selected claim. If this exists, this field is display only.
EFT/Check #	If the selected claim was paid, this is the transfer or check number.

(PDE-0411)	If this exists, this field is display only.
Paid Date (PDE-0412)	If the selected claim was paid, this is the date of the financial cycle that processed the payment. If this exists, this field is display only.
Patient Acct # (PDE-0017)	If the billing provider submitted the account number they associated with this member, it will be displayed here. If this exists, this field is display only.
Paid Amount (PDE-0413)	If the selected claim was paid, this is the amount of that payment. If this exists, this field is display only.
Medical Record # (PDE-0135)	If the billing provider submitted the medical record number they associated with this member, it will be displayed here. If this exists, this field is display only.
Payer Medicaid (PDE-0167)	Default of 'Medicaid'. This field is display only.
Billing Provider Org/Last Name (PDE-0217)	The organization name or last name of the provider submitting the selected claim for payment. This field is display only.
Billing Provider First Name (PDE-0218)	If the billing provider is an individual, this will be the first name of the provider submitting the selected claim for payment. This field is display only.
Portal ID (PDE-0006)	This is the user id associated with the person submitting the claim, if submitted via DDE otherwise it will default to 'claimuser1'. This field is display only.

Screen Navigation

Button	Action	Link
Line Tab	Click on 'Line' tab to display the Line Summary detail associated with the selected claim	ARS-S-0004
Cancel	Returns the user to the previous screen for additional selection options.	ARS-S-0002

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Claims Menu
2. Select Claims Status Inquiry
3. The Claims Status Inquiry - request screen will appear.
4. Complete required fields and select SEARCH button
5. Claims Status Inquiry – Search Results will appear.
6. Select claim from the results to see detail associated with that claim.
7. Claims Status Inquiry – Header detail will display for the selected claim.

Claim Status Inquiry – Line Summary (ARS-S-0004)

General Information

This screen summarizes the line detail by each line. Each line number can be clicked/accessed for further detail on the selected line.

Screen Name	Claim Status Inquiry – Line Summary
Source/Originator	Claim Status Inquiry – Header detail
Usage	Review of line summary detail, selection of claim line for viewing further detail or return back to the Claims Status Inquiry - Results to select a different claim.

Screen Sample – ARS-S-0004



Claim Status Inquiry

*** Required Fields**

Claim Header Data

ICN: [REDACTED]
 Status Effective Date: 02/03/2012
 Trans Type: Original Claim
 Status: **Paid**
 Service Period Begin: 01/15/2012
 Service Period End: 01/28/2012
 RA#: [REDACTED]
 Claim Type: HCFA-Practitioner
 Total Claim: \$3,027.36

Main | Line

Li	Status	Service Line Date	Proc Code	Modifiers	Total Charge
1	Paid	01/15/2012-01/28/2012	S9124		\$3,027.36

Showing 1 - 1 of 1

EOB(s) Data

EOB(s) Applied

EOB Description(s)

[Cancel](#)

Data Elements

Data Element Name (ID)	Instructions
Claim Line Number (PDE-0414)	This displays the line number associated with the claim line. It is also a link to additional claim line detail. This is a display field with the option for selection to link to the claim line detail.
Claim Line Status (PDE-0415)	The most recent status assigned to the claim line resulting from the most current adjudication or financial cycle. This field is display only.
Claim Service Line Begin Date (PDE-0030)	The beginning date of service covered by the claim line. This field is display only.
Claim Service Line End Date	The ending date of service covered by the claim line.

(PDE-0031)	This field is display only.
Procedure Code	This is the procedure code associated with the claim line.
(PDE-0026)	If this exists, this field is display only.
Modifier	If a modifier was entered with the previous procedure code associated with the claim line, it will be reflected here.
(PDE-0027)	If it exists, this field is display only.
Total Line Charge	This is the total charges submitted for this claim line.
(PDE-0089)	This is display only.

Screen Navigation

Button	Action	Link
Line Link	Click on 'Line' link to display the Line Detail associated with the selected claim line	ARS-S-0005
Cancel	Returns the user to the previous screen for additional selection options.	ARS-S-0002

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Claims Menu
2. Select Claims Status Inquiry
3. The Claims Status Inquiry - request screen will appear.
4. Complete required fields and select SEARCH button
5. Claims Status Inquiry – Search Results will appear.
6. Select claim from the results to see detail associated with that claim.
7. Claims Status Inquiry – Header detail will display for the selected claim.
8. Clicking on the 'Line' tab will display the claim line summary associated with the selected claim.

Claim Status Inquiry – Line Detail (ARS-S-0005)

General Information

This screen is used display claim line detail for the selected claim and selected claim line.

Screen Name	Claim Status Inquiry – Line Detail
Source/Originator	Claim Status Inquiry – Line Summary
Usage	Review of selected line detail or return back to the Claims Status Inquiry - Results to select a different claim.

Screen Sample – ARS-S-0005



Claim Status Inquiry

*** Required Fields**

Claim Header Data

ICN: [REDACTED]
 Status Effective Date: 02/03/2012
 Trans Type: Original Claim
 Status: **Paid**
 Service Period Begin: 01/15/2012
 Service Period End: 01/28/2012
 RA#: [REDACTED]
 Claim Type: HCFA-Practitioner
 Total Claim: \$3,027.36

EOB(s) Data

EOB(s) Applied

EOB Description(s)

Main

Line

Li	Status	Service Line Date	Proc Code	Modifiers	Total Charge
1	Paid	01/15/2012-01/28/2012	S9124		\$3,027.36

Showing 1 - 1 of 1

View Line Item Detail

Line: 1
 Status Effective Date: 02/03/2012
 Status: Paid
 Service Line Begin Date: 01/15/2012
 Service Line End Date: 01/28/2012
 Procedure Code: S9124
 Modifiers:

Total Charge: \$3,027.36
 Non-Covered Charges: \$0.00
 Paid Amount: \$3,027.36
 Revenue Code:
 Submitted Units: 112
 Paid Units: 112

Data Elements

Data Element Name (ID)	Instructions
Claim Line Number (PDE-0414)	This displays the line number associated with the claim line. This is a display field only.
Total Line Charge (PDE-0089)	This is the total charges submitted for this claim line. This is display only.
Status Effective Date (PDE-0402)	The date of the most recent adjudication or financial cycle associated with the current claim line status. This field is display only.
Non-Covered Charges (PDE-0166)	This is the amount of any charges that were entered on the claim line and not allowed by Medicaid. This field is display only.

Claim Line Status (PDE-0415)	The most recent status assigned to the claim line resulting from the most current adjudication or financial cycle. This field is display only.
Paid Amount (PDE-0413)	If the selected claim line was paid, this is the amount of that payment. If this exists, this field is display only.
Claim Service Line Begin Date (PDE-0030)	The beginning date of service covered by the claim line. This field is display only.
Revenue Code (PDE-0162)	This is the revenue code associated with the claim line. If this exists, this field is display only.
Claim Service Line End Date (PDE-0031)	The ending date of service covered by the claim line. This field is display only.
Submitted Units (PDE-0090)	This is the number of units, services, etc. submitted in association with the selected claim line. This field is display only.
Procedure Code (PDE-0026)	This is the procedure code associated with the selected claim line. If this exists, this field is display only.
Paid Units (PDE-0416)	If the claim has been paid, this is the number of units, services, etc. on the claim line that were paid for. If this exists, this field is display only.
Modifiers (PDE-0027)	If a modifier was entered with the previous procedure code associated with the claim line, it will be reflected here. If it exists, this field is display only.

Screen Navigation

Button	Action	Link
Cancel	Returns the user to the previous screen for additional selection options.	ARS-S-0002

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Claims Menu
2. Select Claims Status Inquiry
3. The Claims Status Inquiry - request screen will appear.
4. Complete required fields and select SEARCH button
5. Claims Status Inquiry – Search Results will appear.
6. Select claim from the results to see detail associated with that claim.
7. Claims Status Inquiry – Header detail will display for the selected claim.
8. Clicking on the 'Line' tab will display the claim line summary associated with the selected claim.
9. Clicking on the line number link from the claim line summary will display the detail associated with the selected claim line.

Eligibility Inquiry - Request (ARS-S-0006)

General Information

This screen will only be accessible to active providers that are not program 10. It allows a user to enter criteria on a member, such as their Medicaid ID or a combination of their name, SSN or birth-date, along with specific dates of service in order to determine if a member is Medicaid eligible for those requested dates of service.

This screen allows for the entry of up to 10 member requests per screen. The requests can be for the same member and different service date increments or completely different members.

The program will validate the Member ID and the other key fields (SSN, date of birth and/or name) for each request line. Member ID, if present must be a 12 digit numeric. If the Member ID is not found, the program validates any of the other key fields present - SSN is 9 digit numeric, that the date of birth is a valid date, and last and first name both exist, if either one is present. At least 2 of these three fields should be present to invoke the search program.

Service dates must exist regardless of the member identification method. Both dates should be within the last year. The service thru date must be greater than or equal to the service from date. The service thru and service from dates can not be more than 1 month apart.

If the service from date is within the current month and the current date is on or after the 20th day of the month, the service thru date can be into the the next month, otherwise the service thru date can not be past the end of the current month.

Note: This functionality is available to all registered users associated with an active provider. If a provider had a registered organization established while active and then became inactive or Program 10 only, this tab would no longer be available.

Screen Name	Eligibility Inquiry Request
Source/Originator	Automated Response System (ARS)
Usage	Entry of selection options for member eligibility, search for eligibility based on the criteria entered or reset all enterable fields to blank for re-entry

Screen Sample – ARS-S-0006



Eligibility Inquiry

* Required field

Eligibility Inquiry

To inquire about a specific member's eligibility, please enter the service dates (required), along with a member's ID, or a combination of the member's SSN and DOB, DOB and Name or SSN and Name. To inquire on the eligibility for up to 10 different members at once, enter the selection criteria for each, and then click 'Search'.

*NPI

*Member Information

Member ID	Service From Date	Service To Date	Member SSN	Member Date of Birth	Member Last Name	Member First Name
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						

Search

Search Results

Please click on a row to view that member's eligibility detail.

Member ID	Service From Date	Service To Date	Last Name	First Name	Gender	Date of Birth	TP
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Data Elements

Data Element Name (ID)	Instructions
Billing Provider ID (PDE-0007)	<p>This field is non-enterable and will display the provider NPI/API associated with the user's ID.</p> <p>For superuser access only, this field is enterable.</p>
Member ID	<p>This field is automatically populated and required with superuser access.</p> <p>Member ID is one of the required search options. If the user chooses this criterion, the members' 12 digit Medicaid ID needs to be entered.</p>

(PDE-0016)	This field is enterable and situationally required.
Service Period Begin Date (PDE-0136)	The begin date can not be greater than the current date and must be within the last 12 months. It must also be in the format of MM/DD/CCYY. If no date is enter, the default is the current date. This field is enterable and required.
Service Period End Date (PDE-0137)	The end date can not be greater than the current date, must be within 30 days of the begin date and must be within the last 12 months. It must also be in the format of MM/DD/CCYY. If no date is enter, the default is the current date. This field is enterable and required.
Member SSN (PDE-0419)	If the member's Medicaid ID isn't used as the selection criteria, then the member's SSN (along with the member's date of birth or member's name) can be used. Enter the member's 9 digit numeric social security number. This field is enterable and situationally required.
Member Date of Birth (PDE-0051)	If the member's Medicaid ID isn't used as the selection criteria, then the member's date of birth (along with the member's SSN or member's name) can be used. Enter the member's date of birth in the MM/DD/CCYY format. This field is enterable and situationally required.
Member's Last Name (PDE-0013)	If the member's Medicaid ID isn't used as the selection criteria, then the member's name (last and first - along with the member's SSN or date of birth) can be used. Enter the member's last name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) If the first name is entered, then the last name is required. This field is enterable and situationally required.
Member's First Name (PDE-0012)	If the member's Medicaid ID isn't used as the selection criteria, then the member's name (last and first - along with the member's SSN or date of birth) can be used. Enter the member's first name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) If the last name is entered, then the first name is required.

	This field is enterable and situationally required.
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Screen Navigation

Button	Action	Link
Search	Processes the entered criteria and if successful displays the results of the search.	ARS-S-0007
Reset	Clears all enterable fields and allows the user to re-enter the search criteria.	ARS-S-0006

Error Messages

Description	Resolution
Please enter valid NPI.	This is applicable to superuser access only. Enter a valid 10 digit NPI or API for the billing provider.
Please enter valid data	Enter valid service begin and end dates along with the Member ID or a combination of the member's SSN and DOB, DOB and Name (last and first) or SSN and Name (last and first).
Invalid input at lines (line number(s)): Please enter valid dates.	Enter valid service begin and end dates in the format MM/DD/CCYY. The dates must be equal to or older than the current date, unless the date is within the current month and the current date is greater than the 20th of the month. Dates can not be older than 12 months. Duration between the begin and the end service dates can't be more than one month.
Invalid input at lines (line number(s)): Invalid Member ID. Please enter numeric value.	Enter 12 digit numeric Medicaid member ID.
Invalid input at lines (line number(s)): Invalid Member ID: (entry). Length of member ID is less than 12 digits.	Enter 12 digit numeric Medicaid member ID.
Invalid input at lines (line number(s)): Please enter Member ID, Service Dates or Service Dates and any two of the following: SSN, Date of Birth and Full Name.	Enter valid service begin and end dates along with the Member ID or a combination of the member's SSN and DOB, DOB and Name (last and first) or SSN and Name (last and first).
Invalid input at lines (line number(s)): Please enter both first name and last name	If using the member's name as part of the search criterion, both first and last must be entered.

Invalid input at lines (line number(s)): Please enter valid birth date.	If using the member's date of birth as part of the search criterion, enter in the format MM/DD/CCYY.
Invalid input at lines (line number(s)): Please enter valid SSN.	If using the member's SSN as part of the search criterion, enter valid 9 digit numeric social security number.
No eligible records found for the search criteria in line no (s): (line number(s))	Member criterion requested found no eligibility information for that member and service dates. Enter different search criterion or service dates, if necessary.
Invalid input at lines (line number(s)): Please enter only Member ID OR Member secondary information.	Enter valid service begin and end dates along with the Member ID or a combination of the member's SSN and DOB, DOB and Name (last and first) or SSN and Name (last and first). Member ID can not be entered along with SSN, birth date or name.
Invalid input at lines (line number(s)): From date and to date should be of the same month	Enter valid dates within the same month span (i.e. 12/10/2012 – 12/31/2012). Note: this error message will only be received on dates older than the current month or if in the current month, if the current date is less than the 20th of the month.

Screen Access

1. Select Member Menu
2. Select Eligibility Inquiry
3. The EligibilityInquiry - request screen will appear.

Eligibility Inquiry - Results (ARS-S-0007)

General Information

This screen displays any search results that may have been found in the search for member eligibility, utilizing the information from the Eligibility Inquiry – Request screen (ARS-S-0006). These results reflect some high level information and allow for the linking to more detailed information on the member from screen – Eligibility Inquiry – Detail (ARS-S-0007).

Screen Name	Eligibility Inquiry Results
Source/Originator	Eligibility Inquiry – Request (ARS-S-0006)
Usage	Display any high level results that were found based on the search criteria. User can review results summary and use the result line to link to more detailed eligibility results.

Screen Sample – ARS-S-0007



Eligibility Inquiry

* Required field

Eligibility Inquiry

To inquire about a specific member's eligibility, please enter the service dates (required), along with a member's ID, or a combination of the member's SSN and DOB, DOB and Name or SSN and Name and click 'Search'. To inquire on the eligibility for up to 10 different members at once, enter the selection criteria for each, and then click 'Search'.

*NPI

*Member Information

Member ID	Service From Date	Service To Date	Member SSN	Member Date of Birth	Member Last Name	Member First Name
<input type="text"/>	<input type="text" value="04/01/2012"/>	<input type="text" value="04/30/2012"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="01/01/2012"/>	<input type="text" value="01/31/2012"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Search

Search Results

Please click on a row to view that member's eligibility detail.

Member ID	Service From Date	Service To Date	Last Name	First Name	Gender	Date of Birth	TP
<input type="text"/>	04/01/2012	04/30/2012	<input type="text"/>	<input type="text"/>	Female	08/06/1946	Yes
<input type="text"/>	01/01/2012	01/31/2012	<input type="text"/>	<input type="text"/>	Female	11/14/2003	No

Showing 1 - 2 of 2

Data Elements

Note: This is a display only screen.

Data Element Name (ID)	Instructions
Member ID (PDE-0016)	This is the member's 12 digit numeric Medicaid ID. This field is display only but is a link field that will select this member for detail review.
Service Period Begin Date (PDE-0136)	The begin date of service requested for the eligibility results found. This field is display only but is a link field that will select this claim for detail review.

Service Period End Date (PDE-0137)	The end date of service requested for the eligibility results found. This field is display only but is a link field that will select this claim for detail review.
Member's Last Name (PDE-0013)	The member's last name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only but is a link field that will select this claim for detail review.
Member's First Name (PDE-0012)	The member's first name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only but is a link field that will select this claim for detail review.
Member's Gender (PDE-0053)	The member's gender – female, male or unknown. This field is display only but is a link field that will select this claim for detail review.
Member Date of Birth (PDE-0051)	The member's date of birth in the MM/DD/CCYY format. This field is display only but is a link field that will select this claim for detail review.
TPL Indicator (PDE-0420)	This will display an indication of rather the member has TPL information for the service dates requested – yes or no. This field is display only but is a link field that will select this claim for detail review.

Screen Navigation

Button	Action	Link
Link	Takes the user to additional detail for the member whose results are displayed on the link line, for the dates of service requested.	ARS-S-0008
Search	Processes any additional search criteria entered and if successful displays the results of the search.	ARS-S-0007
Reset	Clears all enterable fields and allows the user to re-enter the search criteria.	ARS-S-0006

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Member Menu
2. Select Eligibility Inquiry
3. The EligibilityInquiry - request screen will appear.
4. Enter valid member information & service dates, enter SEARCH
5. Results found for the search criteria entered will display.

Eligibility Inquiry - Detail (ARS-S-0008)

General Information

This screen displays more detailed information on the member from screen – Eligibility Inquiry – Detail (ARS-S-0007). After reviewing the high level summary results from that screen the user can select one of the member results to review further detail about benefit plans, third party insurance, etc.

The user can also request to be taken to the Eligibility Inquiry – Service Limits – Request (ARS-S-0009) or routed back to the Eligibility Inquiry – Results (ARS-S-0007) to make another member selection.

Screen Name	Eligibility Inquiry Detail
Source/Originator	Eligibility Inquiry – Results (ARS-S-0007)
Usage	Review member's detail data, including benefit plans, third party insurance, patient pay information or lets the user route to another screen to request service limit information (ARS-S-0009).

Screen Sample – ARS-S-0008



- [Home](#)
- [Claims](#)
- [Member](#)
- [Service Authorization](#)
- [Payment History](#)
- [EHR Incentive Program](#)
- [Provider Enrollment](#)
- [Provider Enrollment](#)
- [RA Messages](#)

Eligibility Inquiry - □

Service Date From: 12/01/2012 Service Date To: 12/31/2012 Confirmation Number: 201301401187

Member Information

Name: [REDACTED] Date of Birth: [REDACTED] Member ID: [REDACTED] Member SSN:

Benefit Plan

Plan Description - CoPay Indicator	Plan From	Plan To	Provider ID	Provider Name	Provider Phone
PLAN FIRST - C	12/01/2012	12/31/2012			

Showing 1 - 1 of 1

TPL Spans

Carrier Code	Carrier Name	Coverage Type	CoPay Amount	Policy Number	Policy Begin Date	Policy End Date
No TPL spans						

Patient Pay Information

Begin Date	End Date	Patient Pay	Status
No patient pay info			

[CoPay Amounts](#) [Service Limits](#) [Choose a Different Member](#)

Data Elements

Note: This is a display only screen.

Data Element Name (ID)	Instructions
Service Period Begin Date (PDE-0136)	The begin date of service requested for the eligibility results found. This field is display only.
Service Period End Date (PDE-0137)	The end date of service requested for the eligibility results found. This field is display only.
Confirmation Number (PDE-0421)	The unique verification number that can be used for research purposes, if needed, to reflect the eligibility information displayed for the user. This field is display only.
Member's	The member's first name. This is an alphanumeric field with a maximum of 22 char-

First Name (PDE-0012)	acters (including spaces, special characters, etc.) This field is display only.
Member's Last Name (PDE-0013)	The member's last name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only.
Member Date of Birth (PDE-0051)	The member's date of birth in the MM/DD/CCYY format. This field is display only.
Member ID (PDE-0016)	The member's 12 digit numeric Medicaid ID. This field is display only.
Member SSN (PDE-0419)	The member's 9 digit numeric social security number. This will only display if the user entered the social security number as part of the search criteria when looking for the member's eligibility. This field is display only.
Benefit Plan Description (PDE-0422)	Any benefit plan valid for that member for the requested dates of service will be reflected here. This field is display only.
Benefit Plan CoPay Ind (PDE-0423)	The special indicator associated with the member for the requested dates of service. See section 2 – Data Elements for the detail on how the special indicator is determined. This field is display only.
Benefit Plan From Date (PDE-0424)	The effective begin date of the benefit plan. This will be the requested service from date unless the benefit started after the requested service from date but before the requested end date. This field is display only.
Benefit Plan To Date (PDE-0425)	The effective end date of the benefit plan. This will be the requested service to date unless the benefit started before or on the requested service from date but ended before the requested end date. This field is display only.

Provider ID (PDE-0007)	<p>If the benefit plan is associated with a specific provider (i.e. an MCO), the associated provider's NPI/API will be displayed, otherwise it'll be blank.</p> <p>This field is display only.</p>
Provider Org/Last Name (PDE-0217)	<p>If the benefit plan is associated with a specific provider (i.e. an MCO), the associated provider's organization or last name will be displayed, otherwise it'll be blank.</p> <p>This field is display only.</p>
Provider First Name (PDE-0012)	<p>If the benefit plan is associated with a specific provider (i.e. an MCO) and the provider is an individual, the associated provider's first name will be concatenated with the provider last name and displayed.</p> <p>This field is display only.</p>
Provider Phone (PDE-0115)	<p>If the benefit plan is associated with a specific provider (i.e. an MCO), the associated provider's phone number will be displayed, otherwise it'll be blank.</p> <p>This field is display only.</p>
TPL Carrier Code (PDE-0019)	<p>If there is any associated third party insurance, the carrier's code will be displayed, otherwise it'll be blank.</p> <p>This field is display only.</p>
TPL Carrier Name (PDE-0426)	<p>If there is any associated third party insurance, the carrier's name will be displayed, otherwise it'll be blank.</p> <p>This field is display only.</p>
TPL Coverage Type (PDE-0427)	<p>If there is any associated third party insurance, the type of coverage will be displayed, otherwise it'll be blank.</p> <p>This field is display only.</p>
TPL CoPay Amount (PDE-0428)	<p>If there is any associated third party insurance in which a payment has been made, the copay amount will be displayed, otherwise it'll be zeros.</p> <p>This field is display only.</p>
TPL Policy Number (PDE-0120)	<p>If there is any associated third party insurance, the policy number will be displayed, otherwise it'll be blank.</p> <p>This field is display only.</p>

TPL Policy Begin Date (PDE-0429)	If there is any associated third party insurance, the effective start date of the policy will be displayed, otherwise it'll be blank. This field is display only.
TPL Policy End Date (PDE-0430)	If there is any associated third party insurance, the effective end date of the policy will be displayed, otherwise it'll be blank. This field is display only.
Patient Pay Begin Date (PDE-0431)	If the member is liable for any payment, the effective begin date for any liability time-frame will be displayed, otherwise it'll be blank. This field is display only.
Patient Pay End Date (PDE-0432)	If the member is liable for any payment, the effective end date for any liability time-frame will be displayed, otherwise it'll be blank. This field is display only.
Patient Pay (PDE-0038)	If the member is liable for any payment, the amount paid toward any liability will be displayed, otherwise it'll be blank. This field is display only.
Patient Pay Status (PDE-0433)	If the member is liable for any payment, the status for any liability will be displayed, otherwise it'll be blank. This field is display only.

Screen Navigation

Button	Action	Link
CoPay Amounts	Takes the user to the Member Eligibility – CoPay Amounts page to review any copay amounts for which the member might be responsible	ARS-S-0016
Service Limits	Takes the user to the Service Limits – Request page to enter search criteria for requesting a member's service limit status	ARS-S-0009
Choose a Different Member	Routes the user back to the Member Eligibility – Results page to choose another member's eligibility results.	ARS-S-0007

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Member Menu
2. Select Eligibility Inquiry
3. The EligibilityInquiry - Request screen will appear.
4. Enter valid member information & service dates, enter SEARCH
5. Results found for the search criteria entered will display.
6. Select member result in order to see additional detail.
7. The Eligibility Inquiry – Detail screen will display more member eligibility specifics.

Eligibility Inquiry – Service Limits - Request (ARS-S-0009)

General Information

This screen lets the user enter search criteria for accessing the member's service limits. The service limits can be searched utilizing a service type category or a procedure code (and optional modifier).

Depending on the user's associated provider type, the selections within the service type drop down may be different. Some provider types (see 5.9.1.2 for list) will see substance abuse and behavioral health options in addition to the base service type categories, where others will not.

The user can search on that criteria and will be taken to Eligibility Inquiry – Service Limits – Results (ARS-S-0010). They can also reset the screen which will blank out all entered data or routed back to the Eligibility Inquiry – Results (ARS-S-0007) to make another member selection.

Note: This functionality is available to all registered users associated with an active provider. If a provider had a registered organization established while active and then became inactive or Program 10 only, this functionality, as accessed via Member Eligibility, will no longer be available.

Screen Name	Eligibility Inquiry – Service Limits - Request
Source/Originator	Eligibility Inquiry – Detail (ARS-S-0008)
Usage	Lets the user enter service limit search criteria and request results based on that entry, taking the user to Eligibility Inquiry – Service Limits – Results (ARS-S-0010).

Screen Sample – ARS-S-0009



Eligibility Inquiry

Service Limits

To inquire about a specific member's service limits, select any optional criteria desired - procedure codes, modifiers and click 'Search'.

Service Type Code	Procedure Code	Procedure Modifier
<input type="text" value="Select a category code"/>	<input type="text"/>	<input type="text"/>

Search Results

Service Date From: 12/01/2012 Service Date To: 12/31/2012 Confirmation Number: 201301401188

Member Information

Name: Date of Birth: Member ID: Member SSN:

Service Limits

Service Type Code	Procedure Code	Procedure Modifier	Procedure/Equipment Description	Quantity Remaining	Begin Date	End Date

Provider Types

The following is a list of provider types will receive a message directing them to the Behavioral Health contractor (Magellan) as of 11/30/2013.

Provider Type Code	Provider Type Description
002	State Mental Hospital (Aged)
003	Private Mental Hospital (inpatient psych)
006	Skilled Nursing Home Mental Health
007	State Mental Hospital (less than age 21)
008	State Mental Hospital (Med-Surge)
009	Medical Surgery - Mentally Retarded
010	Skilled Nursing Home Non Mental Health
011	Skilled Nursing Facility - Mentally Retarded
012	Long Stay Inpatient Hospital - Mental Health
013	Med-Surge Mental Health Retardation
014	Rehab Hospital
016	Intermediate Care Facility - Mental Health
017	ICF - Mentally Retarded - State Owned

018	ICF - Mentally Retarded - Community Owned
021	Licensed Professional Counselor
024	Licensed Psychologist
025	Clinical Psychologist
034	Clinical Nurse Specialist - Psychiatric only
056	Mental Health Mental Retardation
057	Rehab Agencies
071	Substance Abuse Clinic (FAMIS)
075	Mental Retardation Waiver Services
076	Licensed Clinical Social Worker
077	Psych Residential Inpatient Facility
081	Registered Driver
101	School Psychologist
102	Marriage and Family Therapist
103	Substance Abuse Practitioner

Procedure Types

The following is a list of procedure types that will receive a message directing them to the Behavioral Health contractor (Magellan) as of 11/30/2014: 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90853, H0006, H0015, H0018, H0020, H0023, H0031, H0032, H0036, H0047, H0050, H2016, H2019, AI, A8

Data Elements

Note: This is a display only screen.

Data Element Name (ID)	Instructions
Service Type Code (PDE-0434)	Either the service type category/code or procedure code are required. Select a valid category code from the drop down list. This field is a drop down and situationally required.
Procedure Code (PDE-0026)	Either the service type category/code or procedure code is required. If no category code selection was made, enter a valid procedure code. This field is enterable and situationally required.
Procedure Modifier (PDE-0027)	If a modifier is necessary to further reduce the results, enter a valid modifier associated to the previously entered procedure code.

	This field is enterable and optional.
Service Period Begin Date (PDE-0136)	The begin date of service requested for the eligibility results found. This field is display only.
Service Period End Date (PDE-0137)	The end date of service requested for the eligibility results found. This field is display only.
Confirmation Number (PDE-0421)	The unique verification number that can be used for research purposes, if needed, to reflect the eligibility information & service limit information displayed for the user. This field is display only.
Member's First Name (PDE-0012)	The member's first name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only.
Member's Last Name (PDE-0013)	The member's last name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only.
Member Date of Birth (PDE-0051)	The member's date of birth in the MM/DD/CCYY format. This field is display only.
Member ID (PDE-0016)	The member's 12 digit numeric Medicaid ID. This field is display only.
Member SSN (PDE-0419)	The member's 9 digit numeric social security number. This will only display if the user entered the social security number as part of the search criteria when looking for the member's eligibility. This field is display only.

Screen Navigation

Button	Action	Link
Search	Processes any service limit search criteria entered and if successful displays the results of the search.	ARS-S-0010

Reset	Clears all enterable fields and allows the user to re-enter the service limit search criteria.	ARS-S-0009
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Error Messages

Description	Resolution
You should enter either Service Category Code or Procedure Code.	One selection criteria must be entered to conduct a service limit search. Select either a Category Code or enter a Procedure Code and optional modifier.
Service Category and Procedure Code combination is invalid.	One selection criteria must be entered to conduct a service limit search. Select either a Category Code or enter a Procedure Code and optional modifier.
Service Limit Procedure Code is required when using a Modifier.	Enter a valid procedure code in addition to the modifier.
Procedure Code entered is invalid. Please enter correct Procedure Code.	Enter a valid procedure code and optional modifier if desired.

Screen Access

1. Select Member Menu
2. Select Eligibility Inquiry
3. The EligibilityInquiry - Request screen will appear.
4. Enter valid member information & service dates, enter SEARCH
5. Results found for the search criteria entered will display.
6. Select member result in order to see additional detail.
7. The Eligibility Inquiry – Detail screen will display more member eligibility specifics.
8. Select 'Service Limits' button
9. The Eligibility Inquiry – Service Limits – Request screen will display.

Eligibility Inquiry – Service Limits - Results (ARS-S-0010)

General Information

This screen displays the service limits for the requested member based on the selected category or procedure and optional modifier.

The results are calculated based on the starting point in time within the service limit timeframe (i.e. fiscal year, lifetime, etc.), the service limit maximum and the claims through the selected service end date. Claims with the applicable service category or procedure are subtracted from the max to determine the accurate service limit balance.

Screen Name	Eligibility Inquiry – Service Limits - Results
Source/Originator	Eligibility Inquiry – Service Limits - Request (ARS-S-0009)
Usage	Lets the user review the service limit results for the member based on the search criteria entered. After reviewing the results, the user can enter other service limit search criteria via the Eligibility Inquiry – Service Limits – Results (ARS-S-0010) screen or be routed to the Eligibility Inquiry – Results (ARS-S-0002) screen to select another member to review.

Screen Sample – ARS-S-0010



- Home
- Claims
- Member
- Service Authorization
- Payment History
- EHR Incentive Program
- Provider Enrollment
- Provider Enrollment
- RA Messages
- Level of Care Review

Eligibility Inquiry

Service Limits

To inquire about a specific member's service limits, select any optional criteria desired - procedure codes, modifiers and click 'Search'.

Service Type Code	Procedure Code	Procedure Modifier
AE-Physical Medicine		

Search Results

Service Date From: 12/01/2012 Service Date To: 12/31/2012 Confirmation Number: 201301401188

Member Information

Name: [REDACTED] Date of Birth: [REDACTED] Member ID: [REDACTED] Member SSN: [REDACTED]

Service Limits

Service Type Code	Procedure Code	Procedure Modifier	Procedure/Equipment Description	Quantity Remaining	Begin Date	End Date
Physical Therapy			Physical Therapy Annual Limit	0.0	07/01/2012	06/30/2013

Data Elements

Note: This is a display only screen.

Data Element Name (ID)	Instructions
Service Type Code (PDE-0434)	The service type category/code, if chosen as the selection criteria, is displayed. This field is display only.
Procedure Code (PDE-0026)	The procedure code, if entered as the selection criteria, is displayed. This field is display only.
Procedure Modifier (PDE-0027)	The modifier associated with the procedure, if entered as part of the selection criteria, is displayed. This field is display only.
Procedure/Equipment	The description associated with the service type category/code or pro-

Description (PDE-0435)	cedure code/modifier, whichever was used for the selection criteria. This field is display only.
Quantity Remaining (PDE-0436)	The calculated balance of the maximum limit for the timeframe less any claims that match the selection criteria through the requested end date. This field is display only.
Service Limits Begin Date (PDE-0437)	The start date of the appropriate service limit time frame. For instance, if the current date is Oct 2012 and the service limit is applicable annually, then the service begin date would be the start of the fiscal year – 07/01/2012. This field is display only.
Service Limits End Date (PDE-0438)	The end date of the appropriate service limit time frame. For instance, if the current date is Oct 2012 and the service limit is applicable annually, then the service end date would be the end of the fiscal year – 06/31/2013. This field is display only.

Screen Navigation

Button	Action	Link
Search	Processes any additional service limit search criteria entered and if successful displays the results of the search.	ARS-S-0010
Reset	Clears all enterable fields and allows the user to re-enter the search criteria.	ARS-S-0009
CoPay Amounts	Takes the user to the Member Eligibility – CoPay Amounts page to review any copay amounts for which the member might be responsible	ARS-S-0016
Choose a Different Member	Routes the user back to the eligibility search results for selection of a different member.	ARS-S-0002

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Member Menu
2. Select Eligibility Inquiry
3. The EligibilityInquiry - Request screen will appear.
4. Enter valid member information & service dates, enter SEARCH
5. Results found for the search criteria entered will display.
6. Select member result in order to see additional detail.
7. The Eligibility Inquiry – Detail screen will display more member eligibility specifics.
8. Select ‘Service Limits’ button
9. The Eligibility Inquiry – Service Limits – Request screen will display.
10. Enter the service limit search criteria, enter SEARCH
11. The service limits for the requested member and service type will display.

Service Authorization - Request (ARS-S-0011)

General Information

This screen allows the user to enter search criteria in order to retrieve service authorizations for review.

In order to conduct a search, the user must enter a member's Medicaid ID or a combination of any two of the following: Member's SSN, member's date of birth, member's full name and service authorization ID. Optional service dates can also be entered.

The member's Medicaid ID must be a 12-digit numeric if used for the search criteria. The member's SSN must be a 9-digit numeric, if used. The member's birthdate must be in the format MM/DD/YYYY or the user can utilize the calendar widget. If the member's name is used as the search criteria both the first and last name must be entered, alphanumeric and greater than spaces. The service authorization number should be 12-digit numeric.

If a procedure code is used as an option, it can not exceed 7 characters. If a modifier is used, it can only be entered if a procedure code exists. The modifier can not be more than 2 characters. Up to 4 modifiers can be added in association with the procedure code.

The begin and end dates must both be in the format MM/DD/YYYY. If not entered, the default is to the current date. If entered, both beginning and ending dates must be entered and the end date must be equal to or greater than the begin date. Begin and end dates must also be within the last 12 month period and can not exceed a 30 day period.

Note: This functionality is available to all registered users associated with an active provider. If a provider had a registered organization established while active and then became inactive or Program 10 only, this tab would no longer be available.

Screen Name	Service Authorization Request
Source/Originator	Automated Response System (ARS)
Usage	Lets the user enter search criteria to find service authorizations. A user can request a search which will route the user to the Service Authorization – Results (ARS-S-0012) or reset the seach criteria back to the default values for re-entry.

Screen Sample – ARS-S-0011



Service Authorization Log

* Required field

To conduct a search for service authorization(s), please enter a member's ID or a combination of any two of the following: SSN, Date of Birth, Full Name and (Service Authorization ID/Procedure Code) with service dates (optional) and click 'Search'.

Provider ID

*NPI

Additional Information

Member ID <input type="text"/>	Member SSN <input type="text"/>	Member Date of Birth <input type="text"/>	Member Last Name <input type="text"/>	Member First Name <input type="text"/>
Service Authorization ID <input type="text"/>	Header Status Select the header status	Procedure Code <input type="text"/>	Modifier 1 <input type="text"/>	Modifier 2 <input type="text"/>
Begin Date <input type="text"/>	End Date <input type="text"/>	Modifier 3 <input type="text"/>	Modifier 4 <input type="text"/>	

Authorization ID	Member Name	Member Id	Procedure Code	M1	M2	M3	M4	Begin Date	Header S
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Data Elements

Data Element Name (ID)	Instructions
Billing Provider NPI (PDE-0007)	<p>This field is non-enterable and will display the provider NPI associated with the user's ID.</p> <p>For the superuser access only, this field is enterable.</p> <p>This field is automatically populated or required with superuser access.</p>
Member ID (PDE-0016)	<p>Member ID is one of the required search options. If the user chooses this criterion, the members' 12 digit Medicaid ID needs to be entered.</p> <p>This field is enterable and situationally required.</p>
Member SSN (PDE-0419)	<p>If the member's Medicaid ID isn't used as the selection criteria, then the member's SSN (along with the member's date of birth or member's name) can be used.</p> <p>Enter the member's 9 digit numeric social security number.</p> <p>This field is enterable and situationally required.</p>

<p>Member Date of Birth</p> <p>(PDE-0051)</p>	<p>If the member's Medicaid ID isn't used as the selection criteria, then the member's date of birth (along with the member's SSN or member's name) can be used.</p> <p>Enter the member's date of birth in the MM/DD/CCYY format.</p> <p>This field is enterable and situationally required.</p>
<p>Member's Last Name</p> <p>(PDE-0013)</p>	<p>If the member's Medicaid ID isn't used as the selection criteria, then the member's name (last and first - along with the member's SSN or date of birth) can be used.</p> <p>Enter the member's last name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.)</p> <p>This field is enterable and situationally required.</p>
<p>Member's First Name</p> <p>(PDE-0012)</p>	<p>If the member's Medicaid ID isn't used as the selection criteria, then the member's name (last and first - along with the member's SSN or date of birth) can be used.</p> <p>Enter the member's first name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.)</p> <p>This field is enterable and situationally required.</p>
<p>Service Authorization ID</p> <p>(PDE-0439)</p>	<p>If a specific service authorization ID number is known, then it can be entered as part of the selection criterion.</p> <p>This field is enterable and situationally required.</p>
<p>SA Header Status</p> <p>(PDE-0440)</p>	<p>In order to further limit the search results, the header status can be added to the selection criteria.</p> <p>This field is selectable and optional.</p>
<p>Procedure Code</p> <p>(PDE-0026)</p>	<p>In order to further limit the search results, the procedure code can be added to the selection criteria. This entry can not be more than 7 characters maximum.</p> <p>This field is enterable and optional.</p>
<p>Procedure Modifier</p> <p>(PDE-0027)</p>	<p>In order to further limit the search results, the procedure code and any associated modifier(s) can be added to the selection criteria. The modifier(s) can not be more than 2 characters. A modifier can not be entered without a procedure code entry.</p> <p>These fields are enterable and optional.</p>
<p>SA Begin Date</p> <p>(PDE-0441)</p>	<p>In order to further limit the search results, the service authorization begin date can be added to the selection criteria in the format MM/DD/CCYY or the user can utilize the calendar widget.</p>

	<p>Begin date must be within the last 12 month period.</p> <p>If no date is enter, the default is the current date.</p> <p>This field is selectable and optional.</p>
SA End Date (PDE-0442)	<p>In order to further limit the search results, the service authorization end date can be added to the selection criteria in the format MM/DD/CCYY or the user can utilize the calendar widget.</p> <p>If entered, this date must be equal to or greater than the SA begin date.</p> <p>End date must be within the last 12 month period.</p> <p>If no date is enter, the default is the current date.</p> <p>This field is selectable and optional.</p>

Screen Navigation

Button	Action	Link
Search	Processes any additional search criteria entered and if successful displays the results of the search.	ARS-S-0012
Reset	Clears all enterable fields and allows the user to re-enter the search criteria.	ARS-S-0011

Error Messages

Description	Resolution
Please enter valid NPI	This is applicable to superuser access only. Enter a valid 10 digit NPI/API for the billing provider.
Please enter Member ID or any two of the following: SSN, Date of Birth, Full Name and (Service Authorization ID/Procedure Code). Header status, service dates and modifiers are optional.	Selection criterion is necessary to obtain search results. Enter the Member ID or any combination of two of the following: Member's SSN, member's date of birth, member's last & first name.

Invalid member ID. Length of member ID is less than 12 digits.	Enter member's 12 digit numeric Medicaid ID.
No service authorizations found that met the entered criteria.	No authorizations were found for the search criteria entered. Enter different search criteria and click 'Search'
SSN should be 9 digit number	Enter member's valid 9 digit numeric social security number.
Please enter first name.	If member's last name was entered, the first name must also be entered.
Please enter last name.	If member's first name was entered, the last name must also be entered.
Please check the size of the service authorization ID.	Enter the 12 digit numeric service authorization number, if using the service authorization ID as search criteria.
Please enter the end date	If a begin date is entered, an end date needs to be entered in the MM/DD/CCYY format.
Please enter the begin date	If an end date is entered, a begin date needs to be entered in the MM/DD/CCYY format.
Dates must be within past 1-year period	Begin and end date should be within the last 12 months. Enter begin and end dates within the last year period in the date format MM/DD/CCYY.
The beginning date of service may not be greater than the ending date of service.	Ending date must be equal to or greater than begin date. Enter valid dates in the format MM/DD/CCYY.

Screen Access

1. Select Service Authorization Menu
2. Select Service Authorization Log
3. The Service Authorization - Request screen will appear.

Service Authorization - Results (ARS-S-0012)

General Information

This screen displays summary results that were a product of the search conducted against the data entered on the Service Authorization – Request (ARS-S-0011) screen.

From this screen the user can review the high level search results and select a record to review further detail.

Screen Name	Service Authorization Results
Source/Originator	Service Authorization – Request (ARS-S-0011)
Usage	Lets the user review high level summary results based on search criteria entered from ARS-S-0011 and make a selection to see further authorization detail.

Screen Sample – ARS-S-0012



Service Authorization Log

* Required field

To conduct a search for service authorization(s), please enter a member's ID or a combination of any two of the following: SSN, Date of Birth, Full Name and (Service Authorization ID/Procedure Code) with service dates (optional) and click 'Search'.

Provider ID

*NPI

Additional Information

Member ID Member SSN Member Date of Birth Member Last Name Member First Name

Service Authorization ID Header Status Procedure Code Modifier 1 Modifier 2 Modifier 3 Modifier 4

Begin Date End Date

Search

Authorization ID	Member Name	Member ID	Procedure Code	M1	M2	M3	M4	Begin Date	Header Status
[REDACTED]	[REDACTED]	[REDACTED]	S9123	00	00	00	00	12/23/2011	Approved
[REDACTED]	[REDACTED]	[REDACTED]	S9124	00	00	00	00	12/23/2011	Approved

Showing 1 - 2 of 2

Data Elements

Data Element Name (ID)	Instructions
Service Authorization ID (PDE-0439)	The service authorization number of any authorization meeting the selection criteria. This field is display only.
Member's Last Name (PDE-0013)	The member's last name on any authorization meeting the selection criteria. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only.
Member's First Name (PDE-0012)	The member's first name on any authorization meeting the selection criteria. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only.
Member ID	The member's 12 digit Medicaid ID on any authorization meeting the selection cri-

(PDE-0016)	teria. This field is display only.
Procedure Code (PDE-0026)	The procedure code associated with the authorization meeting the selection criteria will be displayed. This field is display only.
Procedure Modifier (PDE-0027)	Any modifier(s) connected to the previous procedure code associated with the authorization meeting the selection criteria will be displayed. This field is display only.
SA Begin Date (PDE-0441)	The service authorization effective date associated to the authorization meeting the selection criteria will be displayed. This field is display only.
SA Header Status (PDE-0440)	The service authorization header status associated to the authorization meeting the selection criteria will be displayed. This field is display only.

Screen Navigation

Button	Action	Link
Search	Processes any additional search criteria entered and if successful displays the results of the search.	ARS-S-0012
Reset	Clears all enterable fields and allows the user to re-enter the search criteria.	ARS-S-0011
Line Link	Clicking on any search results detail line field will route the user to additional detail on the selected service authorization.	ARS-S-0013

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Service Authorization Menu
2. Select Service Authorization Log
3. The Service Authorization - Request screen will appear.
4. Enter valid selection criteria and click 'Search'
5. The Service Authorization – Results screen will appear.

Service Authorization - Detail (ARS-S-0013)

General Information

This screen displays additional detail on the service authorization. The user selected the service authorization from the search results summary. These results were a product of the search conducted against the data entered on the Service Authorization – Request (ARS-S-0011) screen.

From this screen the user can review additional header and line detail associated with the selected record.

Screen Name	Service Authorization - Detail
Source/Originator	Service Authorization – Results (ARS-S-0012)
Usage	Lets the user review header and line detail information on the service authorization selected from the results displayed from ARS-S-0012.

Screen Sample – ARS-S-0013



Service Authorization Log

Service Authorization ID [Redacted] Header Status Approved

Member Information

Member ID [Redacted] Last Name [Redacted] First Name [Redacted] MI [Redacted] Suffix [Redacted] Date of birth [Redacted] Member SSN [Redacted]

Service Line Item Information

Line	SA Type	Service Type	Procedure Code	M1	M2	M3	M4	Begin Date	End Date	Authorized Units	Authorized Amount	Used Units	Used Amount	Remaining Units	Remaining Amount
3	M	0090	S9123	00	00	00	00	12/23/2011	06/23/2012	184.00	\$0.00	0.00	\$0.00	184.00	\$184.00
4	M	0090	S9124	00	00	00	00	12/23/2011	06/23/2012	184.00	\$0.00	0.00	\$0.00	184.00	\$184.00

Showing 1 - 2 of 2

Choose a Different

Data Elements

Data Element Name (ID)	Instructions
Service Authorization ID (PDE-0439)	The service authorization number of the selected authorization. This field is display only.
SA Header Status (PDE-0440)	The service authorization header status associated with the authorization meeting the selection criteria will be displayed. This field is display only.
Member ID (PDE-0016)	The member's 12 digit Medicaid ID on the selected authorization. This field is display only.
Member's Last Name (PDE-0013)	The member's last name on the selected authorization. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only.
Member's	The member's first name on the selected authorization. This is an alphanumeric

First Name (PDE-0012)	field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only.
Member's MI (PDE-0015)	The member's middle initial on the selected authorization. This field is display only.
Member's Suffix (PDE-0052)	The member's suffix on the selected authorization. This field is display only.
Member Date of Birth (PDE-0051)	The member's date of birth, displayed in the MM/DD/CCYY format. This field is display only.
SA Line Number (PDE-0443)	This is the number of the detail line of the selected authorization. This field is display only.
Service Authorization Type (PDE-0444)	This is the authorization type associated to the detail line (i.e. 'M' for medical) This field is display only.
Service Type (PDE-0445)	This is the type of service associated to the detail line. This field is display only.
Procedure Code (PDE-0026)	The procedure code associated with the detail line. This field is display only.
Procedure Modifier (PDE-0027)	The modifier(s) connected to the previous procedure code associated with the detail line. This field is display only.
SA Begin Date (PDE-0441)	The service authorization effective date associated with the detail line. This field is display only.
SA End Date (PDE-0442)	The service authorization end date associated with the detail line. This field is display only.

Authorized Units (PDE-0448)	This is the number of units authorized for the procedure and optional modifier(s) associated with the detail line. This field is display only.
Authorized Amount (PDE-0449)	This is the dollar amount authorized for the procedure and optional modifier(s) associated with the detail line. This field is display only.
Used Units (PDE-0450)	This is the number of units used through the authorized ending date for the procedure and optional modifier(s) associated with the detail line. This field is display only.
Used Amount (PDE-0451)	This is the dollar amount used through the authorized ending date for the procedure and optional modifier(s) associated with the detail line. This field is display only.
Remaining Units (PDE-0452)	This the calculated number of units based on the authorized number of units minus the units used through the ending service authorization date. This field is display only.
Remaining Amount (PDE-0453)	This the calculated amount based on the authorized amount minus the amount used through the ending service authorization date. This field is display only.

Screen Navigation

Button	Action	Link
Choose a Different Member	Routes the user back to the service authorization search results for selection of a different member.	ARS-S-0012

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Service Authorization Menu
2. Select Service Authorization Log
3. The Service Authorization - Request screen will appear.
4. Enter valid selection criteria and click 'Search'
5. The Service Authorization – Results screen will appear.
6. Click on the desired results line.
7. The Service Authorization – Detail screen will appear.

Payment History - Request (ARS-S-0014)

General Information

This screen allows the user to enter search criteria to retrieve a history of any payments made to the provider during the requested time period.

In order to conduct a search, the user can enter begin and end dates. The begin and end dates must both be in the format MM/DD/CCYY. If not entered, the default is to the current date. If entered, both must be entered and the end date must be equal to or greater than the begin date. Begin and end dates must also be within the last 12 month period and can not exceed a 30 day period.

The Provider's NPI/API is also required. For any registered portal user, this field is not enterable and will reflect the NPI/API associated with their user id. The only exception is the superuser. Super-users will need to enter a valid 10 digit provider NPI or API.

Note: This functionality is available to all registered users associated with an active provider. If a provider had a registered organization established while active and then became inactive or Program 10 only, this tab would still be available to them in order to research payments back 12 months from the current date.

Ordering, Referring and Prescribing providers who only participate in Program 11 will not have access to this functionality. The navigation tab will not be displayed for these providers.

Screen Name	Payment History Request
Source/Originator	Automated Response System (ARS)
Usage	Lets the user enter search criteria to find provider payments. User can request a search which will route the user to the Payment History - Results (ARS-S-0015) or reset the seach criteria back to the default values for re-entry.

Screen Sample – ARS-S-0014



Payment History

* Required Field

To conduct a payment inquiry, please verify Provider ID. Additionally you may enter Begin and End dates for the payments returned. Please refine your search to limit the number of search results.

Payment Information

* Provider ID (NPI/API) Begin Date End Date

Search []

Data Elements

Data Element Name (ID)	Instructions
Billing Provider NPI (PDE-0007)	<p>This field is non-enterable and will display the provider NPI/API associated with the user's ID.</p> <p>For the superuser access only, this field is enterable.</p> <p>This field is automatically populated or required with superuser access.</p>
Payment Begin Date (PDE-0454)	<p>In order to further limit the search results, the payment begin date can be added to the selection criteria in the format MM/DD/CCYY or the user can utilize the calendar widget.</p> <p>Begin date must be within the last 12 month period.</p> <p>If no date is enter, the default is the current date.</p> <p>This field is selectable and optional.</p>
Payment End Date (PDE-0455)	<p>In order to further limit the search results, the payment end date can be added to the selection criteria in the format MM/DD/CCYY or the user can utilize the calendar widget.</p> <p>If entered, this date must be equal to or greater than the payment begin date.</p> <p>End date must be within the last 12 month period.</p>

	<p>If no date is enter, the default is the current date.</p> <p>This field is selectable and optional.</p>
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Screen Navigation

Button	Action	Link
Search	Processes any search criteria entered and if successful displays the results of the search.	ARS-S-0015
Reset	Clears all enterable fields and allows the user to re-enter the search criteria.	ARS-S-0014

Error Messages

Description	Resolution
Please enter valid NPI	This is applicable to superuser access only. Enter a valid 10 digit NPI/API for the billing provider.
No data found.	No payment history was found for the search criteria entered. Enter different search criteria and click 'Search'
Please enter the end date	If a begin date is entered, an end date needs to be entered in the MM/DD/CCYY format.
Please enter the begin date	If an end date is entered, a begin date needs to be entered in the MM/DD/CCYY format.
Dates must be within past 1-year period	Begin and end date should be within the last 12 months. Enter begin and end dates the last year period in the date format MM/DD/CCYY.
The beginning date of service may not be greater than the ending date of service.	Ending date must be equal to or greater than begin date. Enter valid dates in the format MM/DD/CCYY.

Screen Access

1. Select Payment History tab
2. The Payment History - Request screen will appear.

Payment History - Results (ARS-S-0015)

General Information

This screen displays summary results that were a product of the search conducted against the data entered on the Payment History – Request (ARS-S-0014) screen.

From this screen the user can review the high level search results and select a record to review the specific remittance advice via the RA number link.

For providers who have signed up for the Primary Care Physician's Rate Increase program and submitted qualifying claims, a report link may also display.

This link is to the report showing the claims that composed the additional payment. The link displays immediately below the payment history record that includes the additional payment.

Screen Name	Payment History Results
Source/Originator	Payment History – Request (ARS-S-0014)
Usage	Lets the user review high level summary results based on search criteria entered from ARS-S-0014 and make a selection on a Print RA link to see the pdf version of the RA.

Screen Sample – ARS-S-0015



- Home
- Claims
- Member
- Service Authorization
- Payment History
- EHR Incentive Program
- Profile Maintenance
- Provider Enrollment
- RA Messages
- Level of Care Review

Payment History

*** Required Field**

To conduct a payment inquiry, please verify Provider ID. Additionally you may enter Begin and End dates for the payments returned. Please refine your search to limit the number of search results.

Payment Information

* Provider ID (NPI/API) Begin Date End Date

Search

SEARCH RESULTS

Below is a list of payments that met your search criteria for the selected Provider ID. Print Image RAs are available in PDF format. To display and print PDFs, you will need to ensure the free Adobe Acrobat Reader is installed on your computer. [Click here](#) to download the free reader from Adobe then follow the installation instructions.

Provider ID (NPI/API) 1982637864

Transaction Type	Paid Date	Check/EFTNumber	Payment Amount	Print Image RA
EFT	06/21/2013		\$628.13	
EFT	06/14/2013		\$155.03	
EFT	06/07/2013		\$357.65	
Physician Primary Care Rate Increase Report				20130607

Showing 1 - 4 of 4

Data Elements

Data Element Name (ID)	Instructions
Billing Provider NPI (PDE-0007)	This field is non-enterable and will display the provider NPI/API associated with the user's ID or the NPI/API that was entered by the superuser.
Payment Method Code (PDE-0407)	This field is non-enterable and automatically populated. The method in which the payment was made (i.e. EFT, check, etc) This field is display only.
Paid Date (PDE-0456)	The date of the remittance cycle in which the payment was made. This field is display only.
EFT/Check # (PDE-0411)	This is the transfer or check number associated with the payment. This field is display only.
Payment	The total payment amount for all direct and indirect services rendered by the pro-

Amount (PDE-0457)	vider for the specific remittance cycle. This field is display only.
RA# (PDE-0404)	If the claim has gone through a financial cycle, the remittance advice number associated with the selected claim will be displayed. If it exists, this field is display only.

Screen Navigation

Button	Action	Link
Search	Processes any search criteria entered and if successful displays the results of the search.	ARS-S-0015
Reset	Clears all enterable fields and allows the user to re-enter the search criteria.	ARS-S-0014
RA# Link	Clicking on any search results detail line RA# field will route the user to a pdf version of the RA stored in the Enterprise Content Manager (ECM) documentation system.	ECM
Physician's Primary Care Rate Increase Report	Clicking on any search results detail line Physician's Rate Increase link will route the user to a pdf version of the Physician's Rate Increase Report stored in the Enterprise Content Manager (ECM) documentation system.	ECM

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Payment History tab
2. The Payment History - Request screen will appear.
3. Enter valid selection criteria and click 'Search'
4. The Payment History – Results screen will appear.

Eligibility Inquiry – CoPay Amount (ARS-S-0016)

General Information

This screen displays the maximum copay amounts for each service type. The maximum amount is established by the member's age and aid category information.

The copay amount returned represents the maximum possible copay for which the member is responsible. For certain services the member may be responsible for a lower amount. That determination is made at the time of claims processing which takes into consideration the provider type, claim type, diagnosis and procedure codes..

Screen Name	Eligibility Inquiry – CoPay Amount
Source/Originator	Eligibility Inquiry – Service Limit – Results (ARS-S-0010) Eligibility Inquiry – Detail (ARS-S-0008)
Usage	Lets the user review copay maximum amounts for service types associated with the member inquiry.

Screen Sample – ARS-S-0016



- [Home](#)
- [Claims](#)
- [Member](#)
- [Service Authorization](#)
- [Payment History](#)
- [EHR Incentive Program](#)
- [Provider Enrollment](#)
- [Provider Enrollment](#)
- [RA Messages](#)
- [Level of Care Review](#)

Eligibility Inquiry

Service Date From: 12/01/2012 Service Date To: 12/31/2012 Confirmation Number: 201301401187

Member Information

Name: [REDACTED] Date of Birth: [REDACTED] Member ID: [REDACTED] Member SSN: [REDACTED]

CoPay Amounts

The co-pay amount being returned represents the maximum possible co-pay for which a member is responsible. For certain services, the member may be responsible for a lower amount.

Service Type	CoPay Amount	Service Type	CoPay Amount
AD OCCUPATIONAL THERAPY	\$3.00	20 SECOND SURGICAL OPTION	\$1.00
AE PHYSICAL MEDICINE	\$3.00	33 CHIROPRACTIC	\$0.00
AF SPEECH THERAPY	\$3.00	35 DENTAL CARE	\$0.00
AG SKILLED NURSING FACILITY	\$0.00	40 ORAL SURGERY	\$3.00
A1 SUBSTANCE ABUSE	\$3.00	42 HOME HEALTH CARE	\$3.00
AL VISION	\$1.00	45 HOSPICE	\$0.00
A0 PROF (PHYSICIAN) VISIT OFFICE - OUTPAT	\$1.00	47 HOSPITAL	\$100.00
A1 TESTING A1	\$150.00	48 HOSPITAL - INPATIENT	\$100.00
A3 PROF (PHYSICIAN) VISIT OFFICE - HOME	\$3.00	50 HOSPITAL - OUTPATIENT	\$3.00
A6 PSYCHOTHERAPY	\$3.00	51 HOSPITAL - EMERGENCY ACCIDENT	\$0.00
A7 PSYCHIATRIC - INPATIENT	\$100.00	52 HOSPITAL - EMERGENCY MEDICAL	\$0.00
A8 PSYCHIATRIC - OUTPATIENT	\$3.00	53 HOSPITAL - AMBULATORY SURGICAL	\$3.00
BG CARDIAC REHABILITATION	\$3.00	62 MRI/CAT SCAN	\$3.00
BH PEDIATRIC	\$0.00	65 NEWBORN CARE	\$0.00
MH MENTAL HEALTH	\$3.00	68 WELL BABY CARE	\$0.00
UC URGENT CARE	\$3.00	73 DIAGNOSTIC MEDICAL	\$3.00
Z2 TESTING Z2	\$66.00	76 DIALYSIS	\$1.00
01 MEDICAL CARE	\$3.00	78 CHEMOTHERAPY	\$3.00
02 SURGICAL	\$3.00	80 IMMUNIZATIONS	\$0.00
04 DIAGNOSTIC X-RAY	\$3.00	81 ROUTINE PHYSICAL	\$0.00
05 DIAGNOSTIC LAB	\$3.00	82 FAMILY PLANNING	\$0.00
06 RADIATION THERAPY	\$3.00	86 EMERGENCY SERVICES	\$0.00
07 ANESTHESIA	\$3.00	88 PHARMACY	\$3.00
08 SURGICAL ASSISTANCE	\$0.00	91 BRAND NAME PRESCRIPTION DRUG	\$3.00
12 DURABLE MEDICAL EQUIPMENT PURCHASE	\$3.00	92 GENERIC PRESCRIPTION DRUG	\$1.00
13 AMBULATORY SURGICAL CENTER FACILITY	\$3.00	93 PODIATRY	\$3.00
18 DURABLE MEDICAL EQUIPMENT RENTAL	\$3.00	98 PROF (PHYSICIAN) VISIT OFFICE	\$1.00
		99 PROF (PHYSICIAN) VISIT OFFICE - INPAT	\$1.00

[Eligibility Detail](#) [Service Limits](#) [Choose a Different Member](#)

Data Elements

Note: For additional information on the data elements please see Data Elements section.

Data Element	Instructions
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Name (ID)	
Service Period Begin Date (PDE-0136)	The begin date of service requested for the eligibility results found. This field is display only.
Service Period End Date (PDE-0137)	The end date of service requested for the eligibility results found. This field is display only.
Confirmation Number (PDE-0421)	The unique verification number that can be used for research purposes, if needed, to reflect the eligibility information & service limit information displayed for the user. This field is display only.
Member's First Name (PDE-0012)	The member's first name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only.
Member's Last Name (PDE-0013)	The member's last name. This is an alphanumeric field with a maximum of 22 characters (including spaces, special characters, etc.) This field is display only.
Member Date of Birth (PDE-0051)	The member's date of birth in the MM/DD/CCYY format. This field is display only.
Member ID (PDE-0016)	The member's 12 digit numeric Medicaid ID. This field is display only.
Member SSN (PDE-0419)	The member's 9 digit numeric social security number. This will only display if the user entered the social security number as part of the search criteria when looking for the member's eligibility. This field is display only.
Service Type (PDE-0480)	The two character alphanumeric associated to the service type. This field is display only.
Service Type Description (PDE-0481)	The description associated with the service type. This field is display only.
Copay Amount (PDE-0482)	The maximum amount that the member could be responsible for. This is based on the member's age and extended aid category. This field is display only.

Screen Navigation

Button	Action	Link
Service Limits	Takes the user to the Service Limits – Request page to enter search criteria for requesting a member’s service limit status	ARS-S-0009
Choose a Different Member	Routes the user back to the Member Eligibility – Results page to choose another member’s eligibility results.	ARS-S-0007
Eligibility Detail	Routes the user back to the Member Eligibility – Detail page to review the member’s eligibility detail.	ARS-S-0008

Error Messages

Description	Resolution
No enterable fields	No error messages

Screen Access

1. Select Member Eligibility tab
2. The Member Eligibility - Request screen will appear.
3. Enter valid selection criteria and click 'Search'
4. The Member Eligibility - Results screen will appear.
5. Select desired member and click member result link
6. The Member Eligibility – Detail screen will appear.
7. Click 'CoPay Amounts' button.
8. The Member Eligibility – CoPay Amount screen will appear.

Tables – MMIS/DB2

- Service Type Copay Table (RF_SVC_TYP_COPAY)

DB2 Tables

General Information

There are no complete MMIS/DB2 tables utilized in the ARS functionality. Multiple fields within various tables are utilized to retrieve and display data.

Data Elements

The following is a list of the DB2 Tables used, and the field(s) retrieved from that table. For information on specific portal data elements, DB2 Tables and the specific fields used, please see section 2. Data Elements.

- [cp-CLM-EDIT](#) – Claim Edit Table
 - DE-ERROR-TEXT-ERROR-CODE

- [cp-CLM-MOD-STATUS](#) – Claim Type Modifier and Status Table
 - DE-CLAIM-STATUS
 - DE-CLAIMS-STATUS-BEGIN-DATE
 - DE-CLAIM-TYPE-MODIFIER
 - DE-REMITTANCE-ADVICE-NUMBER
 - DE-CLAIM-PAYMENT-REQUEST-LINE-NUMBER
 - DE-CLAIM-STATUS
 - DE-CLAIM-STATUS-END-DATE

- [cp-CLM-PA-UTIL](#) – Claim PA utilization Table
 - DE-CLAIM-UNITS-USED
 - DE-PA-AMOUNT-USED

- [cp-CLM-PYMT-DETAIL](#) – Claim Payment Detail
 - DE-CLAIM-PAYMENT-AMOUNT

- [cp-CLM-PROCEDURE](#) – Claim Procedure Codes Tables
 - DE-PROCEDURE-CODE
 - DE-CLAIMS-PROCEDURE-CODE-MODIFIER

- [cp-CLM-PYMT-REQ](#) – Claim Payment Request
 - DE-CLAIM-STATUS
 - DE-CLAIM-TYPE
 - DE-CLAIM-BILLING-PROVIDER-IDENTIFICATION-NUMBER
 - DE-CLAIMS-PAYMENT-REQUEST-DATE
 - DE-CLAIMS-PAYMENT-REQUEST-MEDIA-CODE
 - DE-CLAIMS-PAYMENT-SEQUENCE
 - DE-CLAIM-REQUEST-LINE-NUMBER
 - DE-CLAIM-SERVICE-FROM-DATE
 - DE-CLAIM-SERVICE-THRU-DATE
 - DE-ENROLLEE-PERMANENT-IDENTIFICATION-NUMBER
 - DE-CLAIM-BILLED-CHARGE
 - DE-CLAIM-PATIENT-ACCOUNT-NUMBER

- [cp-FAC-CLM](#) – Claim Facility Table
 - DE-CLAIM-MEDICAL-RECORD-NUMBER

- [cp-FAC-LINE](#) – Claim Facility Line
 - DE-CLAIM-CUTBACK-DAYS-UNITS
 - DE-CLAIM-NON-COVERED-AMOUNT
 - DE-CLAIM-REVENUE-CODE
 - DE-CLAIM-REVENUE-UNITS

- [cp-MED-PA-LINE](#) – Claim Medical PA Line
 - DE-PROCEDURE-CODE
 - DE-CLAIMS-PROCEDURE-CODE-MODIFIER

- [cp-PA-ACTION-RSN-R](#) – PA Action Reason Range Code
 - DE-PA-ACTION-REASON-RANGE-CODE

- [cp-PA-SVCTY-R](#) – Claim PA Service Types Reference Table
 - DE-PA-SERVICE-TYPE-CATEGORY

- DE-PRIOR-AUTHORIZATION-SERVICE-TYPE-BEGIN-DATE
 - DE-PRIOR-AUTHORIZATION-SERVICE-TYPE-END-DATE
- [cp-PRIOR-AUTH](#) – Claim Prior Auth
 - DE-CLAIMS-PA-NUMBER-OF-DAYS-SINCE
 - DE-CLAIMS-PA-NUMBER-SEQUENCE
 - DE-PA-ENTRY-DATE
 - DE-PA-SERVICE-TYPE-CODE
 - DE-NATIONAL-PROVIDER-IDENTIFIER
 - DE-PA-ENROLLEE-IDENTIFICATION-NUMBER
- [cp-PRIOR-AUTH-LINE](#) – Claim Prior Auth Line
 - DE-PA-LINE-NUMBER
 - DE-CLAIMS-PA-TYPE-CODE
 - DE-PA-REQUESTED-UNITS
 - DE-PA-REQUESTED-AMOUNT
- [fn-DISBMNT](#) – Disbursement Table
 - DE-DISBURSEMENT-TYPE-CODE
 - DE-BARS-CHECK-CASHED-DATE
 - DE-REMITTANCE-CHECK-NUMBER
 - DE-REMITTANCE-CHECK-AMOUNT
 - DE-REMITTANCE-PAYEE-IDENTIFICATION-NUMBER
- [gl-CYCLE-DATES](#) – General Ledger Cycle Dates
 - DE-REMITTANCE-PAYMENT-DATE
- [ps-NAME](#) – Base Name Table
 - DE-PROVIDER-NAME
- [ps-PROVIDER](#) – Provider Master Table
 - DE-PROVIDER-IDENTIFICATION-NUMBER

- [ps-PROV-PHONE](#) – Provider Address Phone Table
 - DE-PROVIDER-PHONE-NUMBER

- [rf-EDIT-TEXT](#) – Edit Text Table
 - DE-ERROR-TEXT-LONG-DESCRIPTION

- [rf-PROCEDURE](#) – Reference Procedure Code Table
 - DE-PROCEDURE-LONG-NAME
 - DE-ENROLLEE-SERVICE-LIMITS-PERIOD-BEGIN-DATE
 - DE-ENROLLEE-SERVICE-LIMITS-PERIOD-END-DATE

- [RS-BENEFIT-PACKAGE](#) – Member Benefit Package Table
 - DE-BENEFIT-PLAN-SHORT-NAME
 - DE-BENEFIT-DEFINITION-PLAN-BEGIN-EFFECTIVE-DATE
 - DE-BENEFIT-DEFINITION-PLAN-END-TERMINATION-DATE

- [rs-BNFT-LOC-EXCP-R](#) – Member Benefit Level of Care Exception Table
 - DE-SPECIAL-INDICATOR-CODE

- [rs-ENRL-PATN-PAY](#) – Member Patient Pay Table
 - DE-PATIENT-PAY-BEGIN-DATE
 - DE-PATIENT-PAY-END-DATE
 - DE-PATIENT-PAY-STATUS
 - DE-PATIENT-PAY-AMOUNT

- [rs-PERSON](#) – Member Person Table
 - DE-ENROLLEE-SOCIAL-SECURITY-NUMBER-SSN
 - DE-ENROLLEE-SEX-CODE
 - DE-ENROLLEE-BIRTH-DATE

- [rs-PERSON-NAME](#) – Recipient Person Name Table

- DE-ENROLLEE-LAST-NAME
 - DE-ENROLLEE-FIRST-NAME
 - DE-ENROLLEE-MIDDLE-INITIAL
 - DE-ENROLLEE-NAME-SUFFIX
- [rs-PRSN-IDENTIFIER](#) – Recipient Person ID Table
 - DE-PERSON-IDENTIFIER-VALUE
- [rs-VERIFICATION](#) – Member Verification Table
 - DE-ELIGIBILITY-VERIFICATION-NUMBER
- [tp-POLICY](#) – TPL Policy Table
 - DE-TPL-POLICY-EFFECTIVE-DATE
 - DE-TPL-POLICY-END-DATE
 - DE-TPL-POLICY-NUMBER
- [tp-POLICY-CVRG](#) – TPL Policy Coverage Table
 - DE-TPL-COVERAGE-CODE
 - DE-TPL-COVERAGE-CO-PAY-AMOUNT
- [tp-INS-CARR-ADDR](#) – TPL Insurance Carrier Address Table
 - DE-TPL-CARRIER-NAME
 - DE-TPL-CARRIER-CODE

Service Type Copay (RF_SVC_TYP_COPAY)

General Information

This table is new for the HIPAA Operating Rules enhancement. This table is used by the portal, IVR and MMIS to ensure consistency in reporting copay maximums.

Data Elements

Data Element Name	Field Length	Description
SVC_TYPE	2	Service Type
SVC_TYPE_SEQ	3	Service Type Sequence Number
SVC_TYPE_DESC	40	Service Type Description
HLTH_BENE_PLN_IND	1	Health Benefit Plan Indicator
COPAY_BEG_DT	10	Co-pay Begin Date
COPAY_END_DT	10	Co-pay End Date
MAX_COPAY_AMT	5	Maximum Co-payment Amount
H_REC_UPDT	10	Audit Date/Time Stamp
SVC_TYPE	2	Service Type
SVC_TYPE_SEQ	3	Service Type Sequence Number

Tables – Portal

- Web Portal Audit Details Table - WP_AUD_DETAILS (ARS-T-0001)

Web Portal Audit Table (ARS-T-0001)

General Information

The WP_AUD_DETAILS table houses the information associated with any transactions that were initiated within any of the ARS functions and the responses to those requests.

Data Elements

Data Element Name	Field Length	Description
WP_TRANSACTION_ID	10	Unique Transaction ID
WP_TRANSACTION_STATUS	2	Transaction status default to 00
WP_USER_SK	10	User Unique ID
G_AUD_USER_ID	30	Audit User ID
G_AUD_ADD_TS	6	Audit Timestamp
L_HIBERNATE_VER_NUM	9	Version number – Default to 1
WP_TRANSACTION_MODE	1	<ol style="list-style-type: none"> 1. Request Type 2. Response Type 3. Exception Type
WP_BATCH_JOB_STATUS	1	N or Y
WP_EXCEPTION_MESSAGE	200	Error message if transaction errored out
WP_REQUEST_TYPE	1	<ol style="list-style-type: none"> 1 – Eligibility 2- Prior Authorization 3- Claims Status 4. Check Status 5. Prescribing Provider ID 6. Service Limits 7. Line Totals E- Enrollee P -Initial Provider Verification (system generated)
WP_QUERY_TYPE	1	I - Internet (ARS) V - Voice Response (IVR)
WP_PROV_ID	10	Provider ID
WP_MEM_ID	13	Member ID
WP_PDF_STAT_CD	1	PDF Status code (N or Y)
WP_TRANS_DETAILS	No Limit	Transaction detail

