MO Health Net

eMOMED System

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eMOMED Website; User ID & Password Requirements

eMOMED Website link is: www.emomed.com

User ID is the first initial of your first name and complete last name, i.e., cbrown; also some users will have number after their name so if you are experiencing problems contact the eMOMED help desk at:

> ***Wipro Infocrossing Help Desk 573-635-3559***
> You may also contact the help desk via email at
> internethelpdesk@momed.com.

Password requirements are:

- A minimum of eight (8) characters
- It must contain a minimum of four (4) letters and two (2) numbers

Select the 'Login' link (directly under the User ID and Password fields).

The 'Welcome to ePassport' screen will display.

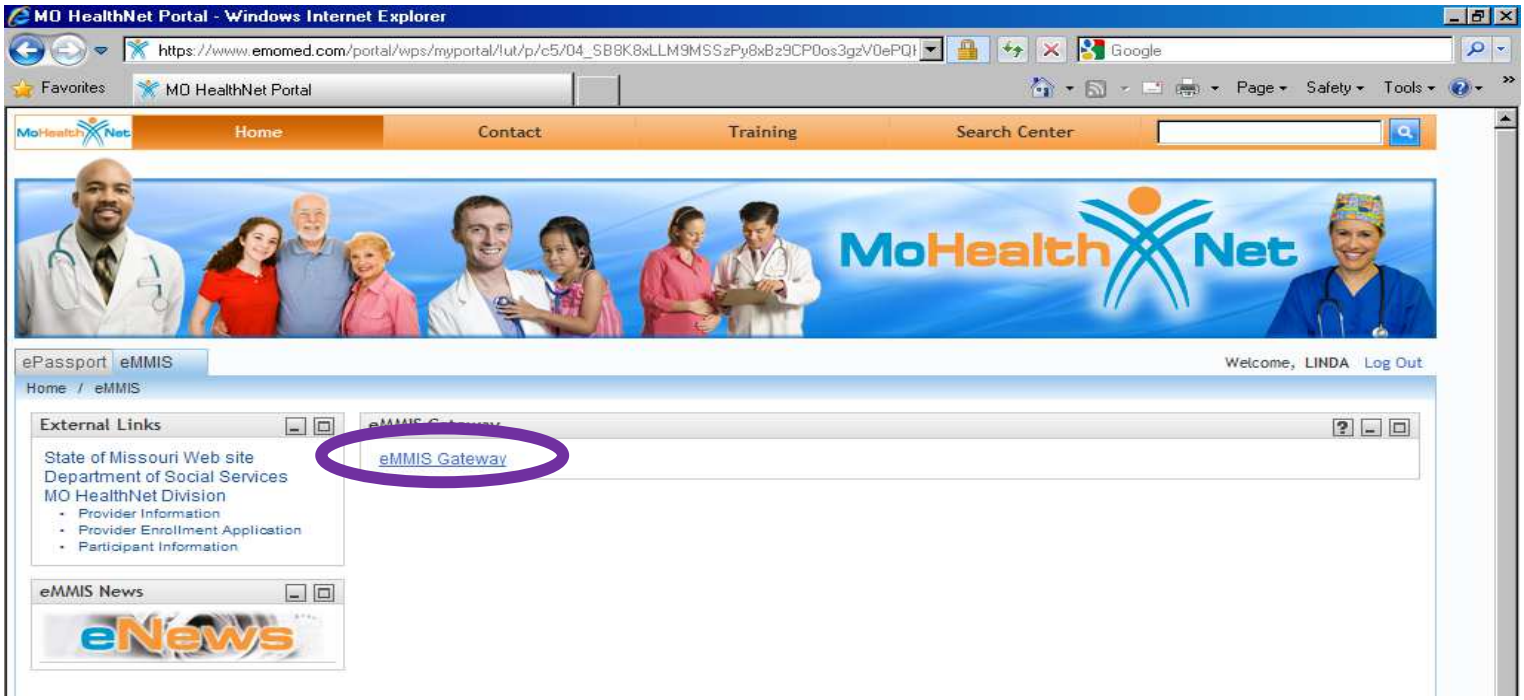
- The eMOMED system acknowledges the user by displaying the uesr name (upper right hand corner of the screen).

To access the various links (provider, participant, etc.) available:

- Select the eMMIS tab (upper left corner of the screen).

The screen image will then display the eMMIS Gateway link (middle of the screen).

- Select the eMMIS Gateway to obtain a list of links.

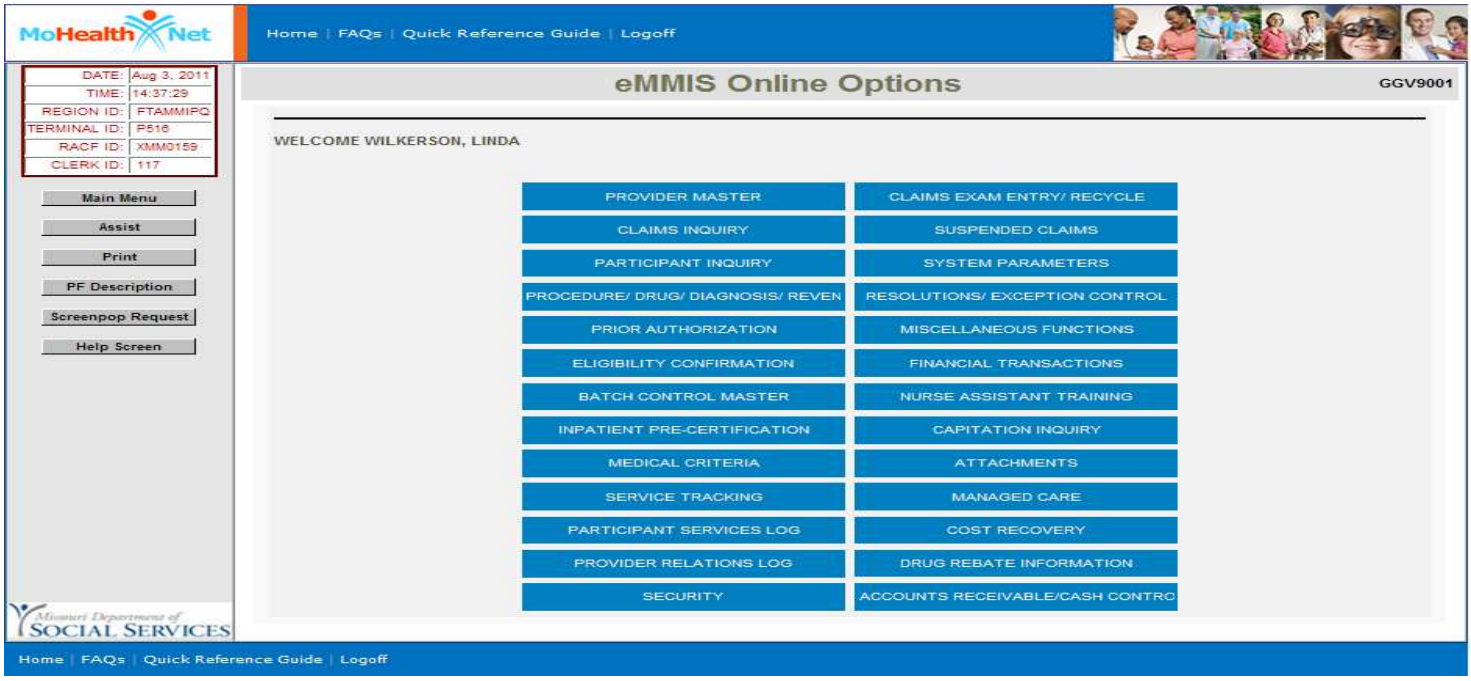


The eMMIS Online Options screen displays twenty-six (26) different links.

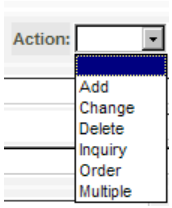
- If a user has the appropriate access, any link selected will display a search screen.
- If the user does not have the proper access, a message about a 'security violation' or an 'error' screen (a user can restart the application by following prompts) will display. When this occurs, a user must make a different selection from the list of links.

Additional links are:

- FAQs (Frequently Asked Questions)
- Quick Reference Guide
- Main Menu (button bar on the left side of the screen), returns a user to the eMMIS Online Options page.
- Print (button bar on the left side of the screen), sends the screen image (being viewed) to a printer of their choice.



- When an option window displays an 'Action' field several different selections may be listed in the drop down for that Action field. SHCN users have only one option 'Inquiry' (exceptions to this rule are noted where applicable).



- Program Function (PF or F) keys remain operational but are not displayed; the buttons displayed on the bottom of each web page provide the same access, i.e., F2 = NPI, F3 = DTL, F4 = TPL, F6 = LOCKIN DTL, F9 = MULTDCN, F10 = RCPHIST, etc.
- ESC button moves a user back to a previous screen view, one screen at a time.

Provider Master

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DATE: Aug 3, 2011
TIME: 13:30:33
REGION ID: FTAMMIPQ
TERMINAL ID: P465
RACF ID: XMM0159
CLERK ID: 117

Main Menu
Assist
Print
PF Description
Help Screen

Data Entry/Online Inquiry Provider Key Panel GVV5010

Option: Action:

Provider ID: Name:
NPI: Medicare ID:
Taxonomy Code: Provider Specialty:

License Number: City:
EIN: County:
SSN: Zip Code:
CLIA ID: School District:
Confirmation Number: Pay To:

Back Enter

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Provider Master - Option field selections:

- 01 – Provider Search (By Provider ID, Name, Pay To, License Number, Base ID, SSN or EIN) will complete a provider search for all providers that are either active or inactive.
- 14 – Provider List (By Type, Specialty, Name, City, County, Zip, EIN, School, Pay To) will complete a provider search for only active providers.

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DATE: Aug 3, 2011
TIME: 13:59:16
REGION ID: FTAMMIPQ
TERMINAL ID: P516
RACF ID: XMM0159
CLERK ID: 117

Main Menu
Assist
Print
PF Description
Help Screen

Data Entry/Online Inquiry Provider Key Panel GVV5010

Option:
Action:

01 - Provider Search (By Provider ID,Name,Pay To,License Number,Base ID,SSN or EIN)
02 - Enrolled Provider Master
03 - Pending Provider Set up
04 - Provider Application
05 - Pending Provider ID Change
07 - Provider History
08 - Internet Provider Application
09 - Provider Practice List (By Type, Specialty, Name, City, County, Zip)
10 - Provider Enrollment For Nursing Home FRA Non-Medicaid
11 - Managed Care Provider List (By SSN/EIN, Or Man Care Provider Name)
12 - CLIA Master
13 - Provider Enrollment For Pharmacy FRA Non-Medicaid
14 - Provider List (By Type, Specialty, Name , City, County, Zip, EIN, School, Pay To)

Confirmation Number:
Pay To:

Back Enter

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Provider Master by Name search – Data Entry/Online Inquiry Provider Key Panel screen:

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DATE: Aug 4, 2011
TIME: 9:03:00
REGION ID: FTAMMIPQ
TERMINAL ID: H415
RACF ID: XMM0159
CLERK ID: 117

Main Menu
Assist
Print
PF Description
Help Screen

Data Entry/Online Inquiry Provider Key Panel GVV5010

Option: 14 - Provider List (By Type, Specialty, Name , City, County, Zip, EIN, School, Pay To)
Action: Inquiry

Provider ID:
NPI:
Taxonomy Code:
Name: INTEGRITY HOME CARE
Medicare ID:
Provider Specialty:

License Number:
EIN:
SSN:
CLIA ID:
Confirmation Number:
City:
County:
Zip Code:
School District:
Pay To:

Back Enter

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Provider Master by Name search result – Provider List

MoHealthNet

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DATE:	Aug 4, 2011
TIME:	9:06:47
REGION ID:	FTAMMIPQ
TERMINAL ID:	H415
RACF ID:	XMM0159
CLERK ID:	117

Main Menu

Assist

Print

PF Description

Help Screen

Provider List

GVV5500

5 of 5

Select	Provider ID	Name and Address	County/School District	Specialty
○	586098006 NPI 1629070156	INTEGRITY HOME CARE 3675 SOUTH NOLAND ROAD SUITE 222 INDEPENDENCE MO 64055 - Telephone Number (816) 254 - 3131		67
◉	943857409 NPI 1205954211	INTEGRITY HOME CARE 2960 NORTH EASTGATE SPRINGFIELD MO 65803 - Telephone Number (417) 889 - 9773		13
	NPI	Telephone Number		

Back | Previous | Next

Print List | History

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Provider Master by Name search result Provider List selection - Provider Master, Provider General Information screen:

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DATE	Aug 4, 2011
TIME	8:37:58
REGION ID	FTAMMIPQ
TERMINAL ID	H415
RACF ID	XMM0159
CLERK ID	117

Main Menu
Assist
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PF Description
Help Screen

Provider Master

GVV5011

Provider General Information

Page: 1

DEPRESS PROPER KEY TO CONTINUE

Provider ID: 943857409 c
NPI: 1205954211
Taxonomy:

Last Cycle Date: 10/06/2010
Restricted Ind: N
Pre-payment Review Ind: N

Clerk ID: 898

Go To Provider ID:
Go To NPI:

Provider Name: Integrity Home Care
Address:
2960 North Eastgate
City/State/Zip: Springfield MO 65803
County: 039 GREENE

Pay To: Integra Healthcare Inc
Address:
2960 North Eastgate
City/State/Zip: Springfield MO 65803

Telephone Number: 417 - 889 - 9773
FAX Number: - -
Email Address:
EIN: 431875357
SSN:
Date of Birth:
License State:
Number:
Type of Practice: 4 Corporation
National Association of Board of Pharmacy ID:
Managed Care Organization Ind: Y

Enrollment

Status Code	Description	Effective Date	End Date
03	ACTIVE	05/03/1999	

Specialty

Code		Effective Date	End Date
13	Private Duty Nurse	05/03/1999	

Provider Group

Code	ID	Code	ID

Reference Number

Type	State	Code/ID
R		263857401
R		283857407

Differential Subsidy

Ind	Date

Back | General-Continued | Enter
Enhanced Payment | Medicare | Provider Link | Claim/Label | MC Contract Dates
Participants | Rates | Enrollment History | CLIA | Prepayment Review
Hospice NH | Remark | Practice Address | NPI/Taxonomy | Group Members
Note

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Provider Search screen – 'Shift + F12' function

- If a code can be selected, it will be underlined by the system, and then the Shift/F12 function can obtain additional information.

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DATE: Aug 8, 2011
TIME: 10:29:27
REGION ID: FTANMIPQ
TERMINAL ID: P440
RACF ID: XMM0159
CLERK ID: 117

Main Menu
Assist
Print
PF Description
Help Screen

Provider Search GVV5031

KEY SELECTION AND/OR DEPRESS THE APPROPRIATE KEY

Provider ID:
NPI:
Taxonomy Code:
Name:
Medicare ID:
License Number:
EIN:
SSN:
CLIA ID:
City:
School District:
Pay To:

Provider

Select	Provider ID	Name & Address	EIN	Date/ Status	License State/ Number	School District	CLIA	Medicare ID	Restriction Ind
☐	20 851305 NPI	AHMED, SHAHEEN, MD HOSP HILL HLTH SERVS 2310 HOLMES STREET 8TH FL KANSAS CITY MO 64108 Telephone Number: 816 421 6103	431009163 SSN 052588781	01/01/2000 10 TRM INA	MO R1K67		26D0443410	2636072A	Y

- Provider ID, first two numbers in the Provider ID can be found in the Systems manual.
- Date/Status column, the Status indicator (10 in screen shot above).

PROVIDER TYPE CODES - CODE DESCRIPTION (*Inactive Code)

01 General Hospital
02 Mental Hospital
03 *TB Hospital
05 State Institution - LTC
06 State Institution Gen Hosp
10 Nursing Home
11 Private Home ICF/MR HOME
12 Nursing Home ICF
13 Nursing Home ICF/MR
14 Nursing Home SNF
15 Targeted Case Management - MR/MI
17 Targeted Case Mngmnt - Foster Care
18 Case Management
19 EHR
20 Physician, M.D.
24 Physician, D.O.
25 Nurse Midwife
26 Personal Care
27 *Primary Care Provider (PCP)
28 Aged and Disabled
29 Adult Day Health Care
30 Podiatrist
31 Optometrist
32 Optician
33 Audiologist
34 *Hearing Aid Specialist
35 Disease Management
36 *Podiatry Clinic
39 Lead Environmental Assessment
40 Dentist
42 Advanced Practice Nurse
45 HCY Screener
46 Speech Therapist
47 Occupational Therapist
48 Physical Therapist
49 Psychologist
50 Independent Clinic
51 Public Health Dept Clinic
52 Planned Parenthood Clinic
53 Professional Optometry Clinic
54 Teaching Institution Dept
55 Teaching Institution
56 Community Mental Health Center
57 Rehabilitation Center
58 Home Health Agency
59 Rural Health Clinic
60 Pharmacy
61 *Birthing Center

PROVIDER TYPE CODES - CODE DESCRIPTION (*Inactive Code) **continued:**

62 Durable Medical Equip Supplier
65 Non-Emergency Transportation
70 Independent Laboratory
71 Independent X-Ray Service/Independent Diagnostic Testing Facility
74 Dental Hygienist
75 QMB Only Services
76 Comprehensive Rehab
80 Ambulance
81 Managed Care Health Plan
82 Hospice
83 Provider Eligibility Verification Only
84 Part D Preferred Drug Plan (PDP)
85 MRDD Waiver
86 Alcohol and Drug Rehabilitation - CSTAR
87 Psychiatric Rehabilitation
89 Pgm of All-Incl Care for Eld
90 *Permanently and Totally Disabled
91 Certified Registered Nurse/Anesthesiologist Assistants
92 Gateway To Better Health Encounter and Capitation Provider
93 Gateway To Better Health FFS Tier 2 Provider
94 Private Duty Nurse
95 Gateway To Better Health FFS Voucher Service Provider
96 School Based Services

Shift/F12 Table for Status Codes:

The provider's two digit enrollment
status code. Valid values are:

CODE DESCRIPTIONON
01 Voluntary - Inactive
02 Retired - Inactive
03 Active - Eligible
04 Deceased - Inactive
05 Moved - Inactive
06 License not renewed - Inactive

07 Medicare suspension - Inactive
08 Conviction of fraud - Inactive
09 Administrative action - Inactive
10 Terminated - Inactive
11 Decertified
12 BPST - Batch Processing System Test
13 Active - VERIFY Eligible
14 Active - Sanctioned Nursing Home
15 Managed Care
16 MC+ Inactive
17 MC+ Temporarily Inactive

18 No Activity
19 OCR/Non-Comp
20 Requested Information Not Furnished
21 Inactive - Temp Closure
23 Active - QMB Only Eligible
22 Overpayment - Inactive
33 Termination Renewal
78 Dummy Group (Used with provider
type 50 only.) This is used to
automatically plug group
information to members. Nothing

else is allowed with this status,
such as label or claim orders.
88 Non-Participating
97 Not PFRA
98 Not NFRA
99 Pending

Provider Search screen – 'Shift + F12' function (continued)

License State/Number

A two-digit state code and a ten-digit license number of the provider. The state code field is only required whenever the license number is required. License numbers are required for the following provider types, but are retained for all provider types if entered.

20 - Physician, MD

24 - Physician, DO
27 - Primary Care
30 - Podiatrist
31 - Optometrist
33 - Audiologist/Hearing Aid Specialist
40 - Dentist

Provider Search screen – RED in the Provider ID column indicates the provider should not be used or recruited to provide service, even if the status of the provider is 'active'.

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DATE: Aug 9, 2011
TIME: 8:46:03
REGION ID: FTAMMPQ
TERMINAL ID: P333
RACF ID: XMM0159
CLERK ID: 117

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Assist
Print
PF Description
Help Screen

Provider Search GVV5031

KEY SELECTION AND/OR DEPRESS THE APPROPRIATE KEY

Provider ID:
NPI:
Taxonomy Code:
Name:
Medicare ID:
License Number:
EIN:
SSN:
CLIA ID:
City:
School District:
Pay To:

Provider

Select	Provider ID	Name & Address	EIN	Date/ Status	License State/ Number	School District	CLIA	Medicare ID	Restriction Ind
☐	268146503 NPI 1215078373 R E D	A PLUS INC HOME SERVICES 1006 DAVIS BOULEVARD PO BOX 1305 SIKESTON MO 63801 Telephone Number: 573 471 0957	431741496 SSN	12/06/2010 06 INACTV	MO SSBG				

Claims Inquiry

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DATE | Aug 2, 2011
TIME | 12:29:56
REGION ID | FTAMWPC
TERMINAL ID | P465
RACF ID | XXWW0159
CLERK ID | 11T

Main Menu
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Print
ITP Description
Help Screen

Claims Inquiry

GIV0811

ICN

ICN:

FFS All & Encounter Claims

Participant

DCN:

DOS:
Provider ID:
Claim Type:
Provider Type:
Claim Status:
NPI:
Generic Code:
Miscellaneous Provider ID:
Miscellaneous NPI:

FFS All & Encounter Claims | Submit

Provider

Provider ID:
NPI:

Provider Summary

Miscellaneous Provider ID:
Miscellaneous NPI:
Participant DCN:
DOS:
Claim Type:
Claim Status:
Remittance Advise Date:
Financial Cycle:
Billed Amount:
Generic Code:

FFS All & Encounter Claims | Submit

Current Week Point of Service Claims

Provider ID:
NPI:
Rx Number:
Participant DCN:
DOS:

Point of Service Claims

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Claims Inquiry by Participant search – Claims Inquiry screen:

MoHealthNet

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DATE: Aug 3, 2011
TIME: 14:44:30
REGION ID: PTAXWPC
TERMINAL ID: P516
RACF ID: XWW0159
CLERK ID: 117

Main Menu
Recall
Print
Hr Description
Help Screen

Claims Inquiry

GIV0811

ICN

ICN:

FFS All & Encounter Claims

Participant

DCN:

DOS:
Provider ID:
Provider Type:
NPI:
Miscellaneous Provider ID:
Claim Type:
Claim Status:
Generic Code:
Miscellaneous NPI:

FFS All & Encounter Claims
Submit

Provider

Provider ID:
NPI:

Provider Summary

Miscellaneous Provider ID:
Participant DCN:
Claim Type:
Remittance Advise Date:
Billed Amount:
Miscellaneous NPI:
DOS:
Claim Status:
Financial Cycle:
Generic Code:

FFS All & Encounter Claims
Submit

Current Week Point of Service Claims

Provider ID:
Rx Number:
DOS:
NPI:
Participant DCN:

Point of Service Claims

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Claims Inquiry by Participant search result – Claims Summary screen:

- Select the 'ICN' link (or checkbox & the 'next' button) from the Claim Summary list to access Medical Claim details.

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DATE:	Aug 4, 2011
TIME:	9:17:11
REGION ID:	FTAMMIPQ
TERMINAL ID:	H415
RACF ID:	XMM0159
CLERK ID:	117

Main Menu

Assist

Print

PF Description

Help Screen

Adjudicated Claims Summary GIV0911

40 Of 40 Claims

Participant

DCN: Name:

Multiple DCN Ind: N

X	Provider ID	Claim Type	ICN	Paid Date	Total Charge Amount	EOB	Paid Amount	Remittance Advice Number	Service Date
☐	600093124	D	46-11209-472-78-8	00/00/00	8.76	505	15.80	0000000	07/28/11
☐	600093124	D	46-11209-472-73-8	00/00/00	6.30	505	14.45	0000000	07/28/11
☐	600093124	D	46-11209-472-72-4	00/00/00	10.00	505	18.82	0000000	07/28/11
☐	600093124	D	46-11209-472-72-0	00/00/00	10.00	000	18.82	0000000	07/28/11
☐	600093124	D	46-11209-472-71-4	00/00/00	10.00	000	18.82	0000000	07/28/11
☐	600093124	D	46-11207-418-92-7	00/00/00	53.40	091	0.00	0000000	07/26/11
☐	943857409	M	49-11210-509-44-2	00/00/00	810.00	000	523.44	0000000	04/01/11
☑	943857409	M	49-11210-509-37-8	00/00/00	6322.50	000	4085.74	0000000	03/26/11
☐	943857409	M	49-11210-509-35-4	00/00/00	6851.25	000	3256.96	0000000	03/19/11
☐	943857409	M	49-11210-509-31-0	00/00/00	1901.25	000	1228.63	0000000	03/12/11
☐	943857409	M	49-11210-509-29-5	00/00/00	5613.75	000	3627.73	0000000	03/05/11
☐	943857409	M	49-11210-509-15-7	00/00/00	3982.50	000	2573.58	0000000	03/01/11
☐	943857409	M	49-11208-010-79-6	00/00/00	1080.00	000	719.04	0000000	07/22/11
☐	943857409	M	49-11208-014-31-7	00/00/00	1080.00	000	719.04	0000000	07/21/11
☐	943857409	M	49-11208-011-15-8	00/00/00	213.75	000	142.31	0000000	07/20/11
☐	943857409	M	49-11208-011-47-5	00/00/00	798.75	000	531.79	0000000	07/19/11
☐	943857409	M	49-11208-011-70-4	00/00/00	1012.50	000	674.10	0000000	07/18/11
☐	943857409	M	49-11208-008-99-0	00/00/00	45.00	000	29.96	0000000	07/17/11
☐	943857409	M	49-11208-011-76-9	00/00/00	315.00	000	209.72	0000000	07/16/11
☐	620055400	M	49-11206-500-16-5	00/00/00	1012.32	000	223.20	0000000	06/01/11

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Claims Inquiry by 'ICN' Search – Medical Claim screen:

- Select the 'Procedure Code' link to obtain additional information

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DATE: Aug 3, 2011
TIME: 14:49:21
REGION ID: FTAUMPQ
TERMINAL ID: P516
RACF ID: XMM0159
CLERK ID: 117

Main Menu | Assist | Print | PF Description | Help Screen

Adjudicated Medical Claim GAV0321

ICN: 4911210509378

Status	Image	Split Ind	Line Count
TO BE PAID	N		6

Participant

DCN: [redacted]
Multiple DCN: N
Abbreviated Name: [redacted]
Name: [redacted]

Provider

ID: 943857409
NPI: 1205954211
Taxonomy:
Provider Speciality: 13
Abbreviated Name: IN
Name: INTEGRITY HOME CARE
Patient Account Number: PD 627

Claim Header

Medicare Ind:
Accident Ind: 0
Facility Ind: N
Lab Ind: N
Third Party Liability Ind: 3
Capitation Ind:
Submission Ind: F
Frequency Ind:
Transplant Ind: N

Referring Provider ID: 209215201
Referring Provider NPI: 1003861006
Referring Provider Taxonomy:
Admission Date: 06/01/2003
Discharge Date:
Last Menstrual Cycle Date:
Home Health Certification Period From:
Home Health Certification Period Thru:

Line:
Exception Code:
Status:
Clerk ID:
Rule Information | Scroll

Diagnosis Codes

1	2	3	4	5
3589	34400	51900	53640	

Current Location: 93
Current Location Date: 07/29/2011
System EOB:
Manual EOB:
Override Location:
Override Exception:
Health Plan Paid Date:
Paid Date:
Remittance Advice Number:
Previous ICN:
Adjustment ICN:
Adjustment Reason Code:

Amount

Total Charge	Other Insurance	Net Charge	Reimbursement	Spenddown Incurred	Spenddown Withheld	Health Plan Paid	Enhanced Payment
6322.50	0.00	6322.50	4085.74				

Search Line

Line 01 Detail | A

DOS From	DOS Thru	Service Place	Service Type	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Health Plan Additional Payment	Health Plan Paid Amount	Amount Charge	Amount Allowed	Units Allowed	EOB System	EOB Manual
03/26/2011	03/26/2011	12	M	T1000							1080.00	697.92	96		

Line 02 Detail | A

DOS From	DOS Thru	Service Place	Service Type	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Health Plan Additional Payment	Health Plan Paid Amount	Amount Charge	Amount Allowed	Units Allowed	EOB System	EOB Manual
03/27/2011	03/27/2011	12	M	T1000							1012.50	654.30	90		

More Detail Lines

Back | Previous Claim | Next Claim | Save
Name Lookup | Lookup Menu | Participant Snapshot | Participant Profile | Related History
Split Claim | Attachment | Other Payer Attach | Adjustment | Credit
Image | Enter

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Claims Inquiry by Procedure Code Search – Procedure Code screen:

- In this example the 'Line 02 Procedure Code' on the Medical Claim page (above) was selected.

DATE: Aug 2, 2011
TIME: 15:02:52
REGION ID: FTAMWRC
TERMINAL ID: P516
RACF ID: XWW0159
CLERK ID: 117

Main Menu
Print
ITr Description
Help Screen

Procedure Code

GPV5511

Type of Service: M
Procedure Code: T1000
Modifier 1:
Modifier 2:

Last Update Date: 06/30/2010
Last Pricing Date: 06/30/2010
Code Version: HC
Procedure Status: 1 ACTIVE

Clerk ID: 117
Minutes: 000

Row	Allowed Charge with Copay	Allowed Charge without Copay	Conversion Factor	Relative Value	Effective Date	Pricing Ind
01	7.49	7.49	0.00	00.00	07/01/2011	3
02	7.27	7.27	0.00	00.00	07/01/2010	3
03	7.49	7.49	0.00	00.00	07/01/2009	3
04	7.42	7.42	0.00	00.00	07/01/2008	3
05	7.20	7.20	0.00	00.00	07/01/2007	3

Scroll

Restrictions 1	Restrictions 2	Restriction Description	Restriction Effective Date	Multiple Restriction Crosswalk Code
1		PRIOR AUTHORIZATION REQUIRED	10/01/2003	1
			0000000000	
			0000000000	

Maximum Quantity: 96
Maximum Anesthesia Units: 000

Description: PRIVATE DUTY NURSING, RN/LPN, HCY, 15-MINUTE UNIT

TPL Ind:		NO
Family Planning Ind:	N	NO
EPSDT Ind:	Y	YES
Copay Ind:	0	NO
Medicare/Medicaid Ind:	3	NO RESTRICTIONS
Injection Ind:	N	
Once/Lifetime Ind:	2	NO RESTRICTIONS

Lab Specialties

Revenue Cross-Reference Codes

Back | Enter | CCI Procedure List
Medical Criteria | Med Crit Browse List | Medicare Allowed Fee
Outpatient Lab Fee Schedule

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Participant Inquiry

MoHealthNet

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DATE:	Aug 3, 2011
TIME:	13:32:05
REGION ID:	FTAMMIPQ
TERMINAL ID:	P465
RACF ID:	XMM0159
CLERK ID:	117

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Participant Entry Screen

GKV1611

Primary Key

Participant DCN: Eligibility Date: (Optional)

Temporary ID Number:

Social Security Number:

Submit

Or Alternate Key

Last Name:		Required (Partial)
First Name:		Optional (Partial)
Gender Code:		Optional (M or F)
Date of Birth:		Optional (MMCCYY)
Case Number:		Optional

Submit

Back | TPL Data | Presumptive Data

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Participant Inquiry by Primary Key Participant DCN search – Participant Information screen:

MoHealthNet

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DATE:	Aug 3, 2011
TIME:	15:12:11
REGION ID:	FTAMMIPQ
TERMINAL ID:	P516
RACF ID:	XMM0159
CLERK ID:	117

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Participant Information

GKV1651

PRESS ENTER/PA1 BUTTON TO RETURN

Participant DCN:
SSN:
Name:
Multiple DCN Ind: N

Address:
City/State/Zip:
Last Update Date: 07/13/2009
Enrollment Date:
ID Card Date: 02/19/1996

Lockin Ind: Y
Presumptive Eligibility Ind: N
Number of TPL: 008
Premium Payment: 000
Gender Code: F
Race Code: 1
Date of Birth:
Date of Death:

HIC:
Previous HIC:

Eyeglass Detail

Activity	Date
Frames:	
Lenses:	
Eye Examination:	

Authorization Detail

Level of Care	Effective Date	Provider ID	NPI

Liability Details

Date	Liability Amount

Part A		Part B		QMB	
Start Date	Stop Date	Start Date	Stop Date	Start Date	Stop Date

Back | Eligibility | TPL | Lockin | Multiple DCN
Snapshot | Service Tracking | Part C/Part D | Part D Override
Key Panel/Alpha List | Presumptive Eligibility

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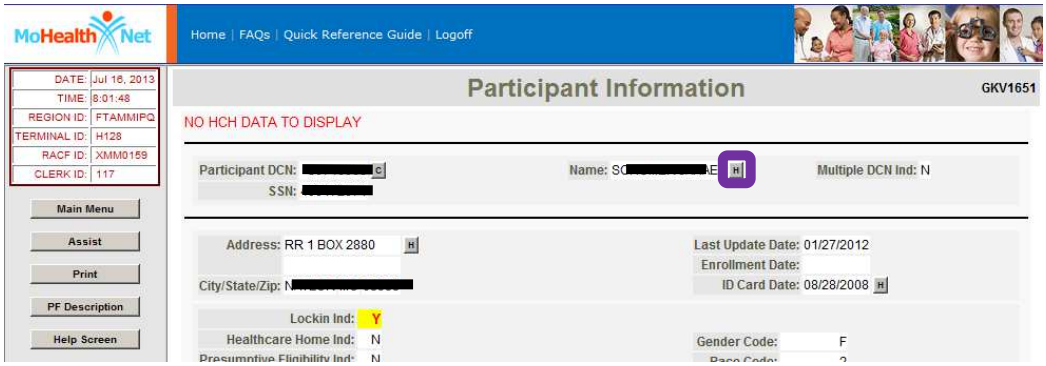
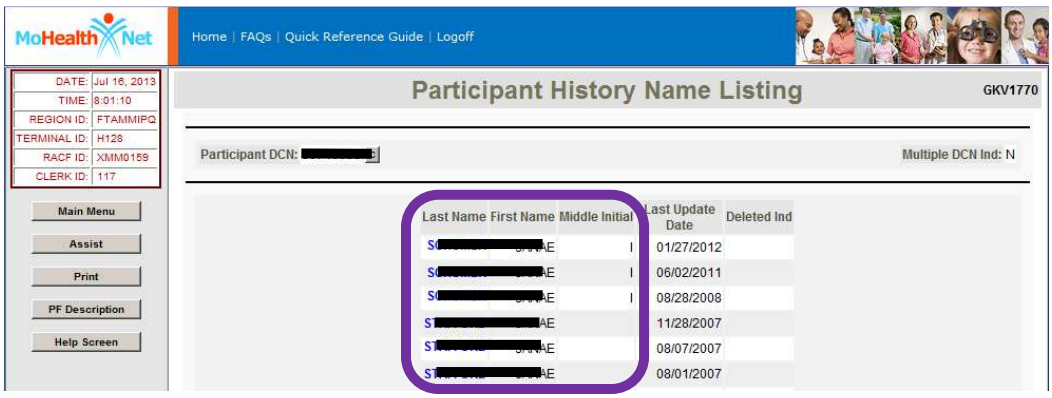
Participant Inquiry - Name Associations:

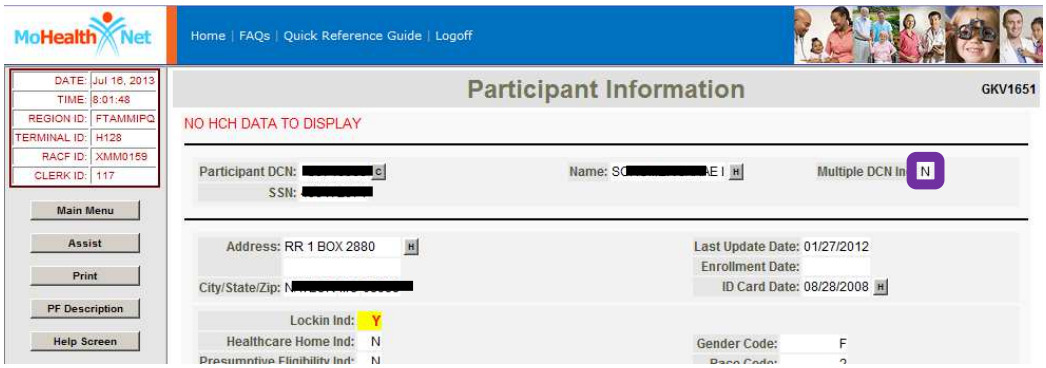


- H button (right side of Name field) when selected will open a screen display that lists every name associated to the party.



Participant Inquiry – Multiple DCN Ind:

- Field uses a Y or N to indicate if MHN eligibility linked to other DCN (same as S019 function in Green Screen/PROD).



Participant Inquiry - Medicare Coverage:

- Premium Payment field displays whether or not the party has a premium for Medicare coverage.

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DATE: Jul 16, 2013
TIME: 8:01:48
REGION ID: FTAMMIPQ
TERMINAL ID: H128
RACF ID: XMM0159
CLERK ID: 117

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Participant Information GKV1651

NO HCH DATA TO DISPLAY

Participant DCN: [redacted] C | Name: S[redacted]E I H | Multiple DCN Ind: N
SSN: [redacted]

Address: RR 1 BOX 2880 H | Last Update Date: 01/27/2012
Enrollment Date:
City/State/Zip: N[redacted] | ID Card Date: 08/28/2008 H

Lockin Ind: Y
Healthcare Home Ind: N
Presumptive Eligibility Ind: N
Number of TPL: 000
Premium Payment: 000

Gender Code: F
Race Code: 2
Date of Birth: 04/17/2000
Date of Death:

Participant Inquiry - Authorization Detail:

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DATE: Jul 16, 2013
TIME: 8:01:48
REGION ID: FTAMMIPQ
TERMINAL ID: H128
RACF ID: XMM0159
CLERK ID: 117

Main Menu | Assist | Print | PF Description | Help Screen

Participant Information GKV1651

NO HCH DATA TO DISPLAY

Participant DCN: [redacted] C | Name: S[redacted]E I H | Multiple DCN Ind: N
SSN: [redacted]

Address: RR 1 BOX 2880 H | Last Update Date: 01/27/2012
Enrollment Date:
City/State/Zip: N[redacted] | ID Card Date: 08/28/2008 H

Lockin Ind: Y
Healthcare Home Ind: N
Presumptive Eligibility Ind: N
Number of TPL: 000
Premium Payment: 000

Gender Code: F
Race Code: 2
Date of Birth: 04/17/2000
Date of Death:

HIC:
Previous HIC:

Eyeglass Detail

Activity	Date
Frames:	
Lenses:	
Eye Examination:	

Authorization Detail

Level of Care	Effective Date	Provider ID	NPI	
0	11/28/2001			H
1	09/18/2000	101867802		

Liability Details

Date	Liability Amount	
01/01/2001	.00	H
10/01/2000	.00	

- Authorization Detail field displays Nursing Home (SNIF, RCF, ICF) related information; Type 10 Provider and dates.

Participant Inquiry - Medicare:

- Medicare activity as reported to MHN.
- The party has active Medicare if no 'stop' date entry is displayed in the Part A, Part B, and QMB sections of the Participant Information screen.
- Medicare information is also available by selecting either the Part C/Part D or Part D/Override buttons.

RACF ID: XMM0159
CLERK ID: 117

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Participant DCN: [redacted]
SSN: [redacted]
Name: [redacted]
Multiple DCN Ind: N

Address: RR 1 BOX 2880
City/State/Zip: [redacted]
Last Update Date: 06/02/2011
Enrollment Date:
ID Card Date: 08/28/2008

Lockin Ind: Y
Healthcare Home Ind: N
Presumptive Eligibility Ind: N
Number of TPL: 000
Premium Payment: 000
Gender Code: F
Race Code: 4
Date of Birth: 04/17/2000
Date of Death:

HIC:
Previous HIC:

Eyeglass Detail

Activity	Date
Frames:	
Lenses:	
Eye Examination:	

Authorization Detail

Level of Care	Effective Date	Provider ID	NPI
0	11/28/2001		
1	09/18/2000	101867802	

Liability Details

Date	Liability Amount
01/01/2001	.00
10/01/2000	.00

Part A		Part B		QMB	
Start Date	Stop Date	Start Date	Stop Date	Start Date	Stop Date

Back | Eligibility | TPL | Lockin | Multiple DCN
Snapshot | Service Tracking | Part C/Part D | Part D Override
Key Panel/Alpha List | Presumptive Eligibility | Healthcare Home

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Participant Inquiry - Lockin Detail:

RACF ID: XMM0159
CLERK ID: 117

Main Menu | Assist | Print | PF Description | Help Screen

Participant DCN: [redacted] Name: [redacted] Multiple DCN Ind: N
SSN: [redacted]

Address: RR 1 BOX 2880
City/State/Zip: [redacted]
Last Update Date: 06/02/2011
Enrollment Date:
ID Card Date: 08/28/2008

Lockin Ind: Y
Healthcare Home Ind: N
Presumptive Eligibility Ind: N
Gender Code: F
Race Code: 4

Back | Eligibility | TPL | Lockin | Multiple DCN
Snapshot | Service Tracking | Part C/Part D | Part D Override
Key Panel/Alpha List | Presumptive Eligibility | Healthcare Home

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- Provides information about participant's MHN enrollment (locked into), i.e., spend down, managed care, provider, NEMT, etc.

  NOTE: Algorithm (A - Assignment Ind column) is the automated Managed Care assignments done by MHN.

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DATE: Jul 16, 2013
TIME: 13:52:16
REGION ID: FTAMMIPQ
TERMINAL ID: P042
RACF ID: XMM0159
CLERK ID: 117

Main Menu | Assist | Print | PF Description | Help Screen

Lockin Detail

GKV1652

Participant DCN: [redacted] Name: [redacted] Multiple DCN Ind: N
Case Number: [redacted]

Note: Use Select with PCP History and Hospice buttons

Sel	Provider ID	Start Date	End Date	Assignment Ind	Transfer Reason	PCP ID	PCP Name	Update or Effective Date	Lockin Type Code
○	817920002	08/21/2007	11/27/2007	S	99	000002301		08/21/2007	MC
○									
○									
○									
○									
○									
○									
○									
○									
○									
○									
○									
○									
○									

Back | Eligibility | Previous | Next | Multiple DCN
Participant | TPL | Service Tracking | Part C/Part D | Part D Override
PCP History | Hospice | Accounts Receivable

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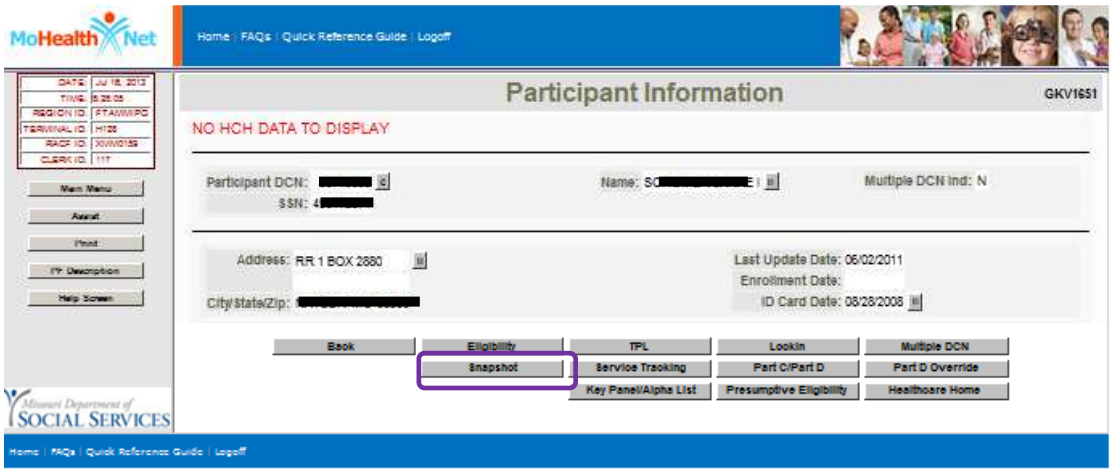
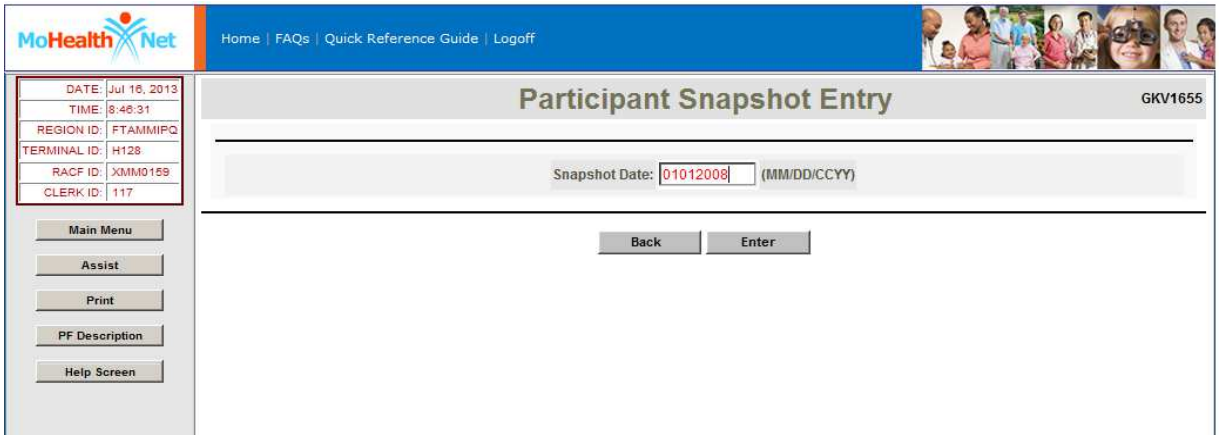
Participant Inquiry - Snapshot:

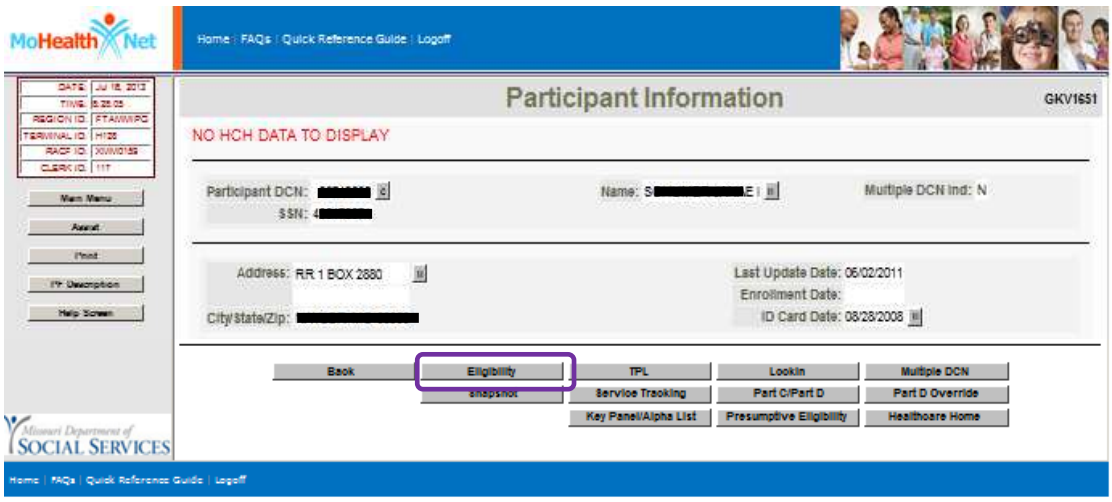
- Snapshot allows a user to input a specific date to view MHN eligibility for a specific date.



- Select Snapshot and the Participant Snapshot Entry screen displays so a specific date can be searched.
- With the specific date entered, select 'Enter' button.

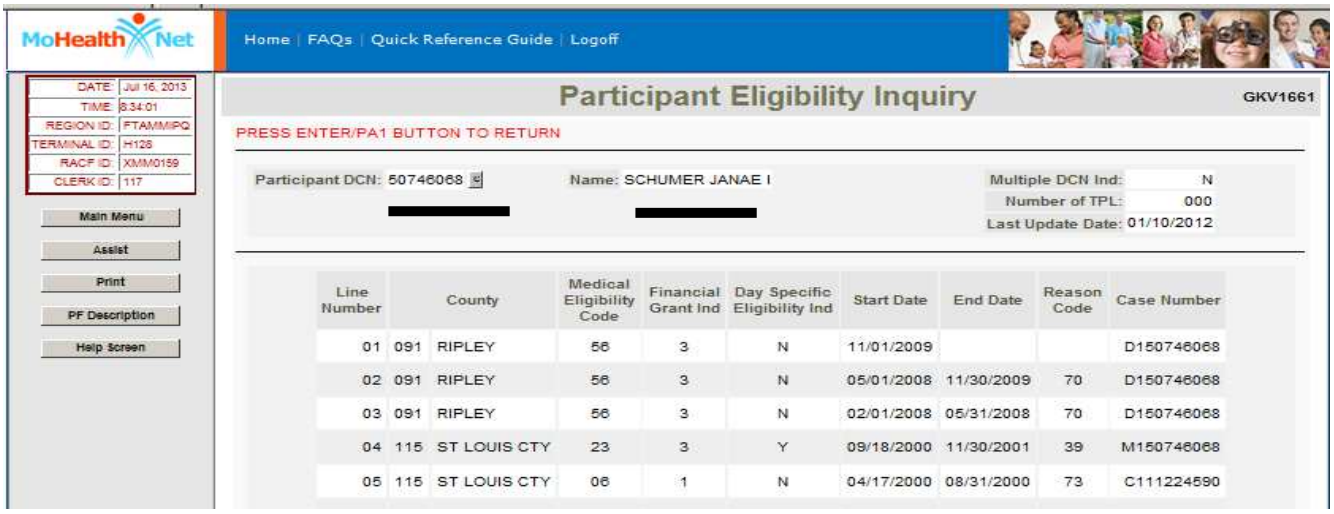


- The system will display the Participant Information screen and the user must select the Eligibility button to view MHN eligibility based on the specific date entered in the Snapshot screen.



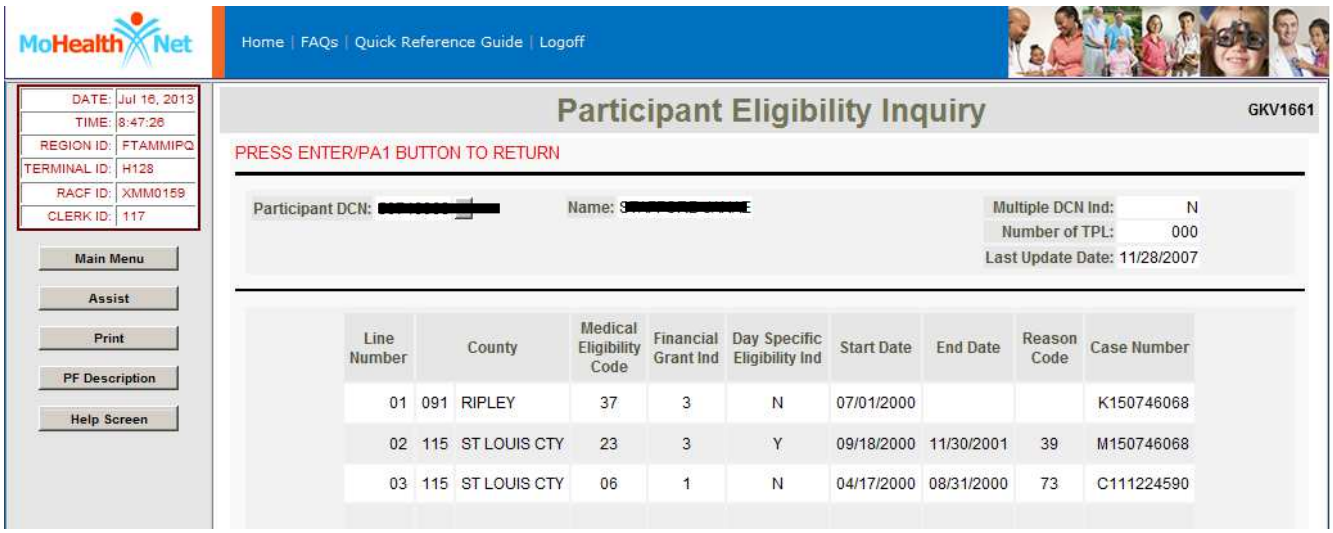
- Participant Eligibility Inquiry screen displays the party's MHN eligibility as it was on the specified date.

Current Eligibilty view:



Line Number	County		Medical Eligibility Code	Financial Grant Ind	Day Specific Eligibility Ind	Start Date	End Date	Reason Code	Case Number
01	091	RIPLEY	56	3	N	11/01/2009			D150746068
02	091	RIPLEY	56	3	N	05/01/2008	11/30/2009	70	D150746068
03	091	RIPLEY	56	3	N	02/01/2008	05/31/2008	70	D150746068
04	115	ST LOUIS CTY	23	3	Y	09/18/2000	11/30/2001	39	M150746068
05	115	ST LOUIS CTY	06	1	N	04/17/2000	08/31/2000	73	C111224590

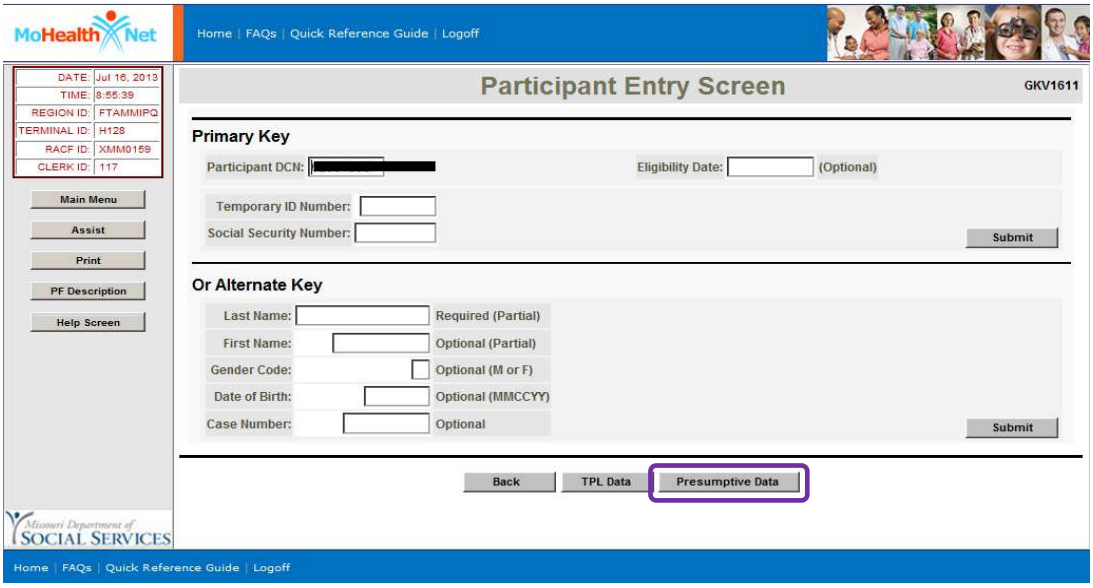
Snapshot Eligibilty view (specific to the 1/1/2008 time frame entered):

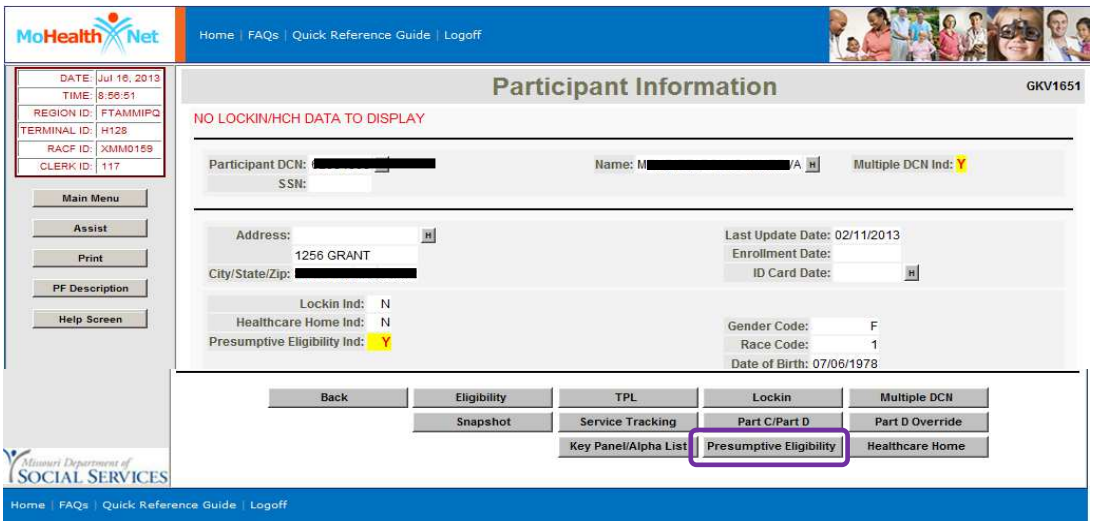


Line Number	County		Medical Eligibility Code	Financial Grant Ind	Day Specific Eligibility Ind	Start Date	End Date	Reason Code	Case Number
01	091	RIPLEY	37	3	N	07/01/2000			K150746068
02	115	ST LOUIS CTY	23	3	Y	09/18/2000	11/30/2001	39	M150746068
03	115	ST LOUIS CTY	06	1	N	04/17/2000	08/31/2000	73	C111224590

Participant Inquiry - Presumptive Eligibility:

- Temporary DCN with presumptive eligibility (ME Codes 58 or 59) can be viewed by selecting the Presumptive Data button from the Participant Entry screen or at the bottom of the Participant Information screen.



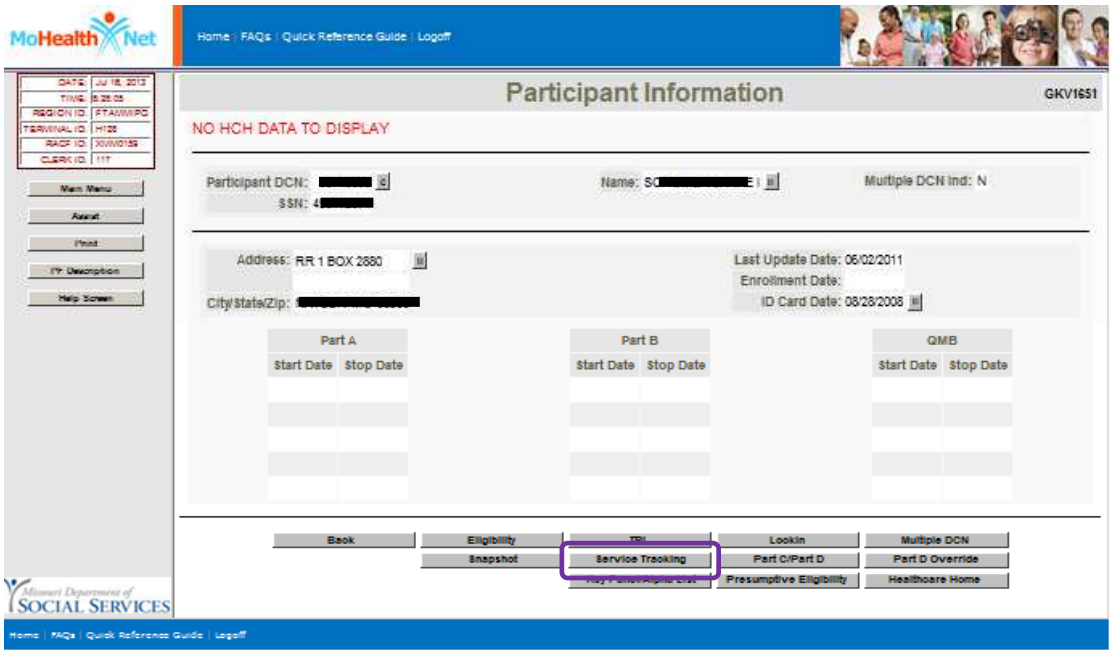


- The Presumptive Eligibility Detail screen will display the ME code, coverage dates, closure reason, etc.

Line Number	Temporary DCN	County	Medical Eligibility Code	Start Date	End Date	Reason Code	Case Number	Last Update Date
01	P0483593	096	58	08/01/2011	09/30/2011	44	P162884898	08/04/2011
02	P0474792	096	58	06/01/2011	07/31/2011	44	P162884898	08/04/2011
03	P0474630	096	58	04/01/2011	05/31/2011	44	P162884898	08/04/2011
04	P0469605	096	58	02/08/2011	03/31/2011	44	P162884898	08/04/2011
05	P0451892	096	58	10/12/2010	11/30/2010	44	P162884898	08/04/2011

Participant Inquiry - Service Tracking:

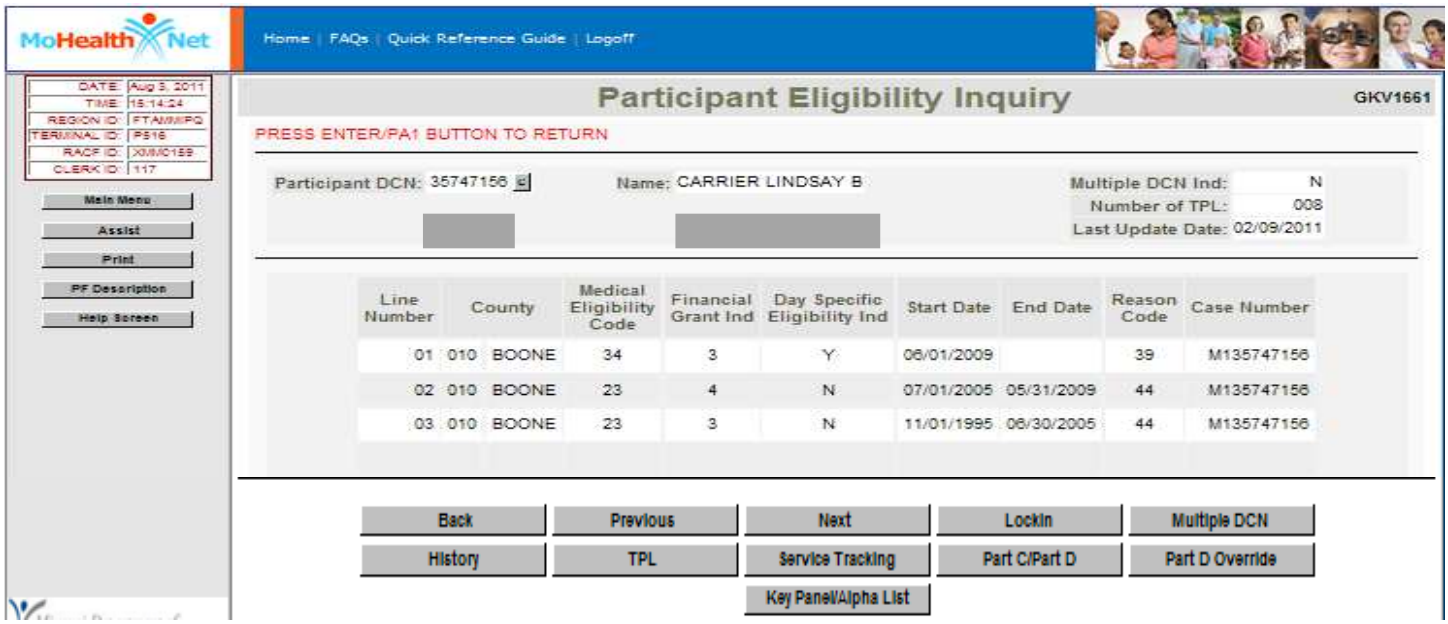
- Gives a user ability to view/search claims, but users should use Claim Inquiry option from the Main Menu for optimum Claim search ability.



Participant Inquiry by 'Eligibility' button (bottom of Participant Information) search - Participant Eligibility Inquiry screen.

To determine if a party has a Spend Down amount, review the information in the Financial Grant Ind column. If a party has to meet a Spend Down amount, both of the following criteria must be met:

- ✓ Medical Eligibility Code of 11, 12, 13 or 13 and 55 (no other ME codes will be assigned a Spend Down amount)
- ✓ Financial Grant Ind column entry is 4



To locate a description of each code from the Financial Grant Ind column:

- Select the number in the Financial Grant Ind column (when you select the number, it will then be underlined)
- With the number underlined, select the Shift+F12 key

The Financial Grant Codes screen will display and list all six (6) codes with a corresponding description of each code.

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DATE: Jan 25, 2012
TIME: 9:28:15
REGION ID: FTAMMIPQ
TERMINAL ID: P843
RACF ID: XMM0159
CLERK ID: 117

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Participant Eligibility Inquiry GKV1661

PRESS ENTER/PA1 BUTTON TO RETURN

Participant DCN: [redacted] Name: [redacted]

Multiple DCN Ind: N
Number of TPL: 000
Last Update Date: 09/08/2010

Line Number	County		Medical Eligibility Code	Financial Grant Ind	Day Specific Eligibility Ind	Start Date	End Date	Reason Code	Case Number
01	039	GREENE	13	4	N	06/01/2010			M163602780

FINANCIAL GRANT CODES

CODE	DESCRIPTION
1	Grant - No SSI
2	Grant - Includes SSI
3	Non-Grant Case
4	Spenddown Case
5	SLMB (Specified Low-Income Medicare Beneficiary)
6	QI (Qualifying Individual)

To determine if a party has met the Spend Down amount, select the Lockin button (bottom of the screen). If system returns to the Participant Information screen with a statement 'No Lockin Data to Display', then the party has not met the Spend Down amount yet.

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DATE: Jan 25, 2012
TIME: 9:25:33
REGION ID: FTAMMIPQ
TERMINAL ID: P843
RACF ID: XMM0159
CLERK ID: 117

Main Menu | Assist | Print | PF Description | Help Screen

Participant Information GKV1651

NO LOCKIN DATA TO DISPLAY

Participant DCN: [redacted]
SSN: [redacted]
Name: [redacted] H
Multiple DCN Ind: N

Address: 3502 W COLE ST H
City/State/Zip: [redacted]

Last Update Date: 09/02/2010
Enrollment Date:
ID Card Date: 09/02/2010 H

Lockin Ind: N

Presumptive Eligibility Ind: N

Number of TPL: 000

Premium Payment: 000

Gender Code: M
Race Code: 1
Date of Birth: 12/08/2009
Date of Death:

HIC:
Previous HIC:

Eyeglass Detail
Activity Date

Participant Inquiry by 'History' button (bottom of Participant Information) search - Participant History Eligibility Listing screen:

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DATE: Aug 3, 2011
TIME: 15:15:24
REGION ID: FTAUMIPQ
TERMINAL ID: P516
RACF ID: XXXX0159
CLERK ID: 117

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Participant History Eligibility Listing

GKV1790

Participant DCN:

Multiple DCN Ind: N

County		Medical Eligibility Code	Day Specific Eligibility Ind	Start Date	End Date	Reason Code	Case Number	Last Update Date	Delete Ind
010	BOONE	23	N	11/01/1995	06/30/2005	44	M135747156	02/09/2011	
010	BOONE	23	N	07/01/2005	05/31/2009	44	M135747156	02/09/2011	
010	BOONE	34	Y	06/01/2009		39	M135747156	02/09/2011	
010	BOONE	34	N	11/01/1995	06/30/2005	44	M135747156	07/13/2009	
010	BOONE	34	N	07/01/2005	05/31/2009	44	M135747156	07/13/2009	
010	BOONE	34	Y	06/01/2009		39	M135747156	07/13/2009	
010	BOONE	13	N	11/01/1995	06/30/2005	44	M135747156	06/23/2005	
010	BOONE	13	N	07/01/2005			M135747156	06/23/2005	
010	BOONE	13	Y	11/01/1995			M135747156	02/19/1996	

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Procedure/Drug/Diagnosis/Revenue

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DATE:	Aug 3, 2011
TIME:	13:32:40
REGION ID:	FTAMMIPQ
TERMINAL ID:	P465
RACF ID:	XMM0159
CLERK ID:	117

Main Menu

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Help Screen

Procedure, Drug, Diagnosis and Revenue Code Files

GPV5501

Action: Inquiry

Procedure Record

Type of Service:

Procedure Code: Modifier 1: Modifier 2:

CCI Procedure Record

CCI Procedure Code: Process Date: Pending:

Revenue Record

Revenue Code:

Diagnosis Record

Diagnosis Code:

Drug Record

National Drug Code:

Generic Code:

Generic Name

Generic Name:

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Diagnosis Record option:

- Field accepts 3rd, 4th, and 5th digit ICD codes, without the decimal point.
- Description column displays the accurate status of the searched code, i.e., Active or Inactive.
- System entry required in the 'Effective Stop Date' field, therefore '12/31/9999' date entry chosen.

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DATE: Sep 13, 2011
TIME: 8:47:40
REGION ID: FTAMMPQ
TERMINAL ID: P735
RACF ID: XMM0159
CLERK ID: 117

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Diagnosis Record GPV5521

PRESS ANY KEY TO RETURN TO MENU

Diagnosis Code: 3439

Last Update Date: 11/22/2002
Previous Update Date:

Status	Description	Effective Start Date	Effective Stop Date
1	ACTIVE	01/01/1990	12/31/9999
0	????????		
0	????????		
0	????????		

TPL Ind: N NO
Family Planning Ind: N NO
Age Range: 000 - 000 Years
Valid Gender Code: B BOTH
Diagnosis Type Code:

Description: CEREBRAL PALSY NOS

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- To determine when a diagnosis closed, the 'Effective Stop Date' on the 'Active' record is the end date.
  - Below is an example of end dated diagnosis; Diagnosis 343 ended 2/28/2003.

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DATE	Sep 13, 2011
TIME	8:46:18
REGION ID	FTAMMPQ
TERMINAL ID	P735
RACF ID	XMM0159
CLERK ID	117

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PF Description

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Diagnosis Record

GPV5521

PRESS ANY KEY TO RETURN TO MENU

Diagnosis Code: 343

Last Update Date: 12/12/2002
Previous Update Date: 11/22/2002

Status	Description	Effective Start Date	Effective Stop Date
2	INACTIVE	03/01/2003	12/31/9999
1	ACTIVE	01/01/1990	02/28/2003
0	????????		
0	????????		

TPL Ind:	N	NO
Family Planning Ind:	N	NO
Age Range:	000 - 000	Years
Valid Gender Code:	B	BOTH
Diagnosis Type Code:		

Description: INFANTILE CEREBRAL PALSY*

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Procedure/Drug/Diagnosis/Revenue by Generic Name search – Procedure, Drug, Diagnosis and Revenue Code Files screen:

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DATE	Aug 4, 2011
TIME	10:06:23
REGION ID	FTAMMIPQ
TERMINAL ID	H674
RACF ID	XMM0159
CLERK ID	117

Main Menu

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PF Description

Help Screen

Procedure, Drug, Diagnosis and Revenue Code Files

GPV5501

Action: Inquiry

Procedure Record

Type of Service:

Procedure Code: Modifier 1: Modifier 2:

CCI Procedure Record

CCI Procedure Code: Process Date: Pending:

Revenue Record

Revenue Code:

Diagnosis Record

Diagnosis Code:

Drug Record

National Drug Code:

Generic Code:

Generic Name

Generic Name: albuterol

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Procedure/Drug/Diagnosis/Revenue by Generic Name search – Generic Drug Inquiry screen:

- Select the 'NDC' link to obtain additional information

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DATE:	Aug 4, 2011
TIME:	10:06:40
REGION ID:	FTAMMIPQ
TERMINAL ID:	H674
RACF ID:	XMM0159
CLERK ID:	117

Main Menu

Print

PF Description

Help Screen

Generic Drug Inquiry

GPV5551

Generic Name: ALBUTEROL SULFATE

NDC	Drug Name
00005 3062 31	ALBUTEROL SULFATE
00005 3062 43	ALBUTEROL SULFATE
00005 3063 31	ALBUTEROL SULFATE
00005 3063 43	ALBUTEROL SULFATE
00047 0956 24	ALBUTEROL SULFATE
00047 0957 24	ALBUTEROL SULFATE
00047 1006 23	ALBUTEROL SULFATE
00047 1006 32	ALBUTEROL SULFATE
00047 2997 11	ALBUTEROL
00054 8063 11	ALBUTEROL SULFATE
00054 8063 13	ALBUTEROL SULFATE
00054 8063 21	ALBUTEROL SULFATE
00056 0197 16	ALBUTEROL SULFATE
00056 0198 70	ALBUTEROL SULFATE

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Procedure/Drug/Diagnosis/Revenue by NDC search – Drug Record screen:

- In this example the 'NDC' link for 'Albuterol' on the Generic Drug Inquiry page (above) was selected.

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DATE:	Aug 4, 2011
TIME:	10:06:55
REGION ID:	FTAMMIPQ
TERMINAL ID:	H674
RACF ID:	XMM0159
CLERK ID:	117

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Drug Record

MPV5531

PRESS ENTER/PF2 BUTTON : PRICING DATA – PA1 BUTTON : MENU : PF9=PARTD

NDC: 00047299711 | Last Update Date: 08/01/2011 | Clerk ID: 999

Trade Name:	ALBUTEROL	Generic Code:	20110
Generic Name:	ALBUTEROL	Drug Status:	5 SCRIPT-EXEMPT
Drug Manufacturer:	WARNER-CHILCOTT		

Drug Strength:	90 MCG	Drug Class:	F	Minimum Prescribed Days:	0
Dosage Form Description:	AEROSOL	Drug Form Code:	3	Maximum Prescribed Days:	999
Route Ind/Description:	H INHALATION	CMS DESI Ind:	2	Effective Prescription Date:	12/08/1989
Pack Size:	17.000	DEA Code:	0	Minimum Daily Units Quantity:	1.000
Nursing Home Coverage:	N	Generic Ind:	1	State Minimum Daily Units:	0
Rebate Report		Innovator Ind:	0	Maximum Daily Units Quantity:	32.000
Federal:	Y	Family Plan Ind:	N	State Maximum Daily Units:	99999
Supplemental:	N	Unit Dose:	0		
MoRx:	N	Third Party Liability Ind:	N		
		Therapeutic Class:	J5D	Therapeutic Class Description:	BETA-ADRENERGIC AGENTS
		Drug Category:	0	Drug Category Description:	UNSPECIFIED

HICL Code	HICL Description
J5DC	Albuterol

Federal Rebate		Supplemental Rebate		MoRx Rebate		Prior Authorization Information	
Ind	Effective Date	Ind	Effective Date	Ind	Effective Date	Ind	Effective Date
N	01/01/2005						
Y	01/01/1991						

Back | Enter | Drug Pricing | Rebate | Rebate History | Supplemental History | Medicare Indicators

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Prior Authorization

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DATE: Aug 3, 2011
TIME: 14:22:58
REGION ID: FTAMMIPQ
TERMINAL ID: P516
RACF ID: XMM0159
CLERK ID: 117

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Prior Authorization Key Panel

GPV5700

Prior Authorization

Prior Authorization Number:
Program Type:
Participant DCN:
Provider ID:
NPI:
Provider Type:
Procedure Code:
Location Code:
Service Date: (MMDDYY)
Prior Authorization Status:
Transplant Type:

Action Code:
(To view Transplant PAs, Program type 24 is required)
Submit

Drug Prior Authorization

Participant DCN:
Prior Authorization Number:
Action Code:
Submit

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Prior Authorization by Participant DCN search – Prior Authorization Key Panel screen:

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DATE: Aug 3, 2011
TIME: 16:08:36
REGION ID: FTAMMIPQ
TERMINAL ID: P516
RACF ID: XMM0159
CLERK ID: 117

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Prior Authorization Key Panel

GPV5700

Prior Authorization

Prior Authorization Number:
Program Type:
Participant DCN:
Provider ID:
NPI:
Provider Type:
Procedure Code:
Location Code:
Service Date: (MMDDYY)
Prior Authorization Status:
Transplant Type:

Action Code: Inquiry
(To view Transplant PAs, Program type 24 is required)
Submit

Drug Prior Authorization

Participant DCN:
Prior Authorization Number:
Action Code:
Submit

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Prior Authorization by Participant DCN search– Prior Authorization ICN Search List screen:

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DATE:	Aug 3, 2011
TIME:	16:09:17
REGION ID:	FTAMMIPQ
TERMINAL ID:	P516
RACF ID:	XMM0159
CLERK ID:	117

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Prior Authorization ICN Search List

GPV5747

Search Field 1:

Search Field 2:

Search Field 3:

Prior Authorization Number		Requested Date		Authorized Date		PA Status
		From	Thru	From	Thru	
201113900008	16	06/01/2011	08/31/2011	06/01/2011	08/31/2011	Approved
201112900008	23	05/09/2011	05/02/2012	05/09/2011	05/02/2012	Approved
201109700018	16	03/01/2011	05/31/2011	03/01/2011	05/31/2011	Approved
201035430051	03			02/22/2010	05/31/2010	Approved
201034300017	16	12/01/2010	02/28/2011	12/01/2010	02/28/2011	Approved
201032685026	03			12/07/2010	03/31/2011	Approved
201026500002	16	09/01/2010	11/30/2010	09/01/2010	11/30/2010	Approved
201018800008	16	06/04/2010	06/17/2010	06/04/2010	06/17/2010	Approved
201016802993	23	06/17/2010		06/17/2010		Approved
201016802987	23	06/17/2010		06/17/2010		Approved
201013900007	16	06/01/2010	08/31/2010	06/01/2010	08/31/2010	Approved
201013202282	23	05/12/2010	05/06/2011	05/12/2010	05/06/2011	Approved
201009500014	16	03/01/2010	05/31/2010	03/01/2010	05/31/2010	Approved
201008485005	03			04/22/2010	07/31/2010	Approved

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Prior Authorization by Prior Authorization Number search – Professional Prior Authorization screen:

- In this example the first 'Prior Authorization Number' link was selected (same results if the 2 digit number is selected).

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DATE: Aug 4, 2011
TIME: 13:13:45
REGION ID: FTAMMIPQ
TERMINAL ID: P492
RACF ID: XMM0159
CLERK ID: 117

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Professional Prior Authorization

GPV5740

Prior Authorization Number: 201113900008 | Program Type: 16 | PA Header Status: A
Original PA Number: | Origin ID: LKW | Clerk ID: 000 | Last Update Date: 08/03/2011

Participant

DCN: [redacted] | Name: [redacted] | Multiple DCN Ind: N
Date of Birth: [redacted]

Provider

ID: 943857409 | Name: INTEGRITY HOME CARE
NPI: 1205954211
Taxonomy:

Prior Authorization Header

Received Date: 05/19/2011 | Certification Date: 00/00/0000 | Exception Code:
Entered Date: 05/19/2011 | Exception Code Status:
Mailed Date: 05/20/2011 | VOID Header EOB: | System EOB:
Resend Date: | Manual EOB:
Clerk ID:
Scroll

Current Location: 99 | Current Location Date: 05/20/2011 | Override Location:

Line 01

PA Line Status: A | Request for Change Ind:

Type of Service:	M	Units Requested:	02746	Exception Code:	500
Procedure Code:	T1000	Units Authorized:	02746	Exception Code Status:	F
Modifiers:		Units Used:	02640	System EOB:	006
				Manual EOB:	000
Requested From Date:	06/01/11	Dollars Requested:	0000000	Clerk ID:	734
Requested Thru Date:	06/30/11	Dollars Authorized:	0000000		
		Dollars Used:	1919280		
Authorized From Date:	06/01/11				
Authorized Thru Date:	06/30/11				

Scroll

Line 02

PA Line Status: A | Request for Change Ind:

Type of Service:	M	Units Requested:	02840	Exception Code:	500
Procedure Code:	T1000	Units Authorized:	02840	Exception Code Status :	F
Modifiers:		Units Used:	02188	System EOB:	006
				Manual EOB:	000
Requested From Date:	07/01/11	Dollars Requested:	0000000	Clerk ID:	734
Requested Thru Date:	07/31/11	Dollars Authorized:	0000000		
		Dollars Used:	1638812		
Authorized From Date:	07/01/11				
Authorized Thru Date:	07/31/11				

Scroll

Line 03

PA Line Status: A | Request for Change Ind:

Type of Service:	M	Units Requested:	02836	Exception Code:	500
Procedure Code:	T1000	Units Authorized:	02836	Exception Code Status :	F
Modifiers:		Units Used:	00000	System EOB:	006
				Manual EOB:	000
Requested From Date:	08/01/11	Dollars Requested:	0000000	Clerk ID:	734
Requested Thru Date:	08/31/11	Dollars Authorized:	0000000		
		Dollars Used:	0000000		
Authorized From Date:	08/01/11				
Authorized Thru Date:	08/31/11				

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Back | Previous | Next | Previous Lines | Next Lines
Notes | Claim ICN List | Generate to Provider | Generate to Clerk | Lookup Menu
Original PA | New PA | Save | Enter | Image

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Prior Authorization by Procedure Code search – Line 01 Procedure Code screen:

- In this example the 'Procedure Code' link for Line 01 was selected.

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REGION ID:	FTAMM/PQ
TERMINAL ID:	P492
RACF ID:	XMM0159
CLERK ID:	117

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Procedure Code

GPV5511

Type of Service: M

Procedure Code: T1000

Modifier 1:

Modifier 2:

Last Update Date: 06/30/2010

Last Pricing Date: 06/30/2010

Code Version: HC

Procedure Status: 1 ACTIVE

Clerk ID: 117

Minutes: 000

Row	Allowed Charge with Copay	Allowed Charge without Copay	Conversion Factor	Relative Value	Effective Date	Pricing Ind
01	7.49	7.49	0.00	00.00	07/01/2011	3
02	7.27	7.27	0.00	00.00	07/01/2010	3
03	7.49	7.49	0.00	00.00	07/01/2009	3
04	7.42	7.42	0.00	00.00	07/01/2008	3
05	7.20	7.20	0.00	00.00	07/01/2007	3

Scroll

Restrictions 1	Restrictions 2	Restriction Description	Restriction Effective Date	Multiple Restriction Crosswalk Code
1		PRIOR AUTHORIZATION REQUIRED	10/01/2003	1
			0000000000	
			0000000000	

Maximum Quantity: 96

Maximum Anesthesia Units: 000

Description: PRIVATE DUTY NURSING, RN/LPN, HCY, 15-MINUTE UNIT

TPL Ind:		NO
Family Planning Ind:	N	NO
EPSDT Ind:	Y	YES
Copay Ind:	0	NO
Medicare/Medicaid Ind:	3	NO RESTRICTIONS
Injection Ind:	N	
Once/Lifetime Ind:	2	NO RESTRICTIONS

Lab Specialties

Revenue Cross-Reference Codes

Back | Enter | CCI Procedure List

Medical Criteria | Med Crit Browse List | Medicare Allowed Fee

Outpatient Lab Fee Schedule

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Prior Authorization by Exception Code search – Line 01 Resolutions Page screen:

- In this example the 'Exception Code' link for Line 01 was selected.

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TIME	13:25:54
REGION ID:	FTAMMPQ
TERMINAL ID:	P492
RACF ID:	XMM0159
CLERK ID:	117

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Resolutions Page

GPV4100

Exception Code: 500 c Last Update Date: 05/05/2005 Clerk ID: 941

Claim Types:	D	H	I	K	L	M	N	O	W	X
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Encounter Ind: N

Name: PRE-APPROVED PA

Description: FAILS WHEN A PRIOR AUTHORIZATION REQUEST FOR PROCEDURE CODE ON PARM PGT6 IS REQUESTED. PROCEDURE CODES ON PARM PGT6 REQUIRE SIGNATURE OF REVIEWING AGENCY PRIOR TO SUBMISSION.

Approval Ind: Y

Approval Date: 05/05/2005 Status: PROD Initiating Process: Z Initiating Process Number: WRITTENREQ

Method Of Correction:

1. PROGRAM TYPE 10 (Y9604, Y9605, Y9610, Y9613, Y9614, Y9615, S5125U5, T1000U5, T2028U5, T2029U5, T1019, T1019TF, T1001) AND
PROGRAM TYPE 16 (Y2300YG, Y2305YG, Y231052, Y231552, Y232052, Y232552, Y9009, Y9301YG, Y9445YG, Y9446YG, G0154EP, G0156EP, T1000, T1019EP, T1019EPTF, T1001EP)

A. INITIAL AUTHORIZATION: SUBMITTED ON PA REQUEST FORM SHOULD HAVE STAMP OF THE BSHCN OFFICE NAME AND ADDRESS, AND BE SIGNED BY THE BSHCN STAFF OR SIGNED BY DMS STAFF.

B. CHANGE REQUEST: SUBMITTED AND APPROVED AS INDICATED IN 1.A. ABOVE OR SUBMITTED ON A SCREEN PRINT SHOULD BE STAMPED AND SIGNED BY THE BSHCN STAFF OR BY DMS STAFF.

C. IF ABOVE CRITERIA IS NOT MET DENY AS INCOMPLETE (I) WITH EOB 006 (PRIOR AUTHORIZATION REQUIRES APPROVAL BY STATE CONSULTANT/ ADMINISTERING AGENCY.)

2. PROGRAM TYPES 08 (Y9300, Y9301YH, Y9310, Y9315, Y9316, Y9325, Y9330, Y9412, Y9429, T1019U4, T1000U4, G0154TDU4, T2028U4,S5126U4, T1019, T1019TF, T1001)

A. INITIAL AUTHORIZATION: SUBMITTED IN BATCHES ON THE GREEN PA FORM TITLED -AIDS SPPC/WAIVER PROGRAM FROM DHSS OR SUBMITTED BY DMS STAFF. PA SHOULD BE SIGNED BY DHSS CENTRAL OFFICE OF DMS STAFF.

B. CHANGE REQUEST: SUBMITTED ON A DISPOSITION LETTER OR SCREEN PRINTS AND SHOULD CONTAIN A STAMP AND SIGNATURE FROM DHSS CENTRAL OFFICE OR A SCREEN PRINT SIGNED BY DMS STAFF.

C. IF ABOVE CRITERIA IS NOT MET DENY AS INCOMPLETE (I) WITH EOB 006 (PRIOR AUTHORIZATION REQUIRES APPROVAL BY STATE CONSULTANT/ ADMINISTERING AGENCY.)

3. PROGRAM TYPE 22 (Y9506, T1000SC)

A. INITIAL AUTHORIZATION: SUBMITTED BY DMS OR DHSS STAFF, MARKED APPROVED OR DENIED, AND SIGNED BY DMS OR DIVISION OF SENIOR SERVICES STAFF. ANY QUESTIONS REGARDING SIGNATURE SHOULD BE REFERRED TO DMS PROGRAM OPERATIONS.

B. CHANGE AUTHORIZATION: SUBMITTED BY DMS OR DHSS STAFF ON A SCREEN PRINT OR DISPOSITION LETTER AND SIGNED BY DMS OR DIVISION OF SENIOR SERVICES STAFF.

C. IF ABOVE CRITERIA IS NOT MET DENY AS INCOMPLETE (I)WITH EOB 006 (PRIOR AUTHORIZATION REQUIRES APPROVAL BY STATE CONSULTANT/ ADMINISTERING AGENCY.)

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Prior Authorization by System EOB search – Line 01 EOB Description screen:

- In this example the 'System EOB' link for Line 01 was selected.

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TIME: 13:31:25
REGION ID: FTAMMIPQ
TERMINAL ID: P492
RACF ID: XMM0159
CLERK ID: 117

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EOB Description

GPV4200

EOB Code: 006 | Last Update Date: 04/24/1990 | Clerk ID: 931

EOB Category: 01
Participant EOB: A
EOB Description: THIS SERVICE REQUIRES PRIOR AUTHORIZATION BY STATE CONSULTANT.

System EOB Related Exception Codes	System EOB Related Exception Codes	System EOB Related Exception Codes	System EOB Related Exception Codes	System EOB Related Exception Codes
0500				

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Prior Authorization by Manual EOB search – Line 01 EOB Description screen:

- In this example the 'Manual EOB' link for Line 01 was selected.

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DATE: Aug 4, 2011
TIME: 13:32:03
REGION ID: FTAMMIPQ
TERMINAL ID: P492
RACF ID: XMM0159
CLERK ID: 117

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EOB Description

GPV4200

EOB Code: 000 | Last Update Date: 06/03/2005 | Clerk ID: 906

EOB Category: 07
Participant EOB: 00
EOB Description: NO APPLICABLE EXPLANATION OF BENEFITS MESSAGE FOR THIS CLAIM TYPE OR INPUT MEDIUM

System EOB Related Exception Codes	System EOB Related Exception Codes	System EOB Related Exception Codes	System EOB Related Exception Codes	System EOB Related Exception Codes
0001	0002	0003	0004	0005
0006	0007	0008	0009	0010
0011	0012	0013	0014	0015
0016	0017	0018	0019	0020
0021	0022	0023	0024	0025
0026	0027	0028	0029	0030
0031	0032	0033	0034	0035
0036	0037	0038	0039	0040
0041	0042	0043	0044	0045
0046	0047	0048	0049	0050

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Financial Transactions

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DATE: Aug 3, 2011
TIME: 13:47:24
REGION ID: FTAMMIPQ
TERMINAL ID: P504
RACF ID: XMM0159
CLERK ID: 117

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Financial Transaction Panel GDV2000

Action:

Provider ID:
NPI:
Control Number:
Participant DCN:

Note: Enter Provider ID, Control Number or Participant DCN

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Financial Transactions by Participant DCN search – Financial Transaction Inquiry screen

- Participant DCN Search requires the Action drop down selection to be 'History'.
- In this example the first 'Control Number' link on the Financial Transaction Inquiry was selected.

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DATE: Aug 4, 2011
TIME: 13:35:30
REGION ID: FTAMMIPQ
TERMINAL ID: P492
RACF ID: XMM0159
CLERK ID: 117

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Financial Transaction Inquiry GDV2020

Participant DCN: Name:

Control Number	Transaction Date	Transaction Code	Transaction Amount	Provider	Remittance Advice Number	Comment	Status
20082070794	07/25/2008	TPL	15.82	580562809		THI	C
20082070795	07/25/2008	TPL	15.82	580562809		THI	C
20082070797	07/25/2008	TPL	15.82	580562809		THI	C
20082070798	07/25/2008	TPL	15.81	580562809		THI	C
20082962300	10/22/2008	TPL	197.40	620055400		THI	C
20082962301	10/22/2008	TPL	197.40	620055400		THI	C
20083010397	10/27/2008	TPL	71.00	550565402		THI	C
20083040524	10/30/2008	TPL	411.18	620055400		THI	C
20083084682	11/03/2008	TPL	13.62	600093124		THI	C
20091070277	04/17/2009	TPL	210.88	943857409		THI	C
20091070278	04/17/2009	TPL	105.47	943857409		THI	C
20091381974	05/18/2009	TPL	10.08	600093124		THI	C
20091671711	06/16/2009	TPL	107.78	010565406		THI	C
20091701381	06/19/2009	TPL	64.15	580562809		THI	C
20091701382	06/19/2009	TPL	64.15	580562809		THI	C

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Financial Transactions by Control Number search – Financial Transaction screen:

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DATE: Aug 4, 2011
TIME: 13:43:05
REGION ID: FTAMMPQ
TERMINAL ID: P492
RACF ID: XMMD159
CLERK ID: 117

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Financial Transaction Screen

GDV2010

Control Number: 20082070794
Status Void Ind Clerk ID: C 891
Last Update Date: 07/25/2008
Transaction Type: TPL TPL RECOVERY
Transaction Entry Date: 07/25/2008

Billing Provider

ID: 580562809
Name:
NPI: 1477576437
Taxonomy: 251E00000X

Transaction Detail

Performing Provider
ID: 58 05628 0 9
NPI: 1477576437
Taxonomy: 251E00000X

Federal Fiscal Year: 0000
Fund Split Code:
Family Planning Ind:
DOS From: 12/05/2007
DOS Thru: 12/26/2007
Participant DCN:
Name:
Medical Eligibility Code:
Multiple DCN Ind:
Remittance Advice Number:

Comment Code: THI
Comment Description: TPL HEALTH INS

Reference Claim ICN: 4908038110907

Amount					
Original	Federal	General Revenue	State Medical	State Employed	Safety Net
15.82	0.00	0.00	0.00		

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Claim | Save | Duplicate Pay | Duplicate Pay Approved