Web Portal Presentation
A health insurance company for Mississippi's Medicaid population, and now participating in the new healthcare Market Place Exchanges.

Find Health Plans

- Medicaid
- MississippiCAN
- Ambetter
- Health Insurance Marketplace
- CHIP
- Mississippi Children's Health Insurance Program

Medicaid
Transforming the health of our community one person at a time.

Learn More
For Providers

Submit:
- Claims
- Provider Complaints
- Demographic Updates

Verify:
- Eligibility
- Claim Status

View:
- Provider Directory
- Important Notifications
- Provider Training Schedule
- Practice Improvement Resource Center (PIRC)
- Claim Editing Software
- Provider Newsletter
- Member Roster for PCPs
- Member Care Gaps

For Providers

Login
- Eligibility Verification
- Important Notifications
- PaySpan-EFT/ERA (Payformance)
- Provider Training

Pre-Auth Needed?

Magnolia Member Baby Shower
Magnolia Health Holds Member Baby Shower To Promote Better Health For Jackson Area Expecting Mothers & Newborns Quarterly event advances healthier delivery, healthier newborn and healthier mothers through education, tips and advice. JACKSON, Miss., Dec. 10, 2014 – Magnolia Health – a leading provider of health care coverage that improves care across Mississippi – held...

Read More...

Common Preferred Drug List
Magnolia Health is pleased to announce our move to the common preferred drug list. Magnolia has worked extensively with the Mississippi Division of Medicaid, Mississippi State Medical Association, the Mississippi Chapter of the American Academy of Pediatrics, and others to move to the common preferred drug list. The link below will take you to...

Read More...

Mississippi CHIP Program
Magnolia and MPCI Partner for MS CHIP

Read More...

Phone Numbers
- (800) 913-6285
- TDD/TTY: (877) 725-7782
- Fax: (800) 480-3227
- Weekday Hours:
  - 8 a.m. - 6 p.m. (CST) - First business day of each week
  - 8 a.m. - 6 p.m. (CST) - Every day except first business day of the week
  - 8 a.m. - 6 p.m. (CST) - Second weekend of each month
- Mississippi Relay Services: 7-11
- Nurse/Visits: (888) 912-6285
- Transportation - MTM, Inc: (800) 331-6004

More News
Finding a Provider is Quick and Easy
You can search by last name, facility name or by specialty.

We’ve Mapped Your Location
This helps us find a provider closer to you
If it’s not right, change it here

Search the Way You Want
- Provider - search the person’s first and/or last name
- Hospital - search the hospital by name
- Other - there are many other types of medical providers such as:
  - FQHC - Federally Qualified Health Center
  - RHC - Rural Health Clinic
  - Health Departments, DMEs and Pharmacies and many more

Please Enter Your Location
City or Zip Code:
- OR -
County:
Select County
update
Quantitative Drug Testing for Drugs of Abuse & Molecular Diagnostic Testing

Effective June 13, 2014, all of the codes listed in the document below will require Prior Authorization

Magnolia Health requires prior authorization as a condition of payment for many services, including many that are categorized as Quantitative Drug Testing for Drugs of Abuse or Molecular Diagnostic Testing. This Notice contains information regarding such prior authorization requirements and is applicable to all products offered by Magnolia Health.

Quantitative Drug Testing for Drugs of Abuse & Molecular Diagnostic Testing (PDF)

Important Information for “Pregnancy Only” Members

In keeping with the compliance of the Affordable Care Act (ACA), Magnolia “Pregnancy Only” members will now receive full benefits effective January 1.
Pre-AUTH Needed?

Magnolia Health offers a Pre-Authorization tool to assist providers with determining what services may or may not require a pre-authorization by HCPCS code.

Note: All non-participating providers require a pre-authorization.
Provider Training

- Provider Training Documents
- Presentations
- Instructional Guides
# Training Vignettes

## Provider Secure Website Vignettes

<table>
<thead>
<tr>
<th>Function</th>
<th>Description of Demo</th>
<th>Link to Demo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intro for the Web Demos</td>
<td>A brief introduction to the demos.</td>
<td>This is part of the New Account Registration demo</td>
</tr>
<tr>
<td>1) New Account Registration</td>
<td>Steps to register for a new account.</td>
<td>New Account Registration</td>
</tr>
<tr>
<td>2) Logging In and Out</td>
<td>Demonstrates logging in and out of the account.</td>
<td>Logging in and out demo</td>
</tr>
<tr>
<td>3) Account Management</td>
<td>Demonstrates updating an account’s security questions, changing password and adding TIP.</td>
<td>Account Management</td>
</tr>
<tr>
<td>4) User Management</td>
<td>Demonstrates how to manage users who have access to the account and their permissions.</td>
<td>User Management</td>
</tr>
<tr>
<td>5) Quick Eligibility Check</td>
<td>Demonstrates how to check patient eligibility from the quick eligibility search on the landing page.</td>
<td>Quick eligibility check demo</td>
</tr>
<tr>
<td>6) Patient Eligibility</td>
<td>Demonstrates how to check patient eligibility from the eligibility link. Also, accessing the patient record from the patient list.</td>
<td>Checking patient eligibility</td>
</tr>
<tr>
<td>7) Patient List and Download</td>
<td>Demonstrates accessing the patient list, how to download it to a local server or hard drive and finding a patient from the patient list.</td>
<td>Patient list download and finding a patient</td>
</tr>
</tbody>
</table>
The Practice Improvement Resource Center (PIRC) offers information to assist providers be more efficient and make resources available 24 hours a day:

Forms and Guides for the following:
- Contracting/Credentialing
- Prior Authorizations
- Claims
- Provider Manual
- Magnolia Vendors
- HEDIS Reference Guides
- Pharmacy PDL’s and Guides
- Provider Training
- Clinical Practice Guidelines
- Updates….. and more!!
Secure Website Login

Magnolia’s website offers you many convenient and secure tools to assist and give you access to better health care. To enter our secure portal click on the login button. A new browser window will open where you can login or register.

Member Secure Login/Registration
- Information about your current PCP
- Request to change your PCP
- Important forms available for you

Provider Secure Login/Registration
- Verify member eligibility
- Check and submit claims
- Submit and confirm authorizations
- View detailed patient list

Member Login

Login

Register
Secure Web portal

The Tools You Need Now!
Our site has been designed to help you get your job done.

Check Eligibility
Find out if a member is eligible for service.

Authorize Services
See if the service you provide is authorized.

Manage Claims
Submit or track your claims and get paid fast.

Click Create An Account.
Verifying Eligibility

If you are registered under more than one TIN, please select the appropriate TIN.
### Verifying Eligibility

**Health Plan Showcase**

**Viewing Eligibility For:**

#### Eligibility Check

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Member ID or Last Name</th>
<th>DOB</th>
<th>Check Eligibility</th>
<th>Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/11/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Eligible**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Patient Name</th>
<th>Date Checked</th>
<th>Care Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/11/2013</td>
<td>John11450</td>
<td>03/11/2013</td>
<td>Due for annual adult physical</td>
</tr>
<tr>
<td></td>
<td>Doe11450</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Terms & Conditions  Privacy Policy  Copyright © 2012, Centene Corporation*
Submitting an Authorization
Click the Authorizations button.
Create a New Authorization

The patient’s authorizations for the past 12 months are listed.

<table>
<thead>
<tr>
<th>Status</th>
<th>Authorization Number</th>
<th>From Date</th>
<th>To Date</th>
<th>Auth Type</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVE</td>
<td>OP0048390147</td>
<td>10/03/2012</td>
<td>10/31/2012</td>
<td>OUTPATIENT</td>
<td>Office Visit</td>
</tr>
</tbody>
</table>

Create a New Authorization
There are six steps to creating an authorization. These steps are tracked in the progress bar above.
Step 1 Continued

Select the appropriate Service Type. For this authorization, click on Office Visit.
Step 1 Continued

THIS SECTION:
Service Type
Please select a service type.

Service Type

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Office Visit</th>
</tr>
</thead>
</table>

Contact Information
Please list the individual to contact for questions related to this Authorization

Name
Billing Rep

Phone
(555) 555-5555

Fax
(555) 555-5555

Click the Next button
Authorizations – Step 2

The first step is completed and this screen begins the second step per the progress bar above. This section contains general medical questions.

**Service Dates**

- **Start Date**

- **End Date**

- **Total Units/Visits/Days**

**Diagnosis**

- **Primary Diagnosis**
- **Find**

- **Additional Diagnosis**
- **Find**
**Note:** The Smart Sheets button provides InterQual Smart Sheets that can be completed and attached to an authorization. This is provided as an additional tool but is not required.

**THIS SECTION:**
**General**  
These are general medical questions.

### Service Dates

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date</td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td></td>
</tr>
<tr>
<td>Total Units/Visits/Days</td>
<td></td>
</tr>
</tbody>
</table>

### Diagnosis

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Additional Diagnosis</td>
<td></td>
</tr>
</tbody>
</table>
### InterQual SmartSheets

SmartSheets for procedures or DME are available for your use. The use of SmartSheets is recommended as they provide us with the information we can use to complete your request.

Instructions: Find the appropriate SmartSheet, complete and add as an attachment to your web authorization request.

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

- Abdominal Aortic Anurysm (AAA) Repair and Graft
- Abdominal Perineal Resection (APR)
- AblationExcision Endometriosis Laparoscopic
- Achilles Tendon Repair Complete Tear
- Adenoidectomy
- Adenoidectomy (Pediatric)
- AdrenalectomyAdrenal Mass Removal
- Aerosol Delivery Devices - Senior Administration set, with small volume filtered pneumatic nebulizer
- Aerosol Delivery Devices - Senior Controlled dose inhalation drug delivery system
- Aerosol Delivery Devices - Senior Large volume nebulizer compressor
- Aerosol Delivery Devices - Senior Large volume nebulizer
- Aerosol Delivery Devices - Senior Small volume filtered nebulizer compressor
- Aerosol Delivery Devices - Senior Small volume nebulizer compressor
- Aerosol Delivery Devices - Senior Small volume nebulizer
- Aerosol Delivery Devices - Senior Ultrasonic Electronic Aerosol Generator With Small Volume Nebulizer
- Aerosol Delivery Devices - Administration set, with small volume filtered pneumatic nebulizer
- Aerosol Delivery Devices - Controlled dose inhalation drug delivery system
- Aerosol Delivery Devices - Large volume nebulizer compressor
- Aerosol Delivery Devices - Large volume nebulizer
- Aerosol Delivery Devices - Small volume filtered nebulizer compressor
- Aerosol Delivery Devices - Small volume nebulizer compressor
- Aerosol Delivery Devices - Small volume nebulizer
- Aerosol Delivery Devices - Ultrasonic Electronic Aerosol Generator With Small Volume Nebulizer
- Amputation of DigitExtremity
- Anal Fistulotomy
- Anal Sphincterotomy
- Angiogram Coronary (Left Heart Catheterization)
- Angioplasty Renovascular
- Angioplasty and Stent Carotid
- Arteriovenous Procedure Endovascular
Step three, provider information section. Note: Provider can be found using their NPI or Last Name. This demo uses the NPI.
Authorizations – Step 4

THIS SECTION: Questionnaire  
These are questions specific to Office Visit.

Office Visit

Step four, additional information section. This section is required. The box is free form text.

Additional information:
Step 4 Continued

**THIS SECTION:**
**Questionnaire**  These are questions specific to Office Visit.

**Office Visit**

Additional Information: Please see attached Smart Sheet. Type any additional information as appropriate.
Authorizations – Step 5

Step five, attachments section.

Note: There is a 5MB limit on the file size.
Step six, if you need to review the authorization before submitting, now is the time to do it. Click the Previous button to review previous steps.
Review & Submit

Click the Submit Authorization button.
Authorization Complete

This section:

Congratulations!
Your authorization has been submitted.

Thanks for submitting your authorization. Please check back in 24 hours for a response.

Authorization for Member for Office Visit

Your confirmation number is #1002381.

The confirmation number provided at this point can be used as a search filter.
### Authorization Search

The image shows a webpage for searching authorizations. The page is titled "Searching for Authorizations" and features a table with columns for **Status**, **Authorization Number**, **Member Name**, **Date Processed**, **Date Expired**, **Authorization Type**, and **Service**.

The table contains several rows of data showing different authorizations, such as:

- **APPROVE**
  - **Authorization Number**: 292906595
  - **Member Name**: John150 Doe550
  - **Date Processed**: 02/16/2013
  - **Date Expired**: 12/31/9999
  - **Authorization Type**: INPATIENT
  - **Service**: Medical

Another example:

- **APPROVE**
  - **Authorization Number**: 1002361
  - **Member Name**: John716 Doe44
  - **Date Processed**: 02/10/2013
  - **Date Expired**: 12/31/9999
  - **Authorization Type**: INPATIENT
  - **Service**: SNF-Custodial

The search functionality is demonstrated with a prompt to "Click the Search button."
Currently the authorization status shows it was submitted. The status changes once it is processed. Be sure to check back periodically for updated status.
Submitting Claims
Submitting Claims

The patient record page appears.

This patient is eligible as of today, Apr 25, 2013.

Patient Information

Name: John269 Doe205
Gender: M
Birthday: Jun 10, 1973
Age: 39 years old
Medicaid #: 355673649
Address: 4620253 Main Street

PCP Information

Name: John1589 Doe207
Address: 95458 Main Street
Practice Type: INTERNAL MEDICINE
Phone Number: (555) 555-1234

Eligibility History

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Product Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 1, 2012</td>
<td>Ongoing</td>
<td>SSI Non-Dual</td>
</tr>
<tr>
<td>Apr 1, 2012</td>
<td>Sep 30, 2012</td>
<td>SSI Non-Dual</td>
</tr>
</tbody>
</table>

View PCP History

<table>
<thead>
<tr>
<th>Name</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
</table>
Submitting Claims

Choose Claim for John269 Doe205

Choose a Claim Type

CMS 1500
Professional Claim

CMS UB-04
Institutional Claim

Click the Professional Claim button.
The claim we create uses the minimum amount of coding to process a claim. More information should be included if available.
Submitting Claims – Step 1

There are five sections to be completed to submit a professional claim. The progress bar above indicates the progress through the sections of the claim.

- Patient's Account Number
- Hospitalization
  - From
  - To
- Outside Lab?
  - Yes
  - No
- Prior Authorization Number
- Diagnosis Codes
  - Add
  - Please enter the diagnosis code and click Add button.
# Claims Audit Tool

**Clear Claim Connection™**

![Magnolia Health Logo](image)

## Claim Entry

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male ✘ Female ☐</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>(mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Click grid to enter information.

*For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today’s date, and Place of Service will default to 11 (Office). Tabbing through Date of Service and Place of Service will give you the same defaults.*

## Procedure Table

<table>
<thead>
<tr>
<th>Line</th>
<th>Procedure</th>
<th>Quantity</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Date of Service</th>
<th>Place of Service</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- select -</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- select -</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- select -</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- select -</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- select -</td>
<td></td>
</tr>
</tbody>
</table>

Add More Procedures >>

[Review Claim Audit Results] [Clear]
Submitting Claims – Step 1

Notice the numbered tabs to the left, correlate to the fields on a CMS 1500 claim form. Hover the mouse over the tab for tips on the information needed for the field.
Submitting Claims – Step 2

• If additional service lines are required, click the green New Service Line button.
• Click next if no other lines are required.
Submitting Claims – Step 3

Section three pertains to Providers. Start at the top and work through the provider’s section entering the appropriate information.

Referring Provider

NPI | TaxID | Last Name | First Name | Taxonomy #
--- | --- | --- | --- | ---

Rendering Provider

NPI | Taxonomy # | TaxID
--- | --- | ---

Selected Provider

Currently No Rendering Provider Selected
Please enter a Rendering Provider NPI number and select the provider from results.
Submitting Claims – Step 4

Section four, Attachments. If an attachment is needed, click the Attach button and attach it now.

If there are no attachments, click Next.
Submitting Claims – Step 5

Almost done!

You can go back to review your claim or submit now.

Claim Id: 201004484
Member Record Number: 249962084
Member Claim Amount Paid: 789455
Patient's Account Number: 789455

General Info
Hospitalized From:
Hospitalized To:
Outside Lab?: false
Outside Lab Amount:
Prior Authorization Number:

Diagnosis Codes
7809 -- OTHER GENERAL SYMPTOMS

Primary Insurance

Section five: Review. Review the claim and if all is accurate, click the Submit button.
Submission Complete

Your claim has been submitted
Your confirmation ID is 501002740

The Confirmation page displays. Note the confirmation ID as it can be used in searching for this claim under submitted claims.
Corrected Claim Submission

Quick Eligibility Check

Member ID or Last Name: 123456789 or Smith
Birthday: mm/dd/yyyy

Check Eligibility

Recent Claims

<table>
<thead>
<tr>
<th>STATUS</th>
<th>RECEIPT DATE</th>
<th>MEMBER NAME</th>
<th>CLAIM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>03/20/2013</td>
<td>John269 Doe205</td>
<td>M079ILE01800</td>
</tr>
<tr>
<td></td>
<td>03/20/2013</td>
<td>John3083 Doe1507</td>
<td>M079ILE01846</td>
</tr>
<tr>
<td></td>
<td>03/20/2013</td>
<td>John8372 Doe76</td>
<td>M079ILE01837</td>
</tr>
<tr>
<td></td>
<td>03/20/2013</td>
<td>John3514 Doe11986</td>
<td>M079ILE01809</td>
</tr>
<tr>
<td></td>
<td>03/20/2013</td>
<td>John3920 Doe8678</td>
<td>M079ILE01833</td>
</tr>
</tbody>
</table>

Recent Activity

- 04/10/2013: You changed your password.
- 04/05/2013: You updated your email address.
**Corrected Claim Submission**

<table>
<thead>
<tr>
<th>Claim ID</th>
<th>Name</th>
<th>Date Range</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>M058ILE01543</td>
<td>John5799 Doe12774</td>
<td>02/22/2013 - 02/22/2013</td>
<td>$69.00 / 25.65</td>
</tr>
<tr>
<td>M067ILE01704</td>
<td>John1070 Doe9469</td>
<td>02/22/2013 - 02/28/2013</td>
<td>$1,088.00 / 194.75</td>
</tr>
<tr>
<td>M067ILE01791</td>
<td>John150 Doe550</td>
<td>02/22/2013 - 02/22/2013</td>
<td>$140.00 / 29.65</td>
</tr>
<tr>
<td>M058ILE01415</td>
<td>John11503 Doe305</td>
<td>02/21/2013 - 02/21/2013</td>
<td>$130.00 / 50.56</td>
</tr>
<tr>
<td>M072ILE01640</td>
<td>John6074 Doe95</td>
<td>02/21/2013 - 02/21/2013</td>
<td>$225.00 / 0.00</td>
</tr>
<tr>
<td>M058ILE01532</td>
<td>John150 Doe550</td>
<td>02/20/2013 - 02/21/2013</td>
<td>$492.00 / 91.30</td>
</tr>
<tr>
<td>M063ILE00769</td>
<td>John14649 Doe44</td>
<td>02/20/2013 - 02/20/2013</td>
<td>$89.00 / 46.56</td>
</tr>
<tr>
<td>M067ILE01751</td>
<td>John6756 Doe1256</td>
<td>02/20/2013 - 02/21/2013</td>
<td>$492.00 / 96.05</td>
</tr>
<tr>
<td>M058ILE01438</td>
<td>John150 Doe550</td>
<td>02/19/2013 - 02/19/2013</td>
<td>$89.00 / 46.56</td>
</tr>
<tr>
<td>M058ILE01446</td>
<td>John</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M058ILE01529</td>
<td>John</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M058ILE01536</td>
<td>John1070 Doe9469</td>
<td>02/19/2013 - 02/21/2013</td>
<td>$420.00 / 74.70</td>
</tr>
<tr>
<td>M058ILE01540</td>
<td>John1875 Doe1259</td>
<td>02/19/2013 - 02/19/2013</td>
<td>$117.00 / 48.24</td>
</tr>
</tbody>
</table>

**Note:** Be aware there may be multiple pages of claims on an account. To access those pages click on the appropriate number or the right arrow for more pages.
Corrected Claim Submission

The search can be filtered by any of the information listed below. If the claim number is available, that is the fastest way to locate the claim using the Claim # field.

Otherwise, the claim can be selected from the list presented.

To search, enter one or more of the following search criteria. The Date of Service range you provide is limited to a three-month span. Only the last 18 months of claims data is available online. Claims update every 24 hours.
Corrected Claim Submission

Claim No.: M058ILE01415

<table>
<thead>
<tr>
<th>Ref/Acct No.: 0000339181</th>
<th>Receipt Date: 02/27/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid ID: 093859682</td>
<td>Billed Amount: $130.00</td>
</tr>
<tr>
<td>Member Name: John11503 Doe305</td>
<td>Payment Amount: $50.56</td>
</tr>
<tr>
<td>Member DOB: 03/04/1980</td>
<td>Payment Date: 03/06/2013</td>
</tr>
<tr>
<td>Servicing Provider: EVANS, WILLIAM</td>
<td>Status: PAID</td>
</tr>
<tr>
<td>DOS Range: 02/21/2013 - 02/21/2013</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LINE</th>
<th>DOS</th>
<th>PROC</th>
<th>DX</th>
<th>MODIFIERS</th>
<th>PLACE OF SERVICE</th>
<th>BILLED AMOUNT</th>
<th>PAYMENT AMOUNT</th>
<th>PAYMENT DATE</th>
<th>CHECK NO.</th>
<th>STATUS</th>
<th>STATUS DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>02/21/2013</td>
<td>99213</td>
<td>29900</td>
<td>25</td>
<td>LC11</td>
<td>$89.00</td>
<td>$46.56</td>
<td>03/06/2013</td>
<td>0000152199</td>
<td>PAID</td>
<td>PAID IN FULL</td>
</tr>
<tr>
<td>2</td>
<td>02/21/2013</td>
<td>86580</td>
<td>V032</td>
<td></td>
<td>LC11</td>
<td>$41.00</td>
<td>$4.00</td>
<td>03/06/2013</td>
<td>0000152199</td>
<td>PAID</td>
<td>PAID IN FULL</td>
</tr>
</tbody>
</table>

The Claim details display.
Corrected Claim Submission
Corrected Claim Submission

Click on the Health Plan Name from any screen to return to the landing page after logging in.

Your claim has been submitted
Your confirmation ID is 501002680
Verifying Claim Status
Verifying Claim Status

- Click the Claims button.

- All recent claims for the patient are listed. In this instance there is only one recent claim.
Verifying Claim Status

Click the Claim No. to review additional claim details.

The claim details provide much more information than the summary.
## Quick Eligibility Check

<table>
<thead>
<tr>
<th>Member ID or Last Name</th>
<th>Birthdate</th>
<th>Check Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456789 or Smith</td>
<td>mm/dd/yyyy</td>
<td></td>
</tr>
</tbody>
</table>

**Recent Claims**

<table>
<thead>
<tr>
<th>STATUS</th>
<th>RECEIPT DATE</th>
<th>MEMBER NAME</th>
<th>CLAIM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>🟢</td>
<td>02/19/2013</td>
<td>John369448 Doe369448</td>
<td>M050ILE00505</td>
</tr>
<tr>
<td>🟢</td>
<td>02/19/2013</td>
<td>John90488 Doe90488</td>
<td>M050ILE00500</td>
</tr>
<tr>
<td>🟢</td>
<td>02/19/2013</td>
<td>John620056 Doe620056</td>
<td>M050ILE00510</td>
</tr>
<tr>
<td>🟢</td>
<td>02/19/2013</td>
<td>John299458 Doe299458</td>
<td>M050ILE00509</td>
</tr>
<tr>
<td>🟢</td>
<td>02/19/2013</td>
<td>John409330 Doe409330</td>
<td>M050ILE00503</td>
</tr>
</tbody>
</table>

**Welcome**

- Add a TIN to My Account

**Recent Activity**

- Date
- Activity
You have the ability to download and review your patient list in an excel file.
Patient List

Back on the patient list screen, we can find a patient and access their record from the patient list.

<table>
<thead>
<tr>
<th>Patient List as of 03/11/2013</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Filter By:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filter By:</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go!</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIGIBLE</td>
<td>MEMBER NAME</td>
<td>MEDICAID #</td>
<td>DATE OF BIRTH</td>
<td>PHONE NUMBER</td>
<td>CARE GAPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>--------------</td>
<td>-------------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe8224, Jane8224</td>
<td>108350064</td>
<td>11/30/1952</td>
<td>() -</td>
<td>Due for annual adult physical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doe2047, Jane2047</td>
<td>139386291</td>
<td>07/21/1991</td>
<td>(565) 565-1234</td>
<td>Due for annual adult physical</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Care Gaps will advise the service that the member is due for.
Patient List

Click Find Patient button.

Once Member ID and Birthdate are entered, click on Find.
Patient List

The member record has a lot of information that is covered in detail in other demonstrations.

This patient is eligible as of today, Mar 11, 2013.

Patient Information

- Name: John11450 Doe11450
- Gender: M
- Birthdate: Jan 21, 1954
- Age: 59 years old
- Medicaid #: 303730896
- Address: 4575253 Main Street, AllCities03933, IL 03933

Eligibility History

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Product Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 1, 2011</td>
<td>Mar 31, 2012</td>
<td>SSI Non-Dual</td>
</tr>
<tr>
<td>Apr 1, 2012</td>
<td>Sep 30, 2012</td>
<td>SSI Non-Dual</td>
</tr>
<tr>
<td>Oct 1, 2012</td>
<td>Ongoing</td>
<td>SSI Non-Dual</td>
</tr>
</tbody>
</table>

Care Gaps

Due for annual adult physical
Provider Services (Call Center)

- First line of communication
- Provides phone support
- Answer questions regarding eligibility, authorizations, claims, payment inquiries
- Available Monday through Friday, 8am to 5pm CST 1-866-912-6285