

## How to Identify an Infant's Medicaid ID

### GETTING STARTED

#### LOGIN ID AND PASSWORD

The South Carolina Department of Health and Human Services (SCDHHS), in accordance with HIPAA legislation, requires a signed agreement with trading partners with whom they exchange HIPAA ANSI transactions. In order to check beneficiary eligibility using the S.C Medicaid Portal (Web Tool), you must first complete and sign a Trading Partner Agreement and Trading Partner Enrollment Form. This form is located at <https://www.scdhhs.gov/site-page/provider-forms-0>.

**When SCDHHS receives these signed documents, you will be mailed a login ID and password, as well as the Web address of the Web Tool.** You can request a separate login ID and password for each user at your facility. In the event your organization has completed this form, please contact your financial or claims organization for the username. If you need a user ID and you do not know your trading partner number, you can contact the provider service center at (888) 549-0820 and select the EDI support option from the menu. They can assist in locating your ID number for setting up a user ID and password for this site.

#### CHANGING YOUR PASSWORD

The Web Tool is located at <https://portal.scm Medicaid.com/>. It offers the ability to change the default password provided once you complete a Trading Partner Agreement or update your current password. To change a password (Figure 1):

1. From the Menu, choose Change PWD to retrieve the Change Password screen.
2. Complete the required fields for Old and New Password, noting the password rules.
3. Click Submit. The system will display a screen notifying you of the password change.

*Note: Click Clear to refresh both fields.*

SOUTH CAROLINA  
Healthy Connections  
MEDICAID

Please select a provider to work with:  
ADVANTAGE DIABETIC LLC - 1144344896 Select

Logout Home

Change PWD Reports Eligibility Claims Entry Claim Submission Lists History

Change Password Welcome UATEST22 Your IP address, 167.7.227.2, has been logged.

New password Information

Password rules:

1. Must have at least 8 characters.
2. First character must be a letter.
3. Password must contain an upper case letter.
4. Password must contain a digit.
5. Password must contain a special character i.e. [",!@#%&\*() +\_{}|></?.:~][
6. Password cannot contain your user ID. (e.g. if your user ID is "Fred", then "Fred#007" is not allowed)

Enter old password:

Enter new password:

Verify new password:

Show Password:

<https://portal-uat.clemson.edu:8443/provider> Submit Clear

Figure 1.

## CHECKING AN INFANT'S MEDICAID ID

At your Internet Web browser's address bar, type in the Web Tool address that was mailed to you with your login ID and password. The Home screen for the Web Tool appears.

1. Select a provider from the drop-down menu and click the Select button (Figure 2).
2. Hover over the Eligibility tab (Figure 2) and choose Single Query for one record or use Multiple Query to search for more than one infant. (For searching for more than one infant, see "Checking Multiple Infants' IDs" below.)

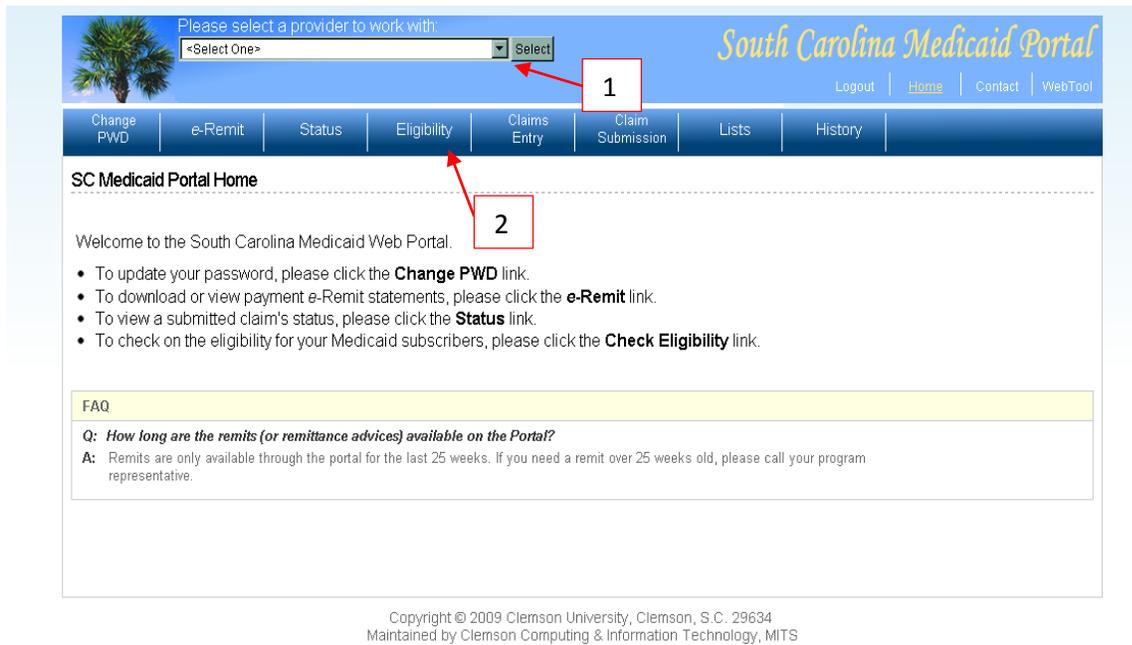


Figure 2.

3. The Eligibility Verification Inquiry screen will display (Figure 3). To proceed:
- Enter the infant's date of birth
  - Enter the infant's first and last name
  - Click the Check Eligibility button

NOTE: You will have to enter the exact name as it appears on the form and in some cases you may have to enter this information multiple times. Check the spelling carefully. If there are multiple middle names, you may need to try both middle initials.

You also may find that waiting a few days and trying the tool again may return the infant's Medicaid ID as it takes a few days to get the infant into the system.

The date of birth field must be an exact match.

Please select a provider to work with:  
 1689624900

South Carolina Medicaid Portal  
 Logout | Home | Contact | WebTool

Change PWD | e-Remit | Status | Eligibility | Claims Entry | Claim Submission | Lists | History

**Eligibility Verification Inquiry**

**Selection Criteria**

Date of Service: 07/05/2011 Date of Birth:  **a**

Medicaid ID:  SSN:

First Name:  MI:  Last Name:  **b**

**c**

**Form filling information**

The selection criteria requires the entry of one of the following three possibilities. The criteria to be used is based on the order listed with the highest priority listed first. If multiple criteria is entered, the one with the highest priority will be used.

1. Date of Service, Medicaid ID
2. Date of Service, Date of Birth, SSN
3. Date of Service, Date of Birth, Full Name

**Figure 3.**

4. The Eligibility Verification Inquiry: Selection Summary screen displays (Figure 4). The Medicaid ID will display next to the infant's name.

Please select a provider to work with:  
 1689624900

South Carolina Medicaid Portal  
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Change PWD | e-Remit | Status | Eligibility | Claims Entry | Claim Submission | Lists | History

**Eligibility Verification Inquiry: Selection Summary**

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

**Selection Criteria** Infant's Medicaid ID

Date of Service: 07/05/2011 Provider ID: 1295763217

Sel	MID	Name	DOB	Status	Gender	DOS
<input checked="" type="checkbox"/>	8185138301	ROY D ROGERS	10/11/1948	ELIGIBLE	MALE	07/08/2011

**Figure 4.**

## CHECKING MULTIPLE INFANTS' IDS

1. Select a provider from the drop-down menu and click the Select button (Figure 2).
2. Hover over the Eligibility tab (Figure 2) and choose Multiple Query.
3. The Eligibility Verification Inquiry (for multiple entries) screen will display (Figure 5). To proceed, for each line:
  - a. Select Name from the Key Type drop-down menu
  - b. Enter the infant's name (must be an exact match, including middle initial) in the Key Value field
  - c. Enter date of birth in format: mm/dd/yyyy or mm-dd-yyyy
  - d. Repeat for next infant
  - e. Click the Submit button to display results.

*Note: Click Clear to refresh the fields.*

Please select a provider to work with:  
 1689624900

South Carolina Medicaid  
 Logout | Home

Change PWD | e-Remit | Status | **Eligibility** | Claims Entry | Claim Submission | Lists | History

**Eligibility Verification Inquiry**

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

**Selection Criteria**

Date of Service: 06/30/2011

Date of Service	Key Type	Key Value	Birth Date	Date of Service	Key Type	Key Value	Birth Date
06/30/2011	Medicaid	1451105905		06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Name			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		
06/30/2011	Medicaid			06/30/2011	Medicaid		

**Figure 5.**

4. The Eligibility Verification Inquiry: Selection Summary” screen displays (Figure 6). The Medicaid ID will display next to the infants’ names.

Please select a provider to work with:  
 1689624900

*South Carolina Medicaid Portal*  
 Logout | Home | Contact | WebTool

Change PWD | e-Remit | Status | Eligibility | Claims Entry | Claim Submission | Lists | History

**Eligibility Verification Inquiry: Selection Summary**

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

**Selection Criteria** Infants' Medicaid IDs

Date of Service: 06/30/2011 Provider ID: 1689624900

Sel	MID	Name	DOB	Status	Gender	DOS	
<input type="checkbox"/>	<a href="#">9721161101</a>	MARY GRAYSON	05/02/1927	INELIGIBLE	FEMALE	06/30/2011	
<input type="checkbox"/>	<a href="#">030443870X</a>	1. The Subscriber entered was not found in our database. 2. Medicaid ID: 030443870X					06/30/2011
<input type="checkbox"/>	<a href="#">6165136301</a>	ROY D ROGERS	10/11/1948	ELIGIBLE	MALE	06/30/2011	

Sel	MID	Name	DOB	Status	Gender	DOS	
<input type="checkbox"/>	<a href="#">1451105905</a>	PATRICIA A PORTER	09/04/1964	ELIGIBLE	FEMALE	06/30/2011	
<input type="checkbox"/>	<a href="#">5304477603</a>	1. The Subscriber entered was not found in our database. 2. Medicaid ID: 5304477603					06/30/2011
<input type="checkbox"/>	<a href="#">4726137201</a>	JOHN R HINSON	07/28/1940	INELIGIBLE	MALE	06/30/2011	

Figure 6.

## CHECKING MCO OR FFS COVERAGE

The Web Tool also allows you to determine the baby’s Medicaid coverage type—Fee for Service (FFS) or Managed Care Organizations (MCOs). In order to determine the type of coverage the new baby has and the plan providing coverage, select the infant’s Medicaid ID link (see Figures 5 and 6). The Medicaid ID shows as a light blue number. The benefit type and plan information displays on the infant’s overview page (Figure 7).

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Please select a provider to work with:

Logout | Home

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

**Beneficiary Information Redacted**

**Eligibility or Benefit Information**

<b>Beneficiary is:</b>	ELIGIBLE	<b>Qualified Medicare Beneficiary:</b>	N/A
<b>Payment Category:</b>	INFANTS UP TO AGE 1	<b>Home visits remaining:</b>	0
<b>CoPay Exempt:</b>	YES	<b>Ambulatory visits remaining:</b>	N/A
<b>Deductible:</b>	\$0.00	<b>Chiropractic visits remaining:</b>	0
<b>Coinsurance:</b>	0.0%	<b>Mental Health services remaining:</b>	0
<b>Limited Benefit:</b>	N/A	<b>Rehabilitative services remaining:</b>	N/A
<b>Qual. Category:</b>	AFDC AND AFDC RELATED GROUPS		

**Beneficiary Special Programs Data**

Benefit Type

**Description:** MCHM, MCO  
**Message:** NOTE! BENEFICIARY(-IES) WITH A MGD CARE INDICATOR PARTICIPATE IN A MANAGED CARE PLAN. MOST SERVICES REQUIRE PRIOR AUTHORIZATION FROM THE PROVIDER OR HMO LISTED BELOW.

**Anniversary Date:** 03/01/2015

**Provider ID:** HM3200  
**Organization:** BLUECHOICE HEALTHPLAN SC  
**Address:** PO BOX 100124  
**City/State/Zip:** COLUMBIA, SC 29202-3124  
**Telephone:** 866-757-8286

Figure 7.