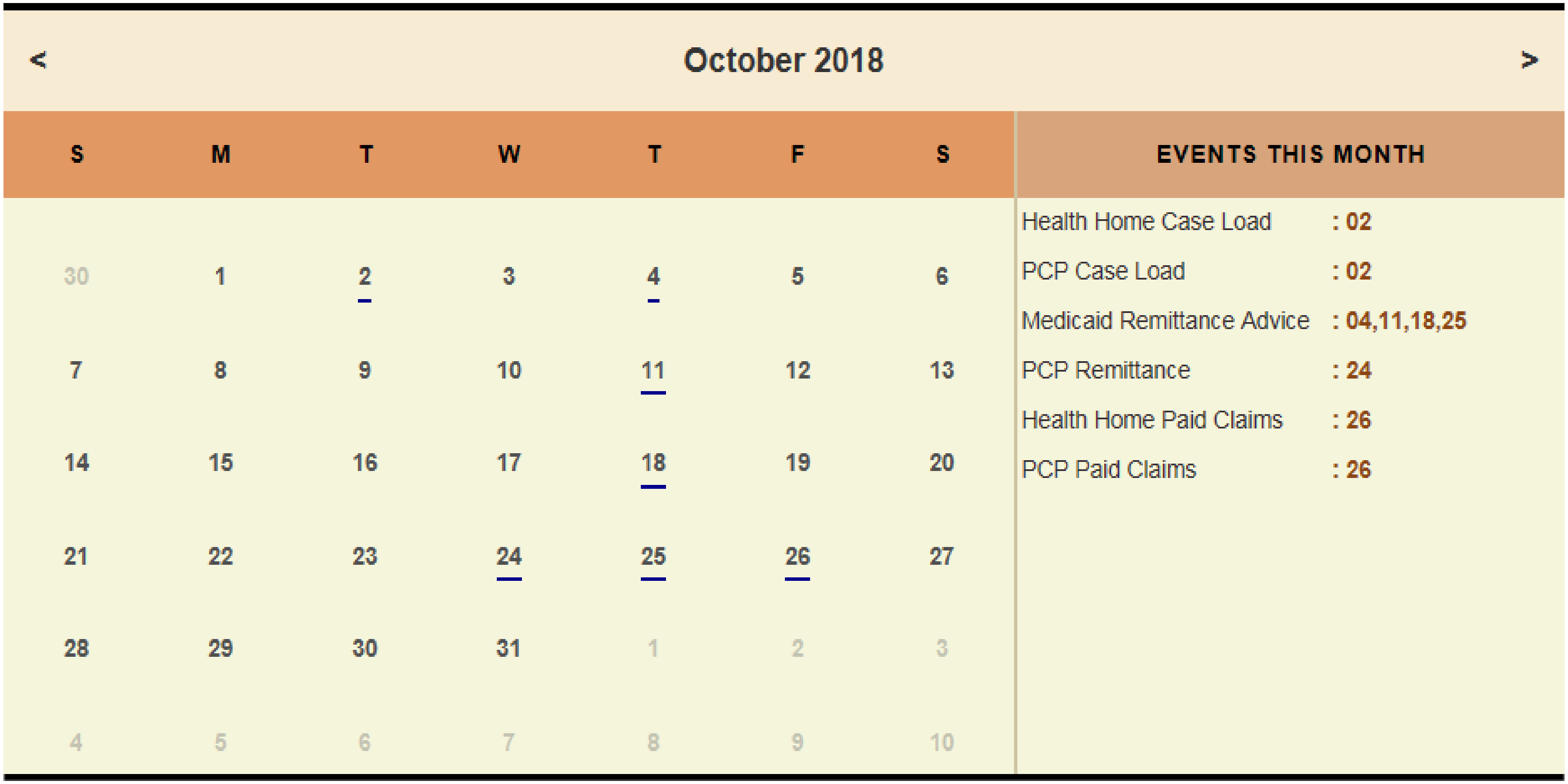
Strong Families - South Dakota's Foundation and Our Future

# DSS Division of Medical Services
# Community Based Providers Shared Savings Meeting

10/04/18

# Online Portal

The DSS Medicaid Portal webpage can be accessed via the following URL: [https://dss.sd.gov/medicaid/portal.aspx](https://dss.sd.gov/medicaid/portal.aspx)



< October 2018 >

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 30 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| EVENTS THIS MONTH | |
|---|---|
| Health Home Case Load | : 02 |
| PCP Case Load | : 02 |
| Medicaid Remittance Advice | : 04,11,18,25 |
| PCP Remittance | : 24 |
| Health Home Paid Claims | : 26 |
| PCP Paid Claims | : 26 |

# Online Portal

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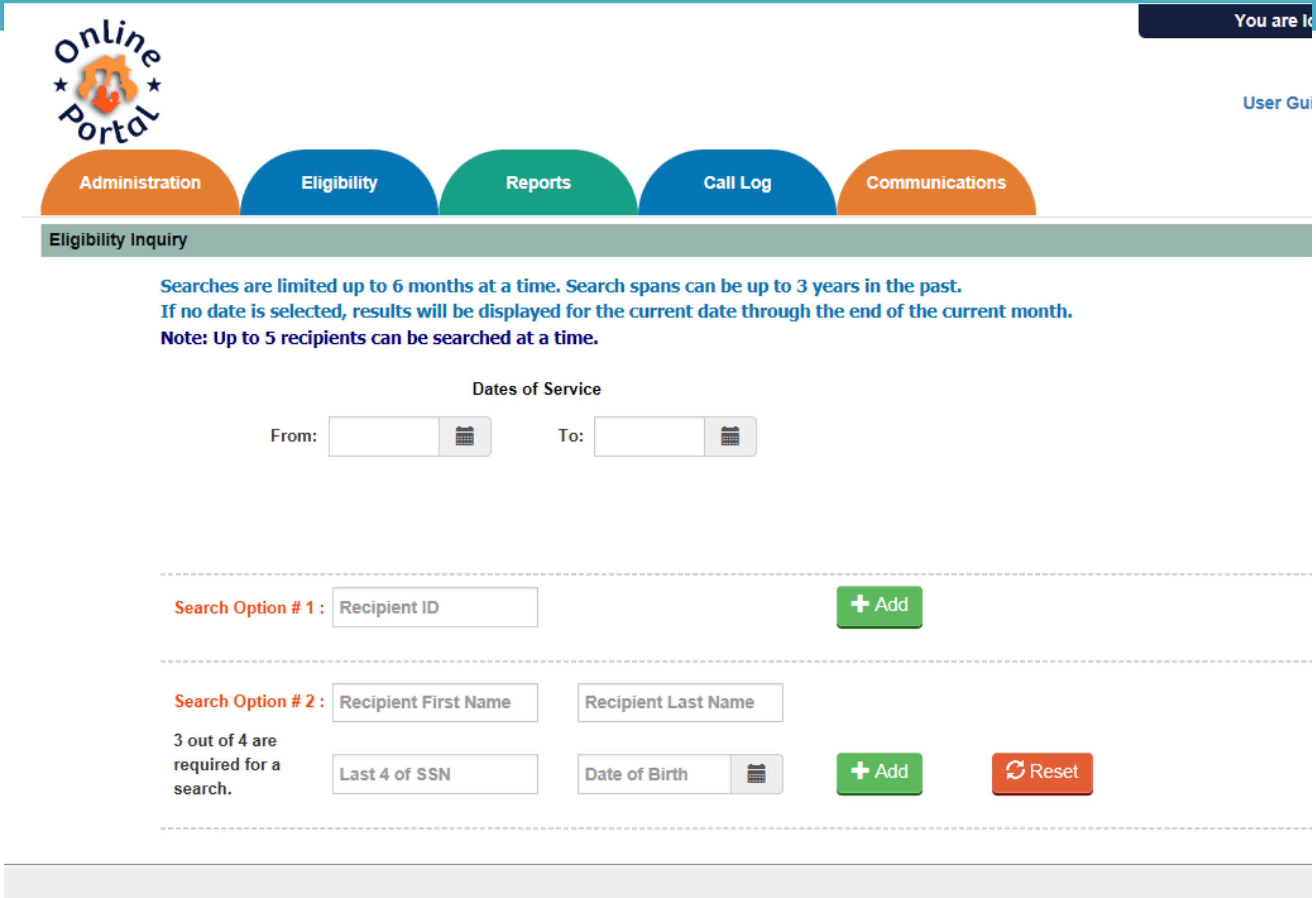
# Eligibility


You are lo
Online Portal
User Gui
Administration
Eligibility
Reports
Call Log
Communications

Eligibility Inquiry

Searches are limited up to 6 months at a time. Search spans can be up to 3 years in the past.
If no date is selected, results will be displayed for the current date through the end of the current month.
**Note: Up to 5 recipients can be searched at a time.**

Dates of Service
From:
To:
Search Option # 1 :
Recipient ID
Add
Search Option # 2 :
Recipient First Name
Recipient Last Name
Last 4 of SSN
Date of Birth
Add
Reset

3 out of 4 are required for a search.

# Online Portal

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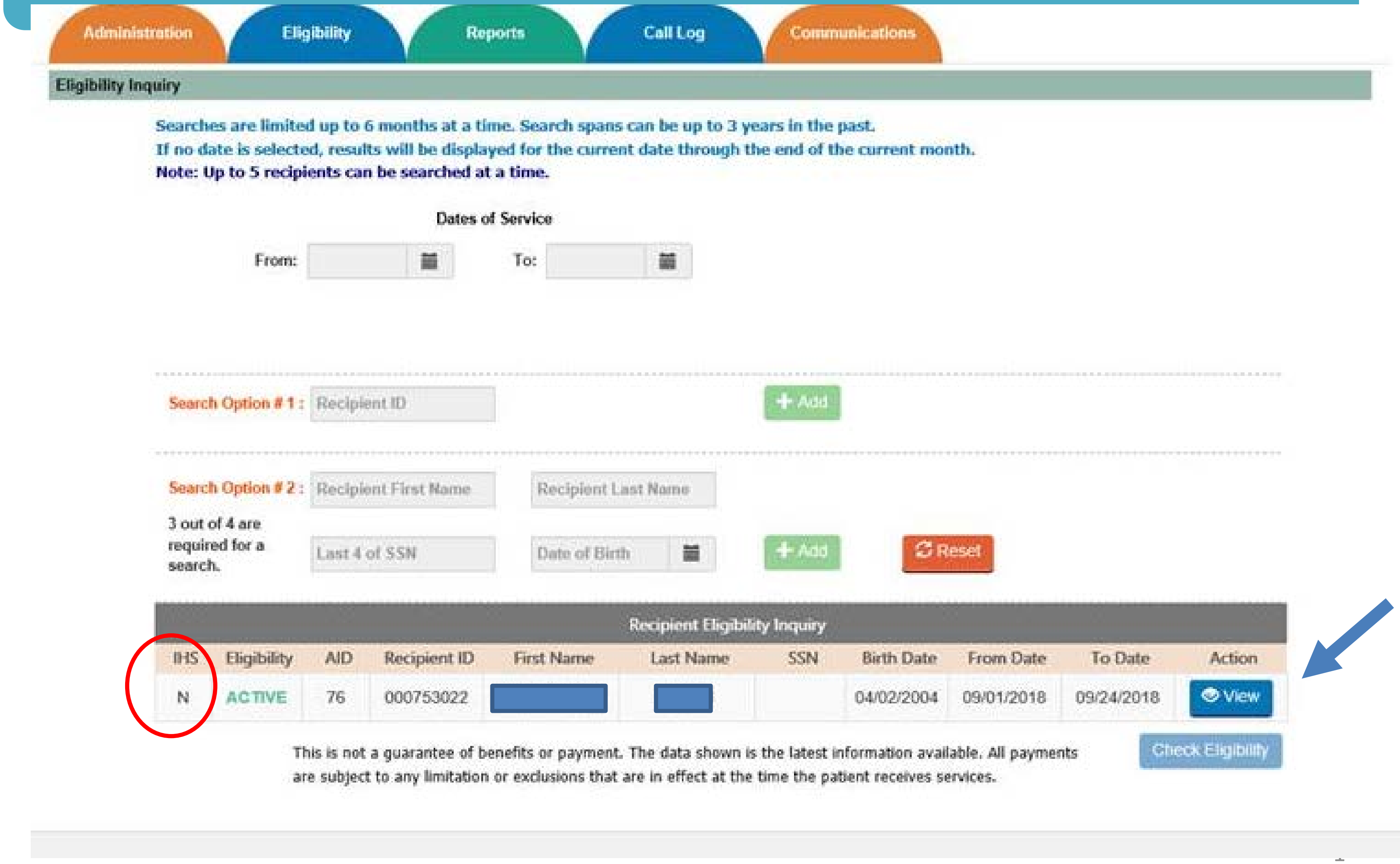
## Eligibility



**Eligibility Inquiry**

Searches are limited up to 6 months at a time. Search spans can be up to 3 years in the past.
If no date is selected, results will be displayed for the current date through the end of the current month.
**Note: Up to 5 recipients can be searched at a time.**

Dates of Service

From: To:

Search Option # 1 : Recipient ID

Search Option # 2 : Recipient First Name Recipient Last Name

3 out of 4 are required for a search.

Last 4 of SSN Date of Birth

Recipient Eligibility Inquiry

| IHS | Eligibility | AID | Recipient ID | First Name | Last Name | SSN | Birth Date | From Date | To Date | Action |
|---|---|---|---|---|---|---|---|---|---|---|
| N | ACTIVE | 76 | 000753022 | [redacted] | [redacted] |  | 04/02/2004 | 09/01/2018 | 09/24/2018 | View |

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

# Online Portal

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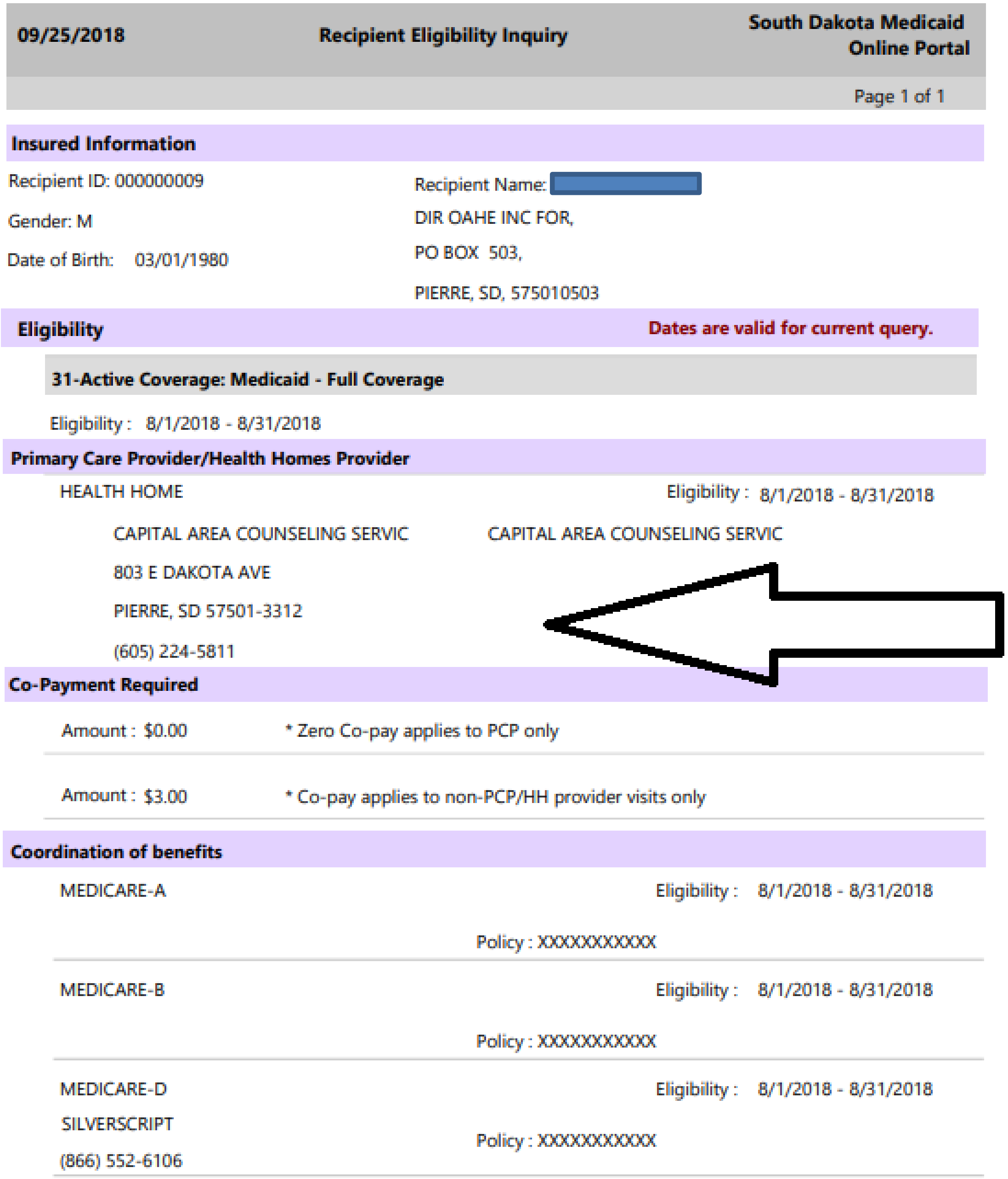

**09/25/2018** **Recipient Eligibility Inquiry** **South Dakota Medicaid Online Portal**

Page 1 of 1

**Insured Information**

Recipient ID: 000000009
Recipient Name: [redacted]
Gender: M
DIR OAHE INC FOR,
Date of Birth: 03/01/1980
PO BOX 503,
PIERRE, SD, 575010503

**Eligibility** **Dates are valid for current query.**

**31-Active Coverage: Medicaid - Full Coverage**

Eligibility : 8/1/2018 - 8/31/2018

**Primary Care Provider/Health Homes Provider**

HEALTH HOME Eligibility : 8/1/2018 - 8/31/2018

CAPITAL AREA COUNSELING SERVIC CAPITAL AREA COUNSELING SERVIC
803 E DAKOTA AVE
PIERRE, SD 57501-3312
(605) 224-5811

**Co-Payment Required**

Amount : $0.00 * Zero Co-pay applies to PCP only

Amount : $3.00 * Co-pay applies to non-PCP/HH provider visits only

**Coordination of benefits**

MEDICARE-A Eligibility : 8/1/2018 - 8/31/2018
Policy : XXXXXXXXXXX

MEDICARE-B Eligibility : 8/1/2018 - 8/31/2018
Policy : XXXXXXXXXXX

MEDICARE-D Eligibility : 8/1/2018 - 8/31/2018
SILVERSCRIPT
Policy : XXXXXXXXXXX
(866) 552-6106

# Online Portal

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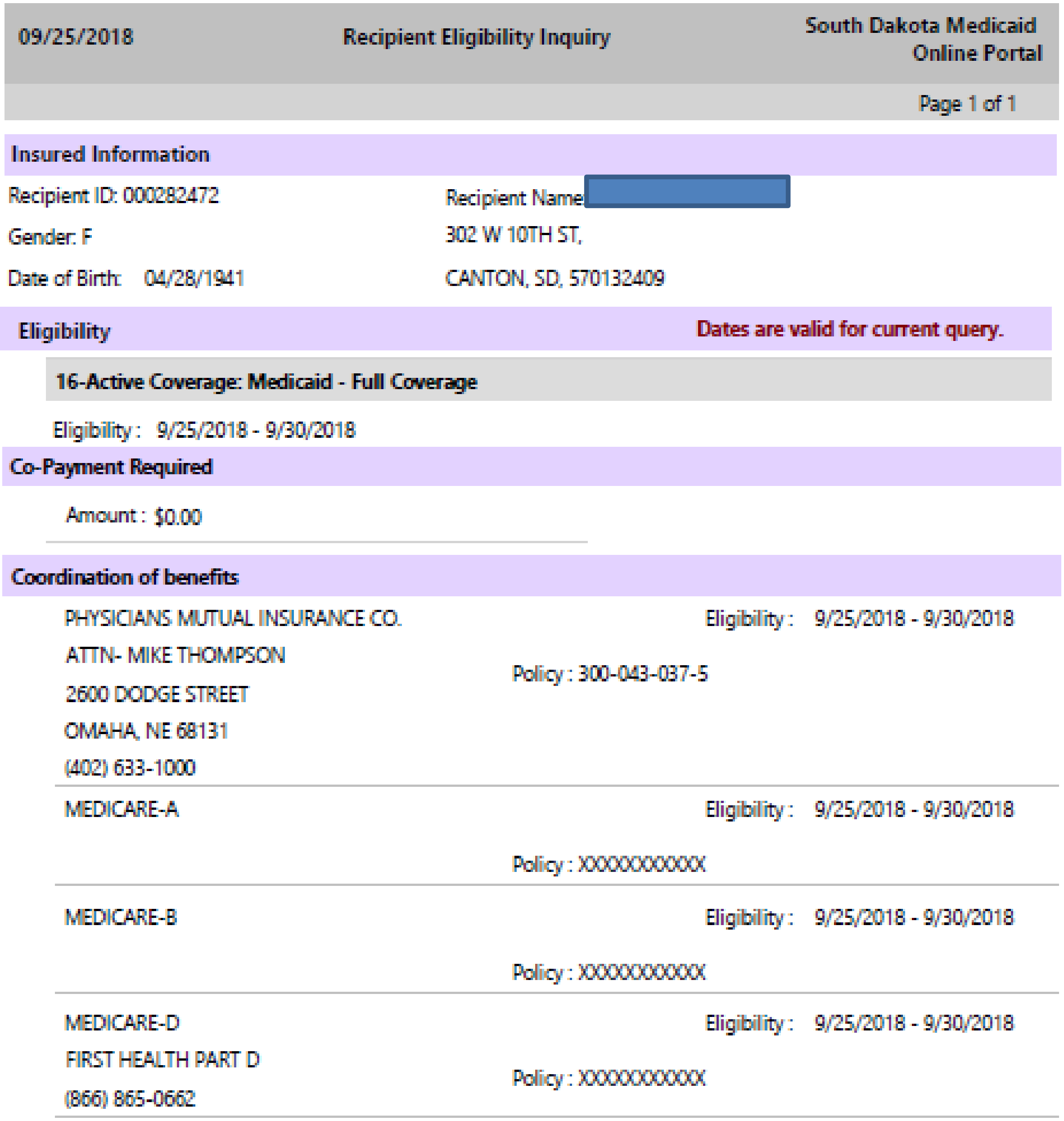


09/25/2018 **Recipient Eligibility Inquiry** South Dakota Medicaid Online Portal

Page 1 of 1

**Insured Information**

Recipient ID: 000282472

Recipient Name [redacted]

Gender: F

302 W 10TH ST,

Date of Birth: 04/28/1941

CANTON, SD, 570132409

**Eligibility** Dates are valid for current query.

**16-Active Coverage: Medicaid - Full Coverage**

Eligibility : 9/25/2018 - 9/30/2018

**Co-Payment Required**

Amount : $0.00

**Coordination of benefits**

PHYSICIANS MUTUAL INSURANCE CO.
ATTN- MIKE THOMPSON
2600 DODGE STREET
OMAHA, NE 68131
(402) 633-1000

Eligibility : 9/25/2018 - 9/30/2018

Policy : 300-043-037-5

MEDICARE-A

Eligibility : 9/25/2018 - 9/30/2018

Policy : XXXXXXXXXXX

MEDICARE-B

Eligibility : 9/25/2018 - 9/30/2018

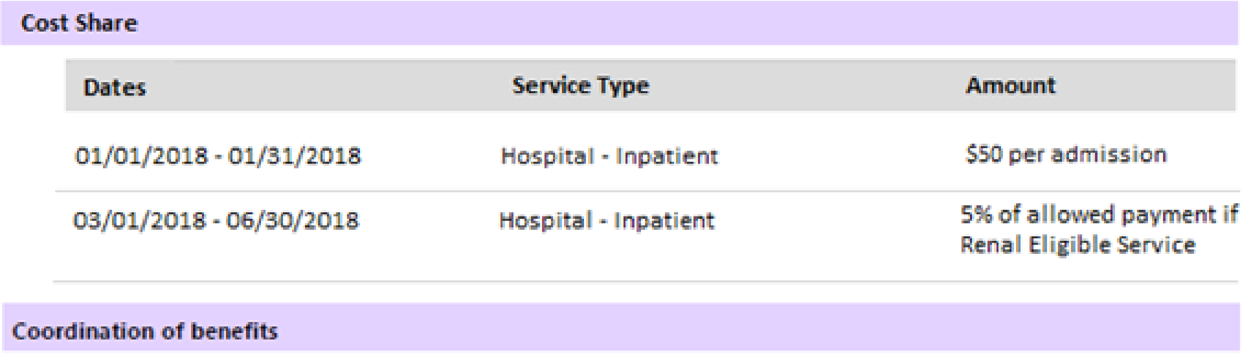
Policy : XXXXXXXXXXX

MEDICARE-D
FIRST HEALTH PART D
(866) 865-0662

Eligibility : 9/25/2018 - 9/30/2018

Policy : XXXXXXXXXXX

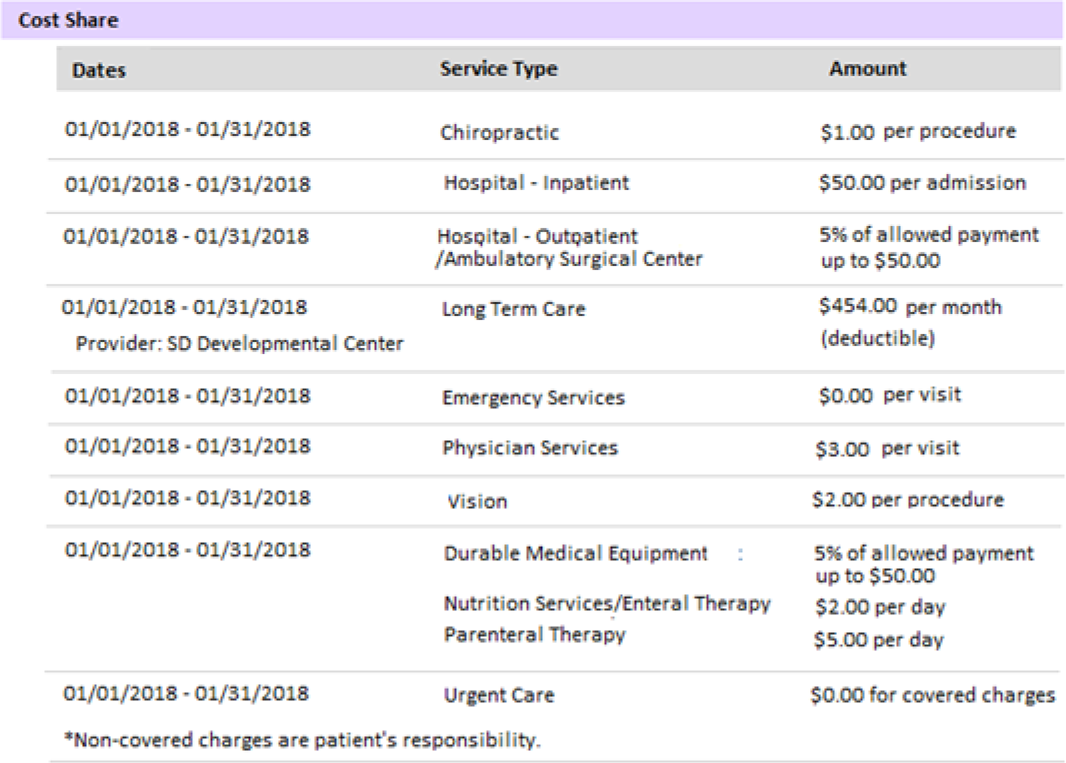
# Online Portal



**Cost Share**

| Dates | Service Type | Amount |
|---|---|---|
| 01/01/2018 - 01/31/2018 | Hospital - Inpatient | $50 per admission |
| 03/01/2018 - 06/30/2018 | Hospital - Inpatient | 5% of allowed payment if Renal Eligible Service |

**Coordination of benefits**



**Cost Share**

| Dates | Service Type | Amount |
|---|---|---|
| 01/01/2018 - 01/31/2018 | Chiropractic | $1.00 per procedure |
| 01/01/2018 - 01/31/2018 | Hospital - Inpatient | $50.00 per admission |
| 01/01/2018 - 01/31/2018 | Hospital - Outpatient /Ambulatory Surgical Center | 5% of allowed payment up to $50.00 |
| 01/01/2018 - 01/31/2018<br>Provider: SD Developmental Center | Long Term Care | $454.00 per month (deductible) |
| 01/01/2018 - 01/31/2018 | Emergency Services | $0.00 per visit |
| 01/01/2018 - 01/31/2018 | Physician Services | $3.00 per visit |
| 01/01/2018 - 01/31/2018 | Vision | $2.00 per procedure |
| 01/01/2018 - 01/31/2018 | Durable Medical Equipment<br>Nutrition Services/Enteral Therapy<br>Parenteral Therapy | 5% of allowed payment up to $50.00<br>$2.00 per day<br>$5.00 per day |
| 01/01/2018 - 01/31/2018 | Urgent Care | $0.00 for covered charges |

*Non-covered charges are patient's responsibility.

# Portal Enhancements Reports

DSS
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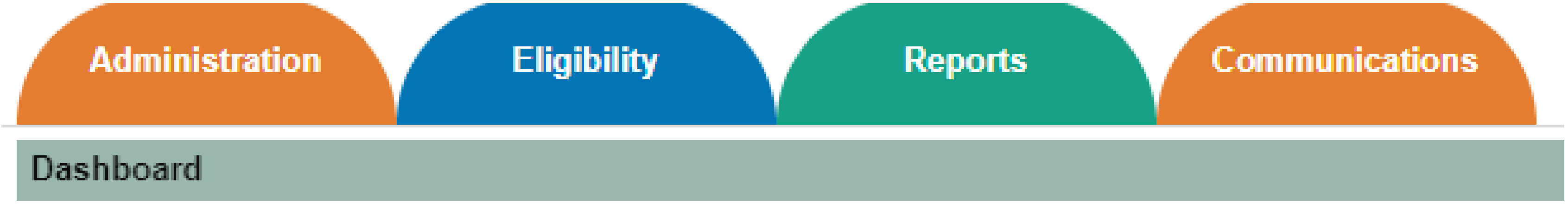
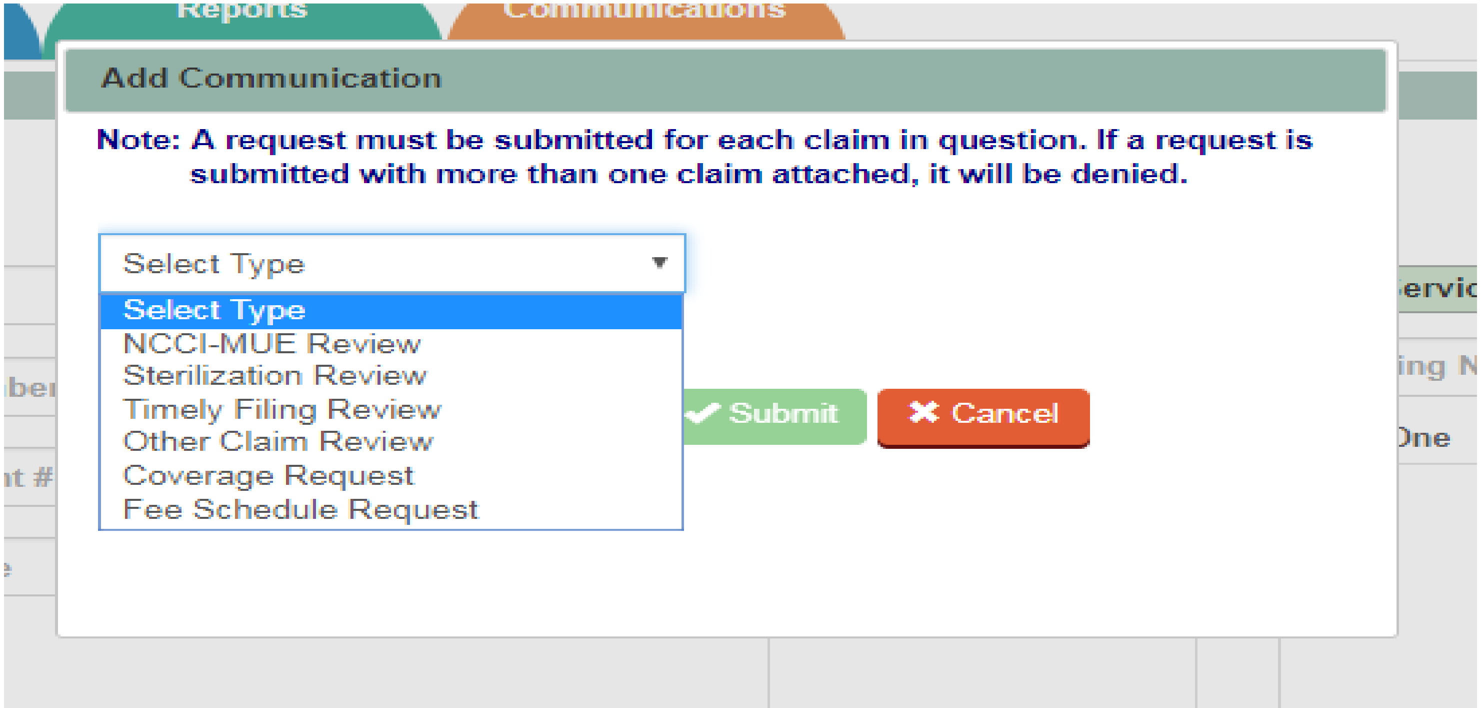
- Adjudicated Claims listing
- Facility Resident / Census Status Report
- Health Home Caseload
- Health Home Claims Paid
- Health Home Core Services Report
- Health Home Remit Advice
- Negative Balance Report
- Medicaid Remit Advice
- PCP Caseload
- PCP Claims Paid
- PCP Remit Advice

# Portal Enhancements

## Portal Appeals


Administration
Eligibility
Reports
Communications
Dashboard

The Medicaid Online Portal allows SD Medicaid providers to submit appeals for reviews and requests. **Communications** can be found as a half-moon Menu on the top of the user’s Portal account screen. This feature allows the provider to submit a review after denial or a request for coverage of a medically necessary service.


Reports
Communications
Add Communication
Select Type
Select Type
NCCI-MUE Review
Sterilization Review
Timely Filing Review
Other Claim Review
Coverage Request
Fee Schedule Request
✔ Submit
✖ Cancel

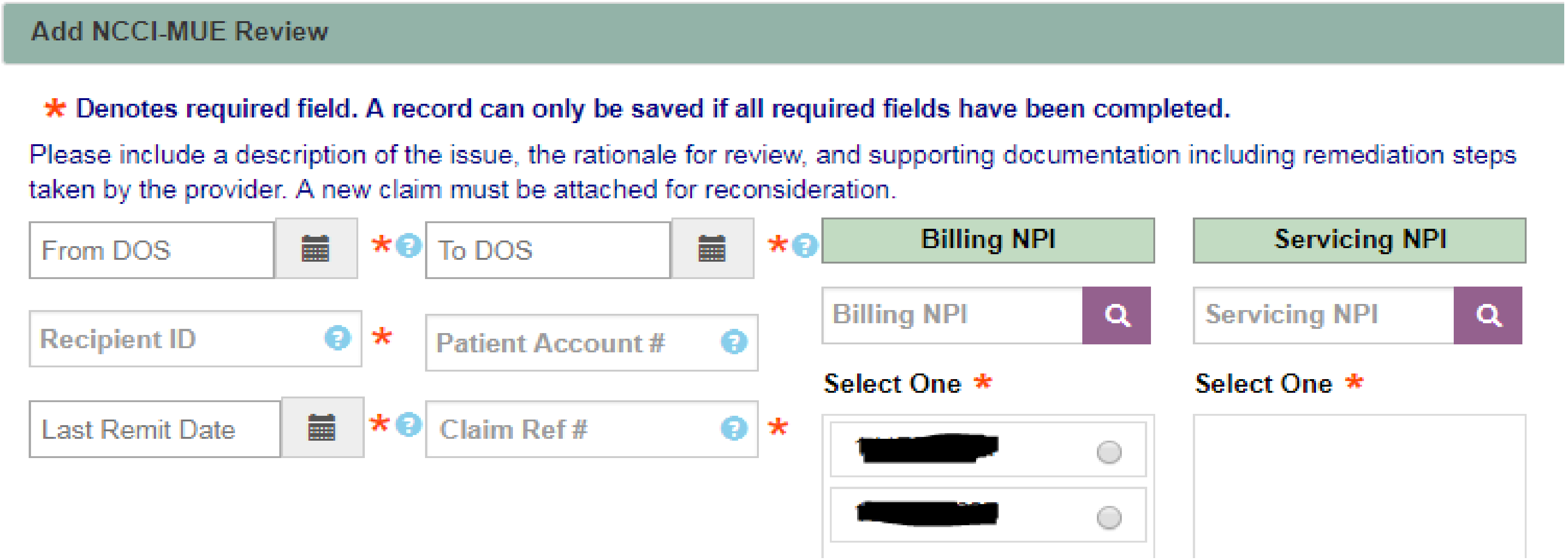
Note: A request must be submitted for each claim in question. If a request is submitted with more than one claim attached, it will be denied.

- **NCCI-MUE Review** - Unresolved National Correct Coding Initiative or Medically Unlikely Edit denial
- **Sterilization Review** – Unresolved Sterilization denial
- **Timely Filing Review** – Unresolved Timely Filing denial
- **Other Claim Review** - Unresolved claim denial that does not fit into above categories

- **Coverage Request** – Per ARSD 67:16:01:28 providers may request the department review coverage of services. Note: This process is not for review of specific claims or prior authorization of services. Claim specific information will not be considered.
- **Fee Schedule Request** – Per ARSD 67:16:01:28 providers may request the department review its fee schedule. Note: This process is not for review of specific claims. Claim specific information will not be considered.

# Submit Review

- Enter **From** and **To DOS** (Date of Service)
- Enter **Recipient ID**
- Enter your internal **Patient Account Number** (Optional)
- Enter **Remit Date** of your **last** denial.  Date of submissions must be within six months of the date of service or three months of your last denial.
- Enter **Claim Reference Number** of your last submitted claim.
- Select applicable **Billing NPI**
- Select applicable **Servicing NPI**


From DOS
To DOS
Billing NPI
Servicing NPI
Billing NPI
Servicing NPI
Recipient ID
Patient Account #
Select One *
Select One *
Last Remit Date
Claim Ref #

**Add NCCI-MUE Review**

* Denotes required field. A record can only be saved if all required fields have been completed.

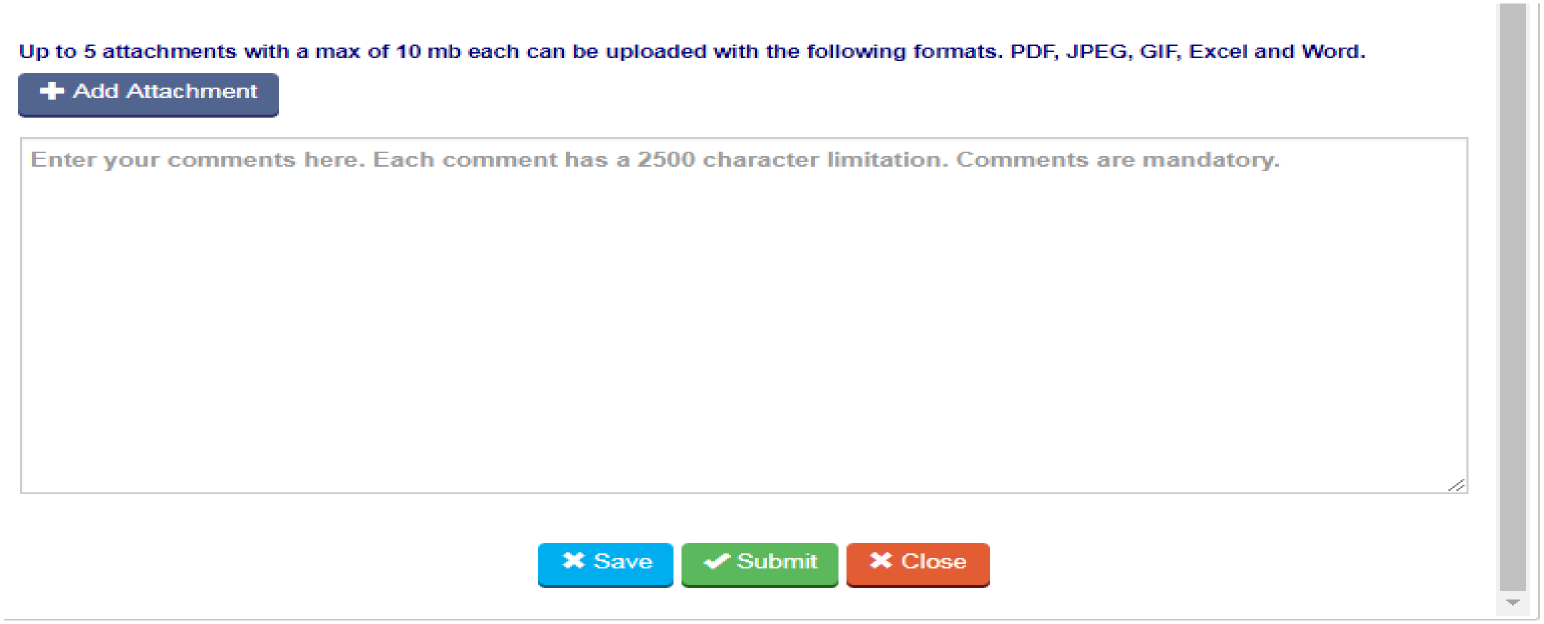
Please include a description of the issue, the rationale for review, and supporting documentation including remediation steps taken by the provider. A new claim must be attached for reconsideration.

[redacted] ○

[redacted] ○

# Appeals

- Add up to five **Attachments**.  Attach a new claim and supporting documentation.
- Enter **Comments** to include the description of the issue and the rationale for review.



Up to 5 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG, GIF, Excel and Word.

Enter your comments here. Each comment has a 2500 character limitation. Comments are mandatory.

# Definitions

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- **Approved** – DSS has approved your Review or Request submission. This is view only.
- **Denied** – DSS has denied your Review or Request submission. This is view only.
- **In Process** – This is saved in your work queue and only you and other users with the same NPI permissions can view. If you have Modify Permissions you can edit and submit to DSS or delete.
- **In Review** – DSS is reviewing your submission. This is view only.
- **New** – This is a new submission that has not yet been viewed by DSS. You and other users with the same NPI permissions can view and Modify Permissions can delete.
- **Request for Info** – This has been reviewed by DSS and sent back to the provider for additional information. If you have Modify Permissions this can be deleted or updated and sent back to DSS for another review.
- **Resubmitted** – This has been sent back to DSS for further review. This can be deleted if you have Modify Permissions
- DSS will respond to your review within 30 days with **Approved**, **Denied**, or **Request for Info**. DSS will respond to your coverage or fee schedule request once per quarter.

# Resources & Contact information

Strong Families - South Dakota's Foundation and Our Future

http://dss.sd.gov/medicaid/portal.aspx

dssonlineportal@state.sd.us

# Claims Submission

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## CMS HCFA 1500

- Claim submission of the CMS HCFA 1500 via the Online Provider Portal is in development.  We hope to begin offering this feature with-in a years time.

## Features

- The online screen will look similar to the paper CMS 1500 for ease of entry
- As a provider you will be able to attach 2 items such as pdf, word, or excel documents

# Claims Submission

DSS
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## Benefits

- Reduction in paper claims
- Ability to save a claim in process and come back for completion
- Confirmation that South Dakota Medicaid has received your claim with the reference number associated with your submission.

## Testing

- If you would like to be part of our testing group for the claims submission please email: dssonlineportal@state.sd.us

# Resources

Strong Families - South Dakota's Foundation and Our Future

Phone Resources

- Medicaid IVR & Telephone Service Unit: 1-800-452-7691

Eligibility Questions, Claim Questions

- Provider Enrollment: 1-866-718-0084
- Other Medicaid Questions: 605-773-3495

Online Resources

- Online Portal & Online Remittance Advice
  https://dss.sd.gov/medicaid/portal.aspx
- Administrative Rule of South Dakota:
  http://legis.sd.gov/rules

Service & Provider Requirements

South Dakota Medicaid Website: http://dss.sd.gov/medicaid/providers/

Provider Billing Manuals South Dakota Medicaid Listserv:
http://dss.sd.gov/medicaid/contact/ListServ.aspx

# Questions?

- Thank you for participating. We appreciate your time today and look forward to working with you in the future