


**DSS**   
Strong Families - South Dakota's Foundation and Our Future

**DSS Online Portal**  
October 2019

## Portal Claim Submission

**DSS**  
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- **Submit New CMS – 1500 (HCFA) Claim**
  - Ability to submit a Medicaid or Medicare Crossover (Xover) claim
  - Ability to attach two attachments
- **Submission List**
  - Will show the claims submitted in the last 30 days
    - A Provider Admin will see all claims and their submission statuses associated with the Billing NPIs on their account.
    - A Provider User will only be able to see those claims they have submitted or started.

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## Portal Claim Submission



- The Provider Admin will have the ability to add these options to their users in the User Maintenance Tab

Permissions Available	Permissions Selected
<input checked="" type="checkbox"/> Select All <input checked="" type="checkbox"/> Claim Submission <input checked="" type="checkbox"/> Claim Submission View	<input type="checkbox"/> Select All <input type="checkbox"/> H.Home - Core Services <input type="checkbox"/> H.Home - RA <input type="checkbox"/> Negative Balance Report <input type="checkbox"/> PCP - Case Load <input type="checkbox"/> PCP - Claims Paid <input type="checkbox"/> PCP - RA

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## Portal Claim Submission



- Once the permission is added you will see a new half moon tab




- The Claim Submission screen is broken into four sections
  - Section 1 = Recipient/Billing Info
  - Section 2 = Referring, notes, diagnosis, PA
  - Section 3 = Procedure information
  - Section 4 = Billing totals, Servicing Zip, Patient Account

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## Claim Submission – Section 1



- Claim Type
  - Medicaid or Medicare Xover

Submit New CMS - 1500


The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at [dss.sd.gov/medicaid/providers](http://dss.sd.gov/medicaid/providers) for additional information about billing requirements.

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

<p>1. SELECT CLAIM TYPE *</p> <div style="border: 1px solid gray; padding: 2px;">           Select Type            Select Type            Medicaid            Medicare Xover         </div> <p>1a. INSURED'S I.D. NUMBER *</p> <p>2. PATIENT'S NAME</p> <p>3. PATIENT'S BIRTH DATE</p> <p>5. PATIENT'S ADDRESS</p>	<p>33. BILLING PROVIDER ZIP CODE *</p> <p>33a. BILLING PROVIDER NPI *</p> <p>33b. BILLING PROVIDER TAXONOMY *</p> <p>PATIENT'S SEX</p>	<p>9. OTHER INSURED'S NAME</p> <p>9a. OTHER INSURED'S POLICY OR GROUP NUMBER</p> <p>9d. OTHER INSURED PLAN NAME OR PROGRAM NAME</p> <p>11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="radio"/> YES <input checked="" type="radio"/> NO</p>
<p>10. IS PATIENT'S CONDITION RELATED TO:</p> <p>a. EMPLOYMENT? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>b. AUTO ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO</p> <p>c. OTHER ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO</p>		<input type="button" value="Save"/>

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## Claim Submission – Section 1




- Enter Recipient Id
- Continue entering your billing provider information
  - You will only be able to submit a claim for a billing provider associated with your Provider Portal account
  - The taxonomy box has a drop down feature once you start entering.
- If you are billing a claim with TPL please enter the applicable information

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## Claim Submission – Section 2



- Ordering, Referring, Prescribing information
- Additional Information
- Diagnosis Codes
- Prior Authorization


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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <input type="text" value="Dr. Jane Smith"/>	17b. REFERRING, ORDERING, OR PRESCRIBING NPI <input type="text" value="1234567890"/>																										
19. ADDITIONAL CLAIM INFORMATION <input type="text" value="80 Character Limitation"/>																											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY * <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;">A</td> <td style="width: 12.5%; border: 1px solid black;">F800</td> <td style="width: 12.5%; border: 1px solid black;">X</td> <td style="width: 12.5%; border: 1px solid black;">B</td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;">C</td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;">D</td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;">E</td> <td style="width: 12.5%; border: 1px solid black;"></td> <td style="width: 12.5%; border: 1px solid black;">F</td> <td style="width: 12.5%; border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black;">G</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">H</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">I</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">J</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">K</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">L</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>		A	F800	X	B		C		D		E		F		G		H		I		J		K		L		
A	F800	X	B		C		D		E		F																
G		H		I		J		K		L																	
22. RESUBMISSION CODE <input type="text" value="For Future Development"/>																											
23. PRIOR AUTHORIZATION NUMBER <input type="text"/>																											



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## Claim Submission – Section 3



- Due to space limitations the claim lines are vertical instead of horizontal on a paper claim form.
- Enter procedure information
  - There are drop downs for items such as “Emergent/Urgent” or “EPSDT/Family Planning” Please use if applicable.
- There are designated spots for items such as NDC, Modifiers, Contractual Obligation, Other Paid.
- You can only submit claims for the Servicing (Rendering) NPIs associated to your account.

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## Claim Submission – Section 3




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	1 *	2	3	4	5	6
<b>A. FROM DOS *</b>	05/01/2019					
<b>TO DOS *</b>	05/01/2019					
<b>B. PLACE OF SERVICE *</b>	11					
<b>C. EMERGENCY</b>	Select	Select	Select	Select	Select	Select
<b>D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *</b>	99123					
<b>PROCEDURE MODIFIER</b>						
<b>NDC</b>						
<b>NDC QUANTITY</b>						
<b>NDC UNIT OF MEASURE</b>	Select	Select	Select	Select	Select	Select
<b>E. DIAGNOSIS POINTER *</b>	A	A	A	A	A	A
<b>F. \$ CHARGES *</b>	150.00					
<b>\$ CONTRACTUAL (CTR)</b>						
<b>\$ OTHER PAID</b>						
<b>G. DAYS OR UNITS OF SERVICE *</b>	1					
<b>H. EPSDT/FAMILY PLANNING</b>	Select	Select	Select	Select	Select	Select
<b>J. RENDERING PROVIDER NPI</b>	1234567819					
<b>RENDERING TAXONOMY</b>	213E00000X					
	<input type="button" value="Validate"/>					

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## Claim Submission – Section 3




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	1 *	2	3	4	5	6
<b>A. FROM DOS *</b>	05/01/2019					
<b>TO DOS *</b>	05/01/2019					
<b>B. PLACE OF SERVICE *</b>	11					
<b>C. EMERGENCY</b>	Select	Select	Select	Select	Select	Select
<b>D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *</b>	99123					
<b>PROCEDURE MODIFIER</b>						
<b>NDC</b>						
<b>NDC QUANTITY</b>						
<b>NDC UNIT OF MEASURE</b>	Select	Select	Select	Select	Select	Select
<b>E. DIAGNOSIS POINTER *</b>	A	A	A	A	A	A
<b>F. \$ CHARGES *</b>	150.00					
<b>\$ CONTRACTUAL (CTR)</b>						
<b>\$ OTHER PAID</b>						
<b>G. DAYS OR UNITS OF SERVICE *</b>	1					
<b>H. EPSDT/FAMILY PLANNING</b>	Select	Select	Select	Select	Select	Select
<b>J. RENDERING PROVIDER NPI</b>	1234567819					
<b>RENDERING TAXONOMY</b>	213E00000X					
	<input type="button" value="Update"/>	<input type="button" value="Add"/>			<input type="button" value="Save"/>	

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## Claim Submission – Section 4



- Billing Totals
- Servicing Zip Code
- Patient Account No.

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25. FEDERAL TAX I.D.

28. \$ TOTAL CHARGE \*

32. SERVICE FACILITY LOCATION ZIP CODE \*  X

26. PATIENT'S ACCOUNT NO.

29. \$ TOTAL AMOUNT PAID



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Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.


[+ Add Attachment](#)

Save

Cancel
Submit

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## Claim Submission – Attachments



- Add up to two attachments in either PDF, JPEG and/or GIF formats.
- Each attachment can be a 10 mb max

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Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.

[+ Add Attachment](#)


16 KB

Cancel
Submit

- Please review your attachments. If you are not able to clearly read the document attached, SD Medicaid will encounter the same difficulty

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## Claim Submission – Submission



- Upon hitting submit there will be a declaration box, this serves as the signature box.

I declare and affirm under the penalties of perjury that any claim submitted will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

OK Cancel

- After you hit ok, you will receive your claim number.


Message from webpage

 Claim saved successfully. Claim reference number: 20192250500010

October 2019 OK

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## Claim Submission – Changes




- Prior to clicking “Submit” you may change any information on the claim.
- To make a change click “Update” on the section you need to make the changes in.
  - If you are updating information in Section 3, you will have the option to update each line individually. Afterwards you will need to “Validate” the line.
- Once any changes are complete you will need to click “Save” on the Section.
- A claim cannot be submitted unless all 4 sections are saved.

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## Claim Submission – Changes



	1 *	2	3	4	5	6
<b>A. FROM DOS *</b>	3/27/2019	3/27/2019				
<b>TO DOS *</b>	3/27/2019	3/27/2019				
<b>B. PLACE OF SERVICE *</b>	12	12				
<b>C. EMERGENCY</b>	Select	Select	Select	Select	Select	Select
<b>D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *</b>	I1970	I2275				
<b>PROCEDURE MODIFIER</b>						
<b>NDC</b>						
<b>NDC QUANTITY</b>						
<b>NDC UNIT OF MEASURE</b>	Select	Select	Select	Select	Select	Select
<b>E. DIAGNOSIS POINTER *</b>	A	A	A	A	A	A
<b>F. S CHARGES *</b>	1594.94	317.84				
<b>S CONTRACTUAL (CTR)</b>						
<b>S OTHER PAID</b>						
<b>G. DAYS OR UNITS OF SERVICE *</b>	1	1				
<b>H. EPSDT/FAMILY PLANNING</b>	Select	Select	Select	Select	Select	Select
<b>J. RENDERING PROVIDER NPI</b>	335E0000X	335E0000X				
<b>RENDERING TAXONOMY</b>						
	Update	Update	Add			Update

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## Claim Submission – Notifications



- Items needing attachments include:
  - Dates of service past 6 months timely filing
  - TPL claims (or other payment indicated)

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Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.

+ Add Attachment  
Attachment is required when Total Amount Paid entered

X Cancel
✓ Submit

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## Claim Submission – Common Questions



- Can I scan a claim and have it auto fill the boxes?
  - No, the claim submission form will need to be filled out manually.
- Can I set up a template for my commonly billed recipients and services?
  - No, you will need to enter a new claim for each submission

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## Submission List




- Shows the last 30 days of claims that have been saved and submitted.
- The Provider Administrator will be able to see all claims saved and submitted for the billing NPIs associated with the account.
- The Provider User will only be able to see the claims they have submitted.

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## Submission List



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### Claim Submission List

Search results are within last 30 days. A Billing NPI is required for the search.

Claim Ref #  Recip ID  Patient Account #

From DOS  To DOS  Proc Code

Select Status

Status Information:  
**In Process** - Claim has not been submitted by the provider.  
**Submitted** - Claim has been sent to SD Medicaid.  
**Rejected** - Claim was rejected electronically by SD Medicaid, please resubmit a new claim.  
**Accepted** - Claim is currently being processed by SD Medicaid.

**Billing NPI**

Billing NPI

Select One

- 1234567890
- 1555566667

**Servicing NPI**

Servicing NPI


Select All

Claim Ref #	Billing NPI	Servicing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action
+ 20192200500010	1234567890	1324567890	123000123	ABC123	Jackson.McJohn@provider.com	Rejected	<a href="#">View</a>
+ 20192250500020	1555566667	1555566667	231000123	Xy123z	Jane.Doe@provider.com	Accepted	<a href="#">View</a>
+ 20192250500010	1555566667	1555566667	555111555		Jane.Doe@provider.com	Submitted	<a href="#">View</a>
+ 20192260500010	1234567890	1324567890	123000123	ABC123	Jackson.McJohn@provider.com	In Process	<a href="#">Update</a>
	1234567890	1324567890	555111555		Jackson.McJohn@provider.com	In Process	<a href="#">Update</a>
	1555566667	1555566667	231000123		Jane.Doe@provider.com	In Process	<a href="#">Update</a>

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## Status Information



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- **In Process**
  - This is a partial entered claim that has not been submitted to SD Medicaid. A claim in this status can be updated or deleted. Note, at minimum Section 1 must be saved in order to have the claim on this list.
- **Submitted**
  - This is a completed claim and has been submitted to SD Medicaid. Note, if the claim is submitted after 4:30pm CST, it will not be picked up by our system until after 7:30am CST the next business day. A claim in this status can only be viewed.

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## Submission List cont.



- **Accepted**
  - This claim has been accepted by SD Medicaid and will be processed. This is not an adjudication result. A claim in this status can only be viewed.
- **Rejected**
  - This claim was not able to be accepted by SD Medicaid. This may happen if there is a server issue or other web related issue. A claim in this status can only be viewed.
  - **A brand new claim will need to be submitted.**

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## Submission List cont.



- By clicking the “+” you may see additional information from the submitted claim

Claim Ref #	Billing NPI	Servicing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action
+ 20192260500030					Provider Admin@provideradm in test	Accepted	<a href="#">View</a>
- 20192250500020						Accepted	<a href="#">View</a>
From DOS		To DOS	Proc Code	Billed Charges			
07/13/2019		07/13/2019	09213	\$150.00			

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## Submission List cont.



- If you are looking for a specific claim, please use one or more of the multiple search options

### Claim Submission List

Search results are within last 30 days. A Billing NPI is required for the search.

<input type="text" value="Claim Ref #"/>	<input type="text" value="Recip ID"/>	<input type="text" value="Patient Account #"/>
<input type="text" value="From DOS"/>	<input type="text" value="To DOS"/>	<input type="text" value="Proc Code"/>
<input type="text" value="Select Status"/> ▼		

#### Status Information:

**In Process** - Claim has not been submitted by the provider.

**Submitted** - Claim has been sent to SD Medicaid.

**Rejected** - Claim was rejected electronically by SD Medicaid, please resubmit a new claim.

**Accepted** - Claim is currently being processed by SD Medicaid.

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## Other Items




- **Remits**
  - Claims Submitted via the Online Provider Portal will show up on your regular remittance advice.
  - If you have a billing agent currently and you use the Claims Submission option to bill claims that have attachments, these claims will also show up on your 835
- **Claims will roll off the Claim Submission List after 30 days no matter the status.**

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## Resources



- Billing specific information
  - <https://dss.sd.gov/medicaid/providers/billingmanuals/>
    - CMS 1500 Claim Instructions
    - CMS 1500 Medicare Crossover Claim Instructions
    - CMS 1500 Third-Party Payer Claim Instructions
- Provider Portal Claim Submission Guide
  - <https://dss.sd.gov/medicaid/portal.aspx>

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## Claim Status Inquiry




Claim Status Inquiry is a new tool available October 25, 2019.

This application will let you search for the status of any claim you have submitted in the last 6 months with various search options.

If the claim has a final adjudication status, there will be a link to the remit of the queried claim.

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# Status Inquiry



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Administration
Eligibility
Reports
Communications
Claims

### Claim Status Inquiry

Searches are limited to claims associated with the billing NPIs that match your profile. If no results are displayed, please verify the information you have entered. If this persists, please contact your Provider Admin to update your profile NPI or call the Telephone Service Unit for more information.

Search for claims submitted within the last six months.

**Search Option # 1:**

**Search Option # 2:** \* Denotes a required field. You may select one or multiple Servicing NPIs. When searching HCFA, Procedure Code is Optional.

**Select a Claim Type\***

In Patient

Out Patient

LTC

HCFA

Xover

**Billing NPI**

**Servicing NPI**

Select All

**Recipient ID**

**Dates of Service**


From:  To:

Reference Number	Billing NPI	Servicing NPI	Recipient ID	Procedure Code	From Date	To Date	Patient Account	Status	Remittance Date
No data available!									

Row count: 10

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# Claim Status Inquiry



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Administration
Eligibility
Reports
Communications
Claims

### Claim Status Inquiry

Searches are limited to claims associated with the billing NPIs that match your profile. If no results are displayed, please verify the information you have entered. If this persists, please contact your Provider Admin to update your profile NPI or call the Telephone Service Unit for more information.

Search for claims submitted within the last six months.

**Search Option # 1:**

**Search Option # 2:** \* Denotes a required field. You may select one or multiple Servicing NPIs. When searching HCFA, Procedure Code is Optional.

**Select a Claim Type\***

In Patient

Out Patient

LTC

HCFA

Xover

**Billing NPI**

**Servicing NPI**

Select All

**Recipient ID**

**Dates of Service**

From:  To:


**Procedure Code**

Reference Number	Billing NPI	Servicing NPI	Recipient ID	Procedure Code	From Date	To Date	Patient Account	Status	Remittance Date
20191231000450	1334455667	13334445678	012345678	A0429	03/11/2019	03/11/2019		Paid	4/3/2019
20191231000451	1334455667	13334445678	012345678	A0425	03/11/2019	03/11/2019		Paid	4/3/2019
20192091004560	1334455667	13334445678	012345678	A0429	03/09/2019	03/09/2019		Paid	4/3/2019
20192091004561	1334455667	13334445678	012345678	A0425	03/09/2019	03/09/2019		Paid	4/3/2019

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# Claim Status Inquiry



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**Claim Status Inquiry**

Searches are limited to claims associated with the billing NPIs that match your profile. If no results are displayed, please verify the information you have entered. If this persists, please contact your Provider Admin to update your profile NPI or call the Telephone Service Unit for more information.

Search for claims submitted within the last six months.

**Search Option # 1:**

**Search Option # 2:** \* Denotes a required field. You may select one or multiple Servicing NPIs. When searching HCFA, Procedure Code is Optional.

**Select a Claim Type\***

In Patient

Out Patient

LTC

HCFA

Xover

**Billing NPI \***

Select One

**Servicing NPI \***

Select All


**Recipient ID \***

**Dates of Service** From:  To:

Reference Number	Billing NPI	Servicing NPI	Recipient ID	Procedure Code	From Date	To Date	Patient Account	Status	Remittance Date
20192340512340	1234567890	1223344567	123000123		02/08/2019	02/08/2019	Demo1	In Process	9/13/2019

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# Claim Status Inquiry



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**Claim Status Inquiry**

Searches are limited to claims associated with the billing NPIs that match your profile. If no results are displayed, please verify the information you have entered. If this persists, please contact your Provider Admin to update your profile NPI or call the Telephone Service Unit for more information.

Search for claims submitted within the last six months.

**Search Option # 1:**

**Search Option # 2:** \* Denotes a required field. You may select one or multiple Servicing NPIs. When searching HCFA, Procedure Code is Optional.

**Select a Claim Type\***

In Patient

Out Patient

LTC

HCFA

Xover

**Billing NPI \***

Select One

**Servicing NPI \***

Select All

**Recipient ID \***

**Dates of Service** From:  To:

Reference Number	Billing NPI	Servicing NPI	Recipient ID	Procedure Code	From Date	To Date	Patient Account	Status	Remittance Date
20191450001230	1112233344	1555567680	123400012		02/12/2019	02/12/2019	ABC-567	Paid	3/20/2019
20191970004560	1112233344	1555567680	123400012		02/12/2019	02/12/2019	ABC-567	Denied	4/10/2019
20192297701230	1112233344	1555567680	123400012		02/12/2019	02/12/2019	ABC-567	Credit Adjusted	4/10/2019
20192460507890	1112233344	1555567680	123400012		02/12/2019	02/12/2019	ABC-567	Paid	5/22/2019

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# Commercial Payer



## NON-FQHC and RHC

- Enter CTR followed, w/o space, by amount even if it is zero.
- Then enter three spaces and dollar amount with decimal and cents, including 00 cents.

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DATE(S) OF INTR		H. ICD-9-CM		J. RENDERING PROVIDER ID #	
From	To	EMG	EMG	OPTA-CPCS	MODIFIER	POINTER	POINTER								
MM	DD	YY	MM	DD	YY										
CTR 0.00		50.00												ZZ	123X00000X
01	01	19	01	01	19	03								NY	1234567891

- If CTR and payment is zero (all went to deductible or PHI denied) enter CTR0.00 0.00

## FQHC and RHC

- Only need to indicate the total TPL payment

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# Medicare



- Add Medicare's total payment amount and **all** contractual obligations.
- Take that total amount and enter it in 24 shaded area.
- Enter dollar amount, decimal point, and cents, including 00 cents.

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DATE(S) OF INTR		H. ICD-9-CM		J. RENDERING PROVIDER ID #	
From	To	EMG	EMG	OPTA-CPCS	MODIFIER	POINTER	POINTER								
MM	DD	YY	MM	DD	YY										
50.00														ZZ	123X00000X
01	01	19	01	01	19	20								NY	1234567890

- If Medicare denies the claim, it must be submitted as a regular claim and you should follow the commercial payer instructions.

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## Adjustments



- Please submit a **void** claim if you want to change
  - CPT or HCPC code
  - Date of Service
  - Billing or servicing provider
  - Claim type (ex. Medicaid vs Medicare)

DO NOT submit adjustments in those cases. The adjustment and subsequent claims will most likely deny and cannot be reimbursed.

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## Resources



- Billing Manuals
- <http://dss.sd.gov/docs/medicaid/providers/billingmanuals/CMS%201500%20Crossover%20Claim%20Instructions.pdf>
- <http://dss.sd.gov/docs/medicaid/providers/billingmanuals/CMS%201500%20TPL%20Claim%20Instructions.pdf>
- <http://dss.sd.gov/docs/medicaid/providers/billingmanuals/UB04Crossover.pdf>
- <http://dss.sd.gov/docs/medicaid/providers/billingmanuals/UB04TPL.pdf>

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# New Online Manuals



<https://dss.sd.gov/medicaid/providers/billingmanuals/>

Report Medicaid Fraud

**Provider Manuals**

- 340B Drugs
- Ambulatory Surgical Centers
- Birth to Three
- Child Advocacy Program
- Chiropractic Services
- Community Health Worker Services
- Diabetes Self-Management Training Services
- Dietician and Nutritionist Services
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies
- Family Planning
  - Sterilization
- FQHC and RHC
- Hysterectomy
- IHS and Tribal 638 Facilities Manual
- Independent Mental Health Practitioners
- Nutritional Therapy Services
- Optometric and Optical Services
- Podiatry Services
- School Districts
- Telemedicine
- Transportation
  - Air Ambulance Services
  - Ground Ambulance Services
  - Community Transportation Services
  - Secure Medical Transportation Services
- Vaccines
- Well-Child Services

The following manuals are currently being converted to the new format.

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