

# MEDICAID ONLINE PORTAL

- Portal Functionality:
  - Medicaid Remittance Advices
  - Health Home Reports
  - Primary Care Provider Reports
  - Census Data Reports
  - Claims Adjudication Reports
  - Eligibility Inquiry
- Eligibility Inquiry:
  - Two Search Options:
    1. Search by Recipient Id Number
    2. Search by 3 of the 4 following fields
      - Recipient's First Name
      - Recipient's Last Name
      - Last 4 of SSN
      - Date of Birth
  - Provider will need to select the appropriate BNPI
  - Providers are able to search for up to 5 recipients at one time.
  - Click Check Eligibility
  - Click View to open results
- Portal Website  
<http://dss.sd.gov/medicaid/portal.aspx>
- How to create a Profile  
<https://www.youtube.com/watch?v=ESJI5R0E-pk&feature=youtu.be>  
[https://dss.sd.gov/docs/medicaid/portal/training\\_presentation.pdf](https://dss.sd.gov/docs/medicaid/portal/training_presentation.pdf)
- User Guide  
[https://dss.sd.gov/docs/medicaid/portal/user\\_guide\\_portal.pdf](https://dss.sd.gov/docs/medicaid/portal/user_guide_portal.pdf)
- Contact us  
[dsonlineportal@state.sd.us](mailto:dsonlineportal@state.sd.us)



You are logged into the TEST ENVIRONMENT

You are logged in as Provider User

User Guide | FAQ | Lisa

Eligibility

Reports

### Eligibility Inquiry

Provider :

**Billing NPI**

Billing NPI

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Searches will be limited to one month at one time.  
Note: Up to 5 recipients can be searched at a time.

Dates of Service

From:   To:

Search Option # 1 :

Search Option # 2 :

3 out of 4 are required for a search.

08/02/2017

## Recipient Eligibility Inquiry

South Dakota Medicaid  
Online Portal

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### Submitter

Name : **Hospital**

NPI : **0000000001**

Inquiry Date From: 07/01/2017

Inquiry Date To: 07/31/2017

Transaction ID : **123456-1**

### Insured Information

Recipient ID: **001234567**

Recipient Name: **Joe Samuel**

Gender: **M**

Date of Birth: **01/01/1982**

### Eligibility

Dates are valid for current query.

#### 31-Active Coverage: Medicaid - Full Coverage

Eligibility : 7/1/2017 - 7/31/2017

### Co-Payment Required

Amount : \$50.00

### Coordination of benefits

MEDICARE-A

Eligibility : 7/1/2017 - 7/31/2017

Policy : **000001234C1**