



# DMS - Provider Portal

July 11, 2019

- The provider Online Portal allows providers access to pertinent information on recipients and claims.
- The home page allows for selection of various topics shown as “half moons” on the top of the page.
- It also shows a calendar of events and any messages that DMS posts.

# Provider Home Page



You are logged in as Provide

The South Dakota state offices will be closed May 27th in honor of Memorial Day

[User Guide](#) | [FAQ](#)

Administration

Eligibility

Reports

Communications

Dashboard

< May 2019 >							EVENTS THIS MONTH
S	M	T	W	T	F	S	
28	29	30	1	<u>2</u>	3	4	Medicaid Remittance Advice : 02,09,16,23,30
5	<u>6</u>	7	8	<u>9</u>	10	11	Health Home Remittance Quarterly : 06
12	13	14	15	<u>16</u>	17	18	State Holiday : 27
19	20	21	22	<u>23</u>	24	25	PCP Remittance : 29
26	<u>27</u>	28	<u>29</u>	<u>30</u>	<u>31</u>	1	PCP Paid Claims : 31
2	3	4	5	6	7	8	Health Home Paid Claims : 31

- Available to Provider Admins
- Audit Trail
  - Allows providers, based on their access permissions, to view audit information on inquiries and reports
- User Maintenance
  - Add or inactivate users
  - Reset Password
  - Give or remove permissions to NPIs, Reports, Communication tab

# Eligibility



- Allows providers to make recipient eligibility inquiries
- 16 different Cost Share Type options to choose from
  - Health Benefit searches are limited to 1 month at a time
  - All other are able to span 6 months
  - Can go as far back as 3 years
- Various Search options for finding the recipient
  - Recipient ID
  - Combination of Name, last 4 of SSN, and/or DOB

- Administration
- Eligibility
- Reports
- Communications
- Claims

**Eligibility Inquiry**

Searches are limited to 1 month at a time when Health Benefit Plan Coverage is selected. All other 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.**

Cost Share Type  ▼

Dates of Service

**Provider :** Servicing NPI

Q

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**Search Option # 1 :**  + Add

**Search Option # 2 :**

**3 out of 4 are required for a search.**

+ Add Reset

# Eligibility Inquiry Results

05/19/2019 Recipient Eligibility Inquiry South Dakota Medicaid Online Portal

**Submitter** Page 1 of 2

Name : [REDACTED] NPI : [REDACTED]  
 Inquiry Date From: 05/01/2019 Inquiry Date To: 05/15/2019

Transaction ID : 105351-1

**Insured Information**

Recipient ID: [REDACTED]  
 Gender: M  
 Date of Birth: [REDACTED]

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

**40-Active Coverage: Medicaid - Full Coverage**

Eligibility : 5/1/2019 - 5/15/2019

**Primary Care Provider/Health Home Provider**

**Primary Care Location**      **Primary Care Provider**      **Eligibility :** 5/1/2019 - 5/15/2019

MISSION COMMUNITY HEALTH CENTE      MISSION COMMUNITY HEALTH CENTE      Primary Care Co-pay: \$0.00  
 161 S MAIN,PO BOX 49  
 MISSION, SD 57555-0049  
 (605) 856-2295

\* Cost share amounts exceeding \$0.00 apply to non-PCP/HH provider visits only.

**Cost Share**

Dates	Service Type	Amount
5/1/2019 - 5/15/2019	Chiropractic	\$0.00 per procedure
5/1/2019 - 5/15/2019	Dental Care	\$0.00 per procedure

# Health Benefit Plan Coverage Results



02/01/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
<b>Submitter</b>		Page 2 of 2
1/1/2019 - 1/31/2019	Generic Prescription Drugs	\$1.00 per quantity approved
1/1/2019 - 1/31/2019	Physician Services	\$3.00 per visit
1/1/2019 - 1/31/2019	Vision	\$2.00 per procedure
1/1/2019 - 1/31/2019	Independent Mental Health Practitioners	\$3.00 per procedure

\* Non-covered charges are patient's responsibility.

You can see the most common cost share categories. Please note these cost share amounts apply to non-PCP/HH provider visits only.



# Level of Care Information



- If the recipient is eligible for a waiver program or another type of Level of Care, that information is at the bottom of any Recipient Eligibility Inquiry:
- If there is no Level of Care assigned, no Level of Care will be shown.

02/01/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
Submitter		Page 2 of 2
10/1/2018 - 10/31/2018	Independent Mental Health Practitioners	\$0.00 per procedure

\* Non-covered charges are patient's responsibility.

## Level of Care

HOPE Waiver - Assisted Living

10/1/2018 - 10/31/2018

# Possible Suspension of Benefits information



- Below you will notice that there is a possible suspension of benefits during the searched time frame.
- Medicaid may not cover charges billed during that time frame. Please call our service unit for more information.

## Insured Information

Recipient ID: [REDACTED]

Recipient Name: [REDACTED]

Gender: M

Date of Birth: [REDACTED]

[REDACTED]

## Eligibility

**Dates are valid for current query.**

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

Eligibility : 2/1/2018 - 2/28/2018

### Possible Suspension of Benefits

Suspension : 2/1/2018 - 2/23/2018

# Specialized cost share search

- When you select a specialized cost share type, such as Brand Name Prescription Drugs, you may search up to a 6 month time frame as far back as 3 years.
- Notice on the following example there is no cost share during the inactive period.

# Brand Name Prescription Drugs Results

02/01/2019

Recipient Eligibility Inquiry

South Dakota Medicaid  
Online Portal

Submitter

Page 1 of 1

Name : [REDACTED]

NPI : [REDACTED]

Inquiry Date From: 08/01/2018

Inquiry Date To: 09/30/2018

Transaction ID : 105272-1

## Insured Information

Recipient ID: [REDACTED]

Recipient Name: [REDACTED]

Gender: F

Date of Birth: [REDACTED]

## Eligibility

Dates are valid for current query.

### INACTIVE

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

### 40-Active Coverage: Medicaid - Full Coverage

Eligibility : 9/1/2018 - 9/30/2018

## Cost Share

Dates	Service Type	Amount
9/1/2018 - 9/30/2018	Brand Name Prescription Drugs	\$3.30 per quantity approved

\* Non-covered charges are patient's responsibility.

- This search gives you the Long Term Care cost share information for the requested time frame.
- If the recipient is in more than one facility for a month, split cost share amount should be determined by the providers.
  - The full Long Term Care cost share amount for the month is listed
- The associated level of care for the recipient is located at the bottom of the report.

# Long Term Care results

02/05/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
<b>Submitter</b>		Page 1 of 1
Name: [REDACTED]	NPI: [REDACTED]	
Inquiry Date From: 10/01/2018	Inquiry Date To: 11/30/2018	
Transaction ID : 105298-1		
<b>Insured Information</b>		
Recipient ID: [REDACTED]	Recipient Name: [REDACTED]	
Gender: M	[REDACTED]	
Date of Birth: [REDACTED]	[REDACTED]	
<b>Eligibility</b>		<b>Dates are valid for current query.</b>
<b>15-Active Coverage: Medicaid - Full Coverage</b>		
Eligibility : 10/1/2018 - 11/30/2018		
<b>Cost Share</b>		
Dates	Service Type	Amount
10/1/2018 - 10/31/2018	Long Term Care	\$448.00 per month
Provider : [REDACTED] ASSISTED LIVING		
11/1/2018 - 11/30/2018	Long Term Care	\$554.00 per month
Provider : [REDACTED] ASSISTED LIVING		
* Non-covered charges are patient's responsibility.		
* When the recipient is in more than one facility during the same month, the providers should determine the cost share split.		
<b>Level of Care</b>		
HOPE Waiver - Assisted Living		10/1/2018 - 11/30/2018

# Additional Notes



- Aid category with limitations are displayed as follows. Should you have questions on these limitations please contact our service unit.

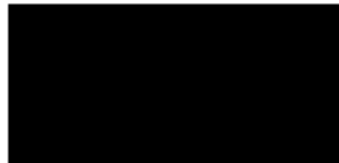
## Insured Information

Recipient ID: [REDACTED]

Recipient Name: [REDACTED]

Gender: F

Date of Birth: [REDACTED]



## Eligibility

**Dates are valid for current**

### 32-Active Coverage: Medicaid - Full Coverage

Eligibility : 1/1/2019 - 1/31/2019

### 73-Active Coverage: Qualified Medicare Beneficiary - Coverage Limited

Eligibility : 1/1/2019 - 1/31/2019

Limitations  
Co-Insurance  
Deductible

- Adjudicated Claims Listing
  - Allows for a monthly adjudicated claims report based on Billing NPI
- Census Status Report
  - Long Term Services and Supports (LTSS) weekly report that shows recipients and associated case mix for all recipients in that Nursing Home
  - Also gives assessment schedule for those recipients



- Health Home
  - Caseload
    - Month based report showing Health Home recipient information for the specific Health Home inquiring for that particular month
  - Claims Paid
    - Excel based report to find paid claims determined by Paid Date or Date of Service for queried ID
  - Core Services
    - Estimation of payment associated with Health Home Caseload for the provider and services provided to the recipient
  - Remit Advice
    - Claim adjudication results for the payroll date searched

# Reports

- Medicaid
  - Medicaid Remit Advice
  - Negative Balance Report
- PCP
  - Caseload
  - Claims Paid
  - Remit Advice

- Allows providers to submit appeals and inquiries to South Dakota Medicaid
  - NCCI-MUE Review
  - Sterilization Review
  - Timely Filing Review
  - Other Claim Review
  - Coverage Request
  - Fee Schedule Request
- Providers are given the Communication Tab option by the account administrator of the BNPI

# Claims Submission

## \*ETA Fall 2019

- Submit New CMS-1500
  - Allows submission of a CMS-1500 (HCFA) claim
- Submission List
  - Will show the last 30 days of submitted claims with basic claim status



Administration

Eligibility

Reports

Communications

Claims


# Submit New CMS - 1500



- Screen is set up to look and fill out similar to a paper 1500
- Can submit Medicaid or Medicare Crossover
- The provider submitting must be linked via their provider registration in the portal to the BNPI and SNPI they are submitting
- Will be able to attach two attachments
  - PDF, JPEG, and GIF
  - Up to 10 mb each

# CMS – 1500 Paper Form





**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 01/12

1. MEDICARE MEDICAD TRICARE CHAMPVA GROUP HEALTH PLAN PEAK BUCKLAND OTHER <input type="checkbox"/> (Medicare) <input type="checkbox"/> (Medicaid) <input type="checkbox"/> (TRICARE) <input type="checkbox"/> (Champva) <input type="checkbox"/> (Group Health Plan) <input type="checkbox"/> (Peak Buckland) <input type="checkbox"/> (Other)		14. INSURED'S I.D. NUMBER (For Program or Plan #)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH-DATE SEX MM DD YY M F	
3. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP-CODE TELEPHONE (Include Area Code)		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 5. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
6. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP-CODE TELEPHONE (Include Area Code)	
8. OTHER INSURED'S POLICY OR GROUP NUMBER		8. RESERVED FOR NUCC USE	
9. RESERVED FOR NUCC USE		9. RESERVED FOR NUCC USE	
10. INSURANCE PLAN NAME OR PROGRAM NAME		10. CLAIM CODES (Designated by NUCC)	
11. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits after to myself or to the party who accepts assignment below.) SIGNED DATE		11. INSURED'S POLICY GROUP OR FECA NUMBER 12. INSURED'S DATE OF BIRTH SEX MM DD YY M F 13. OTHER CLAIM ID (Designated by NUCC) 14. INSURANCE PLAN NAME OR PROGRAM NAME 15. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 10, and 11.	
16. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM DD YY) OR DATE QUAL.		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 18. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES 19. PRE-ADMISSION CODE ORIGINAL REF. NO.	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 1% NP		20. PRIOR AUTHORIZATION NUMBER	
18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		21. PROCEDURE, SERVICE, OR SUPPLY FROM MM DD YY TO MM DD YY PLACE OF SERVICE ENG OPT/HCPC/ MOONER DANCROSE POINTER \$ CHARGER 22. BILLING PROVIDER INFO & PH#	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to ICD-9-CM) ICD-9-CM		23. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on this invoice apply to this claim and are made a part thereof.)	
24. FEDERAL TAX I.D. NUMBER SSN- EIN		25. SERVICE FACILITY LOCATION INFORMATION	
25. PATIENT'S ACCOUNT NO.		26. ACCEPT ASSIGNMENT? YES NO	
26. TOTAL CHARGE \$		27. AMOUNT PAID \$	
27. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on this invoice apply to this claim and are made a part thereof.)		28. BILLING PROVIDER INFO & PH#	
SIGNED DATE		SIGNED DATE	

NUCC Instruction Manual available at [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED CMB-0938-1197 FORM 1500 (02-12)

# Submit New CMS - 1500



## 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](http://dss.sd.gov) for additional information about billing requirements.

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

1. SELECT CLAIM TYPE \*

33. BILLING PROVIDER ZIP CODE \*

1a. INSURED'S I.D. NUMBER \*

Verify

33a. BILLING PROVIDER NPI \*

2. PATIENT'S NAME

33b. BILLING PROVIDER TAXONOMY \*

3. PATIENT'S BIRTH DATE

PATIENT'S SEX

5. PATIENT'S ADDRESS

9. OTHER INSURED'S NAME

10. IS PATIENT'S CONDITION RELATED TO:

9a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT?  YES  NO

9d. OTHER INSURED PLAN NAME OR PROGRAM NAME

b. AUTO ACCIDENT?  YES  NO

11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? \*

YES  NO

c. OTHER ACCIDENT?  YES  NO

Save

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17b. REFERRING, ORDERING, OR PRESCRIBING NPI

19. ADDITIONAL CLAIM INFORMATION

80 Character Limitation

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY \*

A	Primary *	B		C		D		E		F	
G		H		I		J		K		L	

22. RESUBMISSION CODE

ORIGINAL REFERENCE NO

23. PRIOR AUTHORIZATION NUMBER

Save

	1 *	2	3	4	5	6
A. FROM DOS *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TO DOS *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. PLACE OF SERVICE *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. EMERGENCY	Select	Select	Select	Select	Select	Select

# Submit New CMS - 1500

NDC QUANTITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NDC UNIT OF MEASURE	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>
E. DIAGNOSIS POINTER *	A <input type="button" value="v"/>	A <input type="button" value="v"/>	A <input type="button" value="v"/>	A <input type="button" value="v"/>	A <input type="button" value="v"/>	A <input type="button" value="v"/>
F. \$ CHARGES *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ CONTRACTUAL (CTR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ OTHER PAID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. DAYS OR UNITS OF SERVICE *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. EPSDT/FAMILY PLANNING	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>	Select <input type="button" value="v"/>
J. RENDERING PROVIDER NPI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RENDERING TAXONOMY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="button" value="Validate"/> <input type="button" value="X"/>					

25. FEDERAL TAX I.D.	<input type="text"/>	26. PATIENT'S ACCOUNT NO.	<input type="text"/>
28. \$ TOTAL CHARGE *	<input type="text"/>	29. \$ TOTAL AMOUNT PAID	<input type="text"/>
32. SERVICE FACILITY	<input type="text"/>		
LOCATION ZIP CODE	<input type="text"/>		

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



- Will show initial claim status of the last 30 days submitted claims
  - In Process
  - Submitted
  - Rejected
  - Accepted
- Multiple options to filter the information
- Can open up accepted records to see more claim specific information

# Claim Submission List



## Claim Submission List

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

Select One \*

- [blurred]
- [blurred]
- [blurred]
- [blurred]
- [blurred]

Select All

**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.

Claim Ref #	Billing NPI	Servicing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action
- 20191330500000	[blurred]	[blurred]	[blurred]	3187c101079	[blurred]	Accepted	<input type="button" value="View"/>
From DOS		To DOS		Proc Code	Billed Charges		
03/27/2019		03/27/2019		98941	\$50.00		
+ 20191330500010	[blurred]	[blurred]	[blurred]	000100129110	[blurred]	Accepted	<input type="button" value="View"/>