

INPATIENT HOSPITALIZATION 6 DAY STAY REPORTING USER GUIDE

OVERVIEW

All in-state hospitals, hospitals within 50 miles of the South Dakota border, and hospitals in Bismarck, North Dakota must submit a notification to South Dakota Medicaid for recipients on day six of an acute inpatient hospital admission. This notification is required even if South Dakota Medicaid is the secondary or tertiary payer. The requirement applies to all Medicaid recipients including recipients participating in a Medicare savings program, HCBS waiver, SSI, long term care, and CHIP. Upon discharge the provider must update the form with the pertinent discharge information. Inpatient hospital stays may be subject to payment reduction if they are not properly reported.

6 Day Stay Reporting is a function on the Medicaid Portal that allows the provider to submit 6 Day Stay forms and attachments electronically to South Dakota Medicaid. This guide will outline the 6 Day Stay Reporting permissions, entering and updating a form, and communications.

The Medicaid Online Portal webpage can be accessed at <https://dss.sd.gov/medicaid/portal.aspx>. The Portal webpage is updated periodically with User Documents, FAQs, and Portal related announcements from the Medicaid Portal Team.

NEW PORTAL USERS

Portal Registration

The Medicaid Portal registration process accepts registration requests for one or multiple Billing NPI(s) and is not limited to the number of Billing NPIs which can be requested at one time.

The organization's Provider Administrator (Provider Admins) is responsible for the oversight and administration of all additional Portal user accounts within the Billing NPIs they control. Administration includes but is not limited to adding users within their Billing NPI(s) and receiving requests for Portal accounts from users within their Billing NPIs. They can delegate oversight to additional Provider Admins for one or more of their Billing NPIs to help establish the appropriate levels of hierarchical access and permissions to their organization's users. Additional information can be found under the Login heading.

To submit a New Registration form, users must complete all required fields, add at least one Billing NPI as "requested" and check the important message acknowledgment regarding paper remittance advice.

A valid combination of the following three data elements is required for a Billing NPI to be requested. The unique combination of these three values is verified against our database for accuracy before users can "ADD" a requested Billing NPI:

- The seven (7) digit SD MEDX ID – SD MEDX is the SD Medicaid Provider Enrollment system, for which your organization’s Provider Administrator has login credentials. If it is unknown, please contact your Licensing Specialist to receive the Billing NPI associated with your FACIS/Group Care ID number. If you do not know the SD MEDX ID for your Billing NPI(s), please contact your Licensing Specialist to receive the Billing NPI associated with your FACIS/Group Care ID number. The enrollment specialist will be able to search for one or more of your organization’s Tax IDs and provide you with a list of each unique SDMEDX ID & Billing NPI combination. If the SDMEDX ID & Billing NPI combination is NOT entered correctly for each Billing NPI, the user will receive an error that “This combination is not valid.”
- Nine (9) digit Tax ID - Federal Employer Tax ID Number (FEIN or TIN) for which an organization is enrolled with SD Medicaid. If it is not known, please contact your Licensing Specialist to receive the Billing NPI information associated with your FACIS/Group Care ID number. If you do not have a FEIN, you may be enrolled with South Dakota Medicaid as sole ownership. In such instances, your FEIN could be your Social Security Number (SSN).
- Ten (10) digit Billing NPI – Billing National Provider Identification number(s) enrolled with South Dakota Medicaid. If enrolled with SD Medicaid as sole ownership, your “Billing” NPI could be your Type 1, Servicing NPI.

Medicaid Portal
Social Services

New Registration for Provider Administration (you can request access to one or more Billing NPI's)

* Indicates required fields

Contact First Name * Contact Last Name *
Contact Phone * Ext *
Contact Email *
Confirm Contact Email *
Contact Address *
State *
City *
Zip *

SDMEDX ID *
Tax Id *
Billing NPI * +ADD

Billing NPI's that you are requesting access to:

Enter Billing NPI to search from the list below. 🔍

Submit Cancel

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700 Governors Drive | Pierre, SD 57501 | 605.773.3495

New Registration Contact Form field information should be populated with the Requestor’s business contact information. The New Registration Form Contact Email address entered will become the Requestor’s Username.

If the system identifies that an account has already been requested or approved for an email address, the requestor will receive an error that the email already exists and will not be able to submit the New Registration form. If the Requestor does not receive a submission confirmation email at the Contact Email

address listed in their registration form, they may have typed their email incorrectly. If this occurs, please send an email to DSSOnlinePortal@state.sd.us regarding the email address being entered incorrectly on the pending registration request.

The Contact form fields do have some built-in functionality in place that is important to note:

- **Help Text** – When populating the Contact details, users can hover their mouse pointer over the “?” icon to display Help Text. Help Text defines the expected value or input, for that field.
- **Asterisk (*)** – Each required field is indicated with an asterisk (*) symbol. Screens containing required input fields will also display an information message that “* indicates required fields”
- **Contact Phone** – This field is formatted to only accept numeric values and to automatically populate () and – as the user types. Users will not be able to delete or modify the format in place for this field.
- **Ext.** – The extension field allows up to seven (7) numeric-only values. This is not a required field.
- **Contact Email** – The email address can only be validated for format accuracy. If users do not type in their email address correctly (i.e., misspell a word) in both email fields, they will only be aware of the error if they do not receive an email confirmation at the expected email address they entered within a short timeframe of submitting their request.
- **State, City & Zip** – These fields are dynamic and require users to select them in the order in which they are displayed on the screen. Once the user selects State, the city dropdown allows users to select the list of cities specific to that State. After selecting the appropriate City, the user can select the appropriate zip code value. If the City/Zip dropdowns do not automatically populate after State is selected, the Portal may be querying the address database. Please wait a few additional seconds and try again if this occurs.
- **SDMEDX ID, Tax ID and Billing NPI** – These fields will only accept numeric values. If any combination of the three cannot be validated against the database and are incorrect, the user will receive a “This combination is not valid” error when attempting to click the “ADD” button. If you are a group care only provider, and not registered with a Billing NPI to bill South Dakota Medicaid please contact your Licensing Specialist to receive the Billing NPI associated with your FACIS/Group Care ID number.
- **Important Message Checkbox** – This acknowledgment must be checked to submit a New Registration request. If the user clicks “Submit” before checking the acknowledgment box, they will receive an error and their form will not be submitted.

New Registration for Provider Administration (you can request access to one or more Billing NPI's)

* indicates required fields

Contact First Name * Contact Last Name *

Please enter Contact First Name Please enter Contact Last Name

{ Ext

Please enter a valid Contact Phone Number

Contact Email *

Please enter a valid Contact Email

Confirm Contact Email *

Confirm Contact Email

Contact Address *

Contact Address is required

|

State *

City *

Please select a valid City

Zip *

Please select a valid Zip

SDMEDX ID *

SDMEDX Id is required

123 *

Tax Id is Invalid

2345 *

+ ADD

Billing NPI is Invalid

Billing NPI's that you are requesting access to:


Enter Billing NPI to search from the list below. 🔍

IMPORTANT: Once you are registered within this Portal your organization will no longer receive paper remittance advices. Remittance advices will be accessible immediately upon logging in.

After submitting a New Registration request, the Requestor will be directed back to the Login screen and receive a “Success” message notifying them that their request was submitted for approval. The user will also receive a confirmation email at the email address listed in their New Registration form that their request was submitted for approval.

Success

Your registration was submitted to your Administrator. You will receive an email notification upon approval.



Welcome to the DSS Online Portal

Use a valid username and password to gain access to the portal

For assistance with username and password, contact your administrator.

For more help contact the State at DSSOnlinePortal@state.sd.us

LOGIN

(Note: This is your login email)

[Register](#) | [Forgot Password](#)

New Registration requests will be received by a State Reviewer and will remain pending until Approved/Rejected. If there are any questions concerning the Registration request, the requestor may be contacted directly by the state reviewer via phone or email. Incomplete or invalid registration forms will not be submitted for review. If the Reviewer cannot validate the form or confirm details in a question, the Requestor will receive an email notification that their registration request has been rejected.

Contact Email	Contact Last Name	Contact First Name	Submit Date/Time	Provider Name	Billing NPI	Tax Id	Action
PendingRegistration@WorkQueue.com	WorkQueue	ProviderAdmin	01/25/2017	Fairview Southdale Hospital	1770663031	410991680	Accept / Reject

Once approved, the Requestor will receive an approval email confirmation with temporary login credentials and details. The initial login process must be completed within 3 days (72 hours), or the password will expire. If the request is rejected, the Requestor will receive a rejection email notification.

Portal Login

The first time a user logs into the Medicaid Portal they will need to login using the temporary password that they received in their Portal account approval email notification. The username for login will always be the user's email address that they used to register their Portal account. Temporary passwords are only valid for 3 days (72 hours) after receipt of the approval confirmation email notification. If a user forgets or loses their password, they can select "Forgot Password" to complete the steps as outlined in the Forgot Password section.

Welcome to the DSS Online Portal

Use a valid username and password to gain access to the portal

For assistance with username and password, contact your administrator.

For more help contact the State at DSSOnlinePortal@state.sd.us

LOGIN

Username
(Note: This is your login email)

Password

Login Register | Forgot Password

After successful login users will be directed to the Change Password form where they will need to complete the following:

- Re-enter Temporary Password - The password received via email.
- Type in a New Password - Please note the State Password Security Standards below.
- Retype New Password - The New Password entered and the Retype New Password to confirm. If the new password and re-typed password do not match, the user will receive an error.
- Select three Security Questions and Responses - These Security Questions and Responses will be used for the "Forgot Password" functionality.
- Username - The Username field is grayed out on the "Change Password" form. The Contact Email Address submitted on the Registration form or when the user account was added becomes the unique account Username.

Email addresses cannot be duplicated, and users will not be able to have two active accounts for the same Username. If a user's email address changes, their Portal Provider Admin will need to update the user's account to "Inactive" status and create a new account for them under their new email address.

The screenshot shows the 'Change Password' page on the Medicaid Portal. At the top left is the 'Medicaid Portal' logo. At the top right, it says 'You are logged in as' followed by a user name and a dropdown menu. Below that are links for 'User Guide' and 'FAQ'. The main heading is 'Change Password'. A note says '* Indicates required fields'. The form has four rows of input fields: 'Username' (with a note: '(Note: This is your login email)'), 'Old Password', 'New Password' (with a note: '(Note: Password should be 8 to 15 characters)'), and 'Retype New Password'. To the right of these fields is a dropdown menu for security questions, with a red message: 'Please select security questions and provide answers. Each security question should be unique.' At the bottom of the form are two buttons: a green 'Submit' button and a red 'Cancel' button. The footer contains the following text: '© 2016 - 2021 State of South Dakota MMIS. All Rights Reserved.' followed by a navigation bar with links: 'Home | State Home Page | Disclaimer | Accessibility | Privacy Policy | Contact Us | HIPAA'. Below that is the address: '700 Governors Drive | Pierre, SD 57501' and the phone number: '605.773.3495'.

Password Requirements

The following are State standards for Portal passwords. When choosing your Portal password please review and apply these standards:

- Must be changed every ninety days.
- Must be at least eight characters.
- Must contain at least three of the following four-character groups:
 - English uppercase characters (A through Z).
 - English lowercase characters (a through z).
 - Numerals (0 through 9).
 - Non-alphabetic characters (!, \$, #, %)
- Must not be one of the six most recent passwords.
- Must not have been changed within the last seven days.
- Does not contain your account or full name that exceeds two consecutive characters.

6 DAY TRACKING PERMISSION

A Provider Administrator can add the 6 day Stay Reporting permissions to the Provider User staff.

- Open User Maintenance, under the Administration tab.
- Select the user you would like to add the permissions to.
- The user must be registered with the application to allow for access to be added, updated, or terminated.
- Click Update, then click Next.
- In the "Permission Available" select 6 day Stay Reporting.
- Once selected click the arrow that is pointing to the right to move these options to the selected users' permissions and click "Update"

The screenshot shows a permissions configuration interface. On the left, under 'Permissions Available', there is a list of permissions with checkboxes. '6day stay reporting' is checked, while others like 'H.Home - Case Load', 'H.Home - Claims Paid', 'H.Home - Core Services', 'H.Home - RA', 'RR Communications', 'RR Incidents', and 'RR Reports' are unchecked. In the center, there are right and left arrow buttons. On the right, under 'Permissions Selected', there is an empty list and a 'Select All' checkbox. To the right of the 'Permissions Selected' column are three buttons: 'Back', 'Update', and 'Cancel'.

Once permissions are updated, the user will see the Clinical Reviews as a displayed tab. The user may have to log out and log back into the application.



SUBMITTING A 6 DAY TRACKING FORM

Step 1: Select 6 Day Stay Reporting

Under the Clinical Reviews tab, hover with your mouse and select 6 day stay reporting. To enter a new inpatient form click on the Add button. This will take you to the Notification form page.



In-Patient Hospitalization

To enter a new inpatient form click on Add **+ Add 6 Day Form**

To search for a form, enter any combination of the following search criteria and click search

Form Number	Recipient First Name	Recipient Last Name	Recipient Id	Recipient DOB
Facility NPI	Last Updated User	Admission Dt	Discharge Dt	Discharge Facility Agency
Facility Name	Status	Add Dt	Last Updated Dt	Search

Select All Reset

Step 2: Enter Recipient Information

- In the Medicaid Id box enter the 9-digit Medicaid Recipient ID.
- In the Admission Date box enter the admission date.
- Click the Verify button.

The screenshot shows a navigation bar with seven tabs: Administration (orange), Resident Reporting (blue), Recipient Info (blue), Reports (teal), Communications (orange), Claims (blue), and Clinical Reviews (blue). Below the navigation bar is a green bar labeled "Notification form". The main content area is titled "Recipient Information" and contains two input fields: "Medicaid Id *" with the value "012345678" and "Admission Date *" with the value "04/01/2023". To the right of the Admission Date field are two buttons: "Verify" (blue) and "Reset" (orange). The "Verify" button is circled in red.

All boxes with a red "*" are required fields. If the 9-digit Recipient ID number is not known, a user may use the eligibility tab to find the recipient's ID number or to verify eligibility for coverage. For more information on how to use that function please refer to https://dss.sd.gov/docs/medicaid/portal/eligibility_inquiry.pdf.

Step 3: Enter Facility Information

- Under Facility Information enter the Facility billing NPI and click the Verify button.

Facility Information

The screenshot shows the "Facility Information" form with three input fields: "Facility NPI *" (with a "Verify" button circled in red), "Facility Name", and "Phone Number".

If you get an error message as a Provider User, you do not have access to the billing NPI on the Portal and you will need to request access from your Provider Admin.

Step 4: Enter Hospitalization Information

- Enter the Hospitalization information.
 - Estimated Length of Stay and Diagnosis Code boxes are required fields.
 - Discharge Status field is required if there is a date entered in the Discharge Date field.

Step 5: Add Attachments

- Click on the Add Attachment button to upload documents if applicable.

You may add up to 5 separate attachments with a maximum file size of 10 mb each. Formats uploaded can be PDF, JPEG, and GIF. Medical records are optional unless requested by South Dakota Medicaid.

Attachment Details

+ Add Attachment

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

✕ Cancel

✓ Save

✓ Submit

Step 6: Submit the Form

- Click “Submit” to submit the form to South Dakota Medicaid.
- If you are not ready to submit the form, you may click “save.” This allows you to exit and finish the form later.

SEARCHING 6 DAY FORMS

A user or provider administrator can use any of the combinations to search for a specific form.

To enter a new inpatient form click on Add [+ Add 6 Day Form](#)

To search for a form, enter any combination of the following search criteria and click search

Form Number	Recipient First Name	Recipient Last Name	Recipient Id	Recipient DOB
Facility NPI	Last Updated User	Admission Dt	Discharge Dt	Discharge Facility Agency
Facility Name	Status	Add Dt	Last Updated Dt	Search

Select All

- Form Number: This is related to the Form ID number given to the form and communication channel created.
- Recipient First Name: The first name as it matches what Medicaid has on file for the recipient.
- Recipient Last Name: The last name as it matches what Medicaid has on file for the recipient.
- Recipient ID: The recipient’s 9-digit Medicaid ID number
- Recipient DOB: The recipient’s date of birth. Make sure the date is formatted to MM/DD/YYYY or you may select it from the calendar.
- Facility NPI: The 11-digit billing NPI of the facility submitted on the form
- Last Updated User: Name of last person to update the form which can be viewed by clicking on the “+” in first column.
- Admission Dt: The date of admission that was used on the form.
- Discharge Dt: The date of discharge that was used on the form.
- Discharge Facility Agency: Information put in the Discharge Facility/Agency field on the form.
- Facility Name: The name of was associated with the Facility NPI used on the form.
- Status: Search by current status of the form.

- Add Dt: The date of the form was added to the system which can be seen by clicking on the “+” in the first column.
- Last Updated Dt: The date the form was last updated in the system.

6 DAY TRACKING FORM STATUSES


The following is a description of the potential statuses of a form:

- Drafted: The form has been started but has not yet been sent for agency review.
- Submitted Admission: The form has been completed and submitted with the admission date entered to Medicaid for review.
- Submitted Discharge: The form has been completed and submitted with the discharge date entered to Medicaid for review.
- In Review: The form is in review by Medicaid.
- Request for Additional Info: Medicaid is requesting additional information from the facility.
- Resubmitted: This will indicate that the facility has updated a request for additional information.

ADDING DISCHARGE DATE

Upon the recipient’s discharge the provider must update the form with the pertinent discharge information.

- Use the search function to locate the form that needs to be updated.
- Click on the Update button under the action column for the Form ID # that needs to be updated.
- After the form loads enter the date in the Discharge Date field.
- After the date is entered in this field you will be required to select one of the drop-down options in the Discharge Status field.
- At the bottom of the form you will have the option Cancel the entry, Save the entry for additional edits, or Submit the updated form to South Dakota Medicaid. Clicking on Next will take you to the attachment details and comments page.

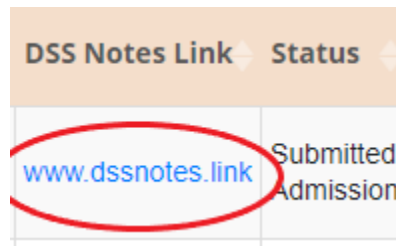
Status	Highdollar	Difficult	Action
Submitted Admission		Discharge	

Discharge Date	<input type="text" value="03/15/2023"/>
Discharge Status *	<input type="text" value="Discharged to Home or Self-Care."/>
Discharge Facility/Agency	<input type="text"/>
Discharge Status Notes	<input type="text"/>

ADD NOTES

The DSS Notes Link column is a function that allows providers to send comments to Medicaid regarding the individual form record and for Medicaid to send comments back.

- Click on the blue link to open a pop-up window.



- Enter comments you wish to communicate with Medicaid in the Current Comments – Provider text box.
- Click on the green Save button.

Previous comments will show in the Previous Comments -Provider box.

Attachment Details

Previous Comments - Provider

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


Current Comments - Provider

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

REQUEST FOR ADDITIONAL INFORMATION

If Medicaid requests additional information for a form, you will be notified via an email. In addition, the Status Column in the portal will display Request for Additional Info.

- To provide additional information click on the Update button in the Action column to open the form.

DSS Notes Link	Status	Highdollar	Difficult Discharge	Action
www.dssnotes.link	Request for Additional Info			

- When the form loads review the request from Medicaid in the Request for Info Previous Comments Box. The newest request will be on the top line.
- If there was a request for additional records you may add them via the + Add Attachment button.
- You may comment that the request is completed or if you need further clarification you may reply in the Request for Additional Information box.
- When updated click on the Save button and then the Submit button.

Discharge Coordination Contact

Discharge Nurse Contact

Request for Info Previous Comments

5/17/2023 10:27:19 AM--DSS--Requesting discharge summary.

Request for Additional Information

Discharge Summary added.

Attachment Details

+ Add Attachment

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

CONTACT INFORMATION

If you have any questions or issues with the Medicaid Portal or specifically the 6 Day Form please contact us at:

- Email: DSSOnlinePortal@state.sd.us
- Phone: 1-800-452-7691 option 2 to speak with a representative Mon-Fri 9am - 4pm CST.