Provider Portal Training:

Negative Balance Report
Adjudicated Claims Request
Communication – Review and Request

6/4/2018
## Agenda

- Provider Negative Balance Report
- Adjudicated Claims Listing Report Request
- Communications: Reviews and Requests
How to Grant Permissions

Update the second screen of the Provider User. Move the appropriate role from Permissions Available to Permissions Selected by clicking on the arrow facing right.
Provider Negative Balance

Provider Negative Balance Reports are available in the same format as the Medicaid Remittance Advice. You can view your reports combined by Billing NPI or separated by Billing and Servicing NPI combinations.
Provider Negative Balance

Negative Balance Report

Please select whether you want to view servicing NPI's in one file or individual files.
- Combined Negative Balance Report by BNPI
- Separate Negative Balance by BNPI / SNPI

Enter a date range (MM/DD/YYYY) to view your organization's information
From 05/01/2018 To 05/31/2018

Only 24 months of previous reports from today's date can be searched
Only 90 days of reports can be viewed at one time

Create Report

Negative Balance Reports from 05/01/2018 till 05/31/2018

<table>
<thead>
<tr>
<th>RA Date</th>
<th>Billing NPI</th>
<th>Billing Provider Name</th>
<th>Servicing NPI</th>
<th>Servicing Provider Name</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/17/2018</td>
<td>1003613676</td>
<td>Spectra Laboratories Inc</td>
<td>1003613676</td>
<td>Spectra Laboratories Inc</td>
<td>View</td>
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<tr>
<td>05/17/2018</td>
<td>1003613676</td>
<td>Spectra Laboratories Inc</td>
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<td>Spectra Laboratories Inc</td>
<td>View</td>
</tr>
</tbody>
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Adjudicated Claims Listing

[Diagram showing a user interface for selecting report types and viewing adjudicated claims]

[Table showing adjudicated claims report list for selected criteria]

DSS
Strong Families - South Dakota's Foundation and Our Future
Adjudicated Claims Listing – New Request

1. Select New Request
2. Select Billing and Servicing NPI
3. Select the Report End Date by Month and Year
4. Click Submit
5. Reports will take approximately ten minutes to be available
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.
How to Submit a New Review or Request

- Under the Communications menu, hover the mouse to display the sub-menu options
- Click on Reviews and Requests
- Select +Add Communication
How to Submit a New Review or Request

• Select Review or Request type
How to Submit a New Review or Request

- **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**
Submit Review

- 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.

[Add Attachment]

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

[Save] [Submit] [Close]
Submit Request

- Select applicable **Billing NPI**
- Select applicable **Servicing NPI**
- Enter the CPT, HCPC or Diagnosis Code that you are requesting coverage.

Add Coverage Request

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

Provide a description of the requested change including the rationale for the request. Requests must include supporting documentation. Examples of supporting documentation include medical studies, other payers’ coverage policies including Medicare and surrounding states, and documentation supporting medical necessity.

Billing NPI

Servicing NPI

Select One *

Select One *

CPT/HCPC/DIAG
Submit Request

- 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.

Add Attachment

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

Save  Submit  Close
Definitions

- **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. There is no view option.

- **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.
Definitions

• **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 saved or updated and sent back to DSS for another review.

• **Resubmitted** – This has been sent back to DSS for further review. This is view only.

• 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.
How to Respond to Request for Info

• The state may ask providers for additional information before denying or approving a review or request.

• Select **Update**
• Respond to **DSS comments** and questions with supporting information
Lock Feature

- The Portal will allow only one provider account to update a Review or Request record at a time.
- A lock will be placed on a record when a provider clicks on the “update” button for a Review or Request.
- While locked, the record cannot be modified by other users.
- Once the user leaves the screen or the session times out, the lock will be released.
Timeline

- Provider Negative Balance Report
  - Available 5/24/2018

- Adjudicated Claims Listing Request
  - Available 6/18/2018

- Communications: Reviews and Requests
  - Pilot providers 5/29/2018
  - All providers 6/11/2018

- Q & A
  - 6/26/2018 at 9:30 am CST
Resources & Contact Information

- [http://dss.sd.gov/medicaid/portal.aspx](http://dss.sd.gov/medicaid/portal.aspx)
- [dssonlineportal@state.sd.us](mailto:dssonlineportal@state.sd.us)