Medicaid Doula Training

December 6, 2024

South Dakota Department of Social Services

Agenda

01

Coverage and Reimbursement Policies

02

Provider Enrollment Process

03

Recipient Eligibility Verification and Billing

Status Updates

- Doula are now able to enroll in South Dakota Medicaid.
- Doula services will be covered effective January 1, 2025.

Medicaid Coverage Basics

General Coverage Basics

- Providers must be enrolled with Medicaid to bill for services.
- Recipients must be eligible for Medicaid on the date of service.
- Services must meet coverage criteria.
- Services must be appropriately documented. Services that are not documented are considered non-covered and subject to payment recoupment.
- Medicaid payment is considered payment in full. You cannot bill a recipient for an amount in addition to the Medicaid payment.
- You must bill Medicaid at your usual and customary rate. This is the rate that you would charge the general public for a service.
- Claims must be submitted within 6 months of the service being provided.

Key Resource: Refer to the general requirements provider manuals.

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

Doula Coverage

Disclaimer

- Coverage information included in this presentation is an overview for educational purposes.
- Official Medicaid policy will be detailed in the Doula Services provider manual. This will be posted on our website soon. Doulas should review the provider manual for full coverage details.

  https://dss.sd.gov/medicaid/providers/billingmanuals/default.aspx

Doula Credentialing

Doulas will be required to be credentialed through an oversight body recognized by South Dakota Medicaid that also provides regulatory oversight of the profession. As a temporary bridge to credentialing by a recognized oversight body, South Dakota Medicaid will recognize the following doula credentialing for enrollment purposes:

- BirthWorks International;
- Childbirth and Postpartum Professional Association (CAPPA);
- Childbirth Professionals International;
- Doula Trainings International;
- DONA International;
- International Childbirth Education Association (ICEA) – Dual Certificate Only;
- MaternityWise – Labor Doula and Full Doula; or
- Birthing Advocacy Doula Training – Full Spectrum Doula

Recipient Eligibility Criteria

Doula services are covered for recipients in the following circumstances:

A pregnant woman who has full Medicaid coverage or is eligible through the Unborn Children Prenatal Care Program is eligible for doula services.

Doula services may only be billed for recipients with a pregnancy confirmed by a medical provider. The initial doula prenatal visit may occur prior to pregnancy confirmation, but the confirmation is necessary for the service to be billed.

Postpartum doula services may be provided up to 365 days after the end of the pregnancy contingent upon the recipient maintaining eligibility for South Dakota Medicaid.

Referral Required

Referral Requirements

- Require referral by a physician, physician assistants, certified nurse practitioners, or certified nurse midwife with whom the recipient has had a face-to-face or telemedicine visit within the last 90 days.
  - Referral by the care management program provider (BabyReady, Primary Care Provider Program, or Health Home Program) if applicable
- At the licensed practitioners discretion referrals may be made retroactive up to 60 days from the date the provider makes the referral.

Prenatal Support Services

The following prenatal doula services are covered and may be counted towards billable service time:

- Promoting health literacy and knowledge;
- Answering questions about birthing options to help recipients make informed decisions;
- Assisting with the development of a birth plan;
- Assisting recipient with the development of postpartum plans;
- Assisting recipients with how to communicate effectively with their healthcare providers;
- Supporting personal and cultural preferences around childbirth;
- Providing emotional support and encouraging self-advocacy;
- Providing evidence-based information associated with positive health outcomes; and
- Time spent with the recipient collecting intake information and developing the initial doula service plan.

Labor and Delivery Support Services

Doulas must provide the following services during the labor and delivery for the service to be billable:

- Providing physical comfort measures;
- Providing emotional support including continuous reassurance and encouragement;
- Helping empower recipients to advocate for their needs; and
- Being an active member of the birth team.

Postpartum Support Services

The following postpartum doula services are covered and may be counted towards billable service time:

- Providing emotional support and encouraging self-care measures;
- Assisting recipients with how to communicate effectively with their healthcare providers;
- Providing evidence-based information associated with positive health outcomes;
- Educating the recipient regarding newborn care, nutrition, and safety, including safe sleep habits; and
- Time spent with the recipient collecting intake information and developing the initial doula service plan if services are not initiated until the postpartum period.

Care Coordination Services

Doulas will assist all recipients they serve with the following care facilitation services:

- Helping the recipient choose a healthcare provider if care has not been established;
- Helping the recipient schedule prenatal or postpartum care appointments, encouraging them to attend appointments, and helping them problem-solve barriers that may impede attendance;
- Promoting and referring recipients to Department of Health pregnancy-related programs including Bright Start, Pregnancy Care, and WIC programs;
- Helping the recipient pick a primary care provider for the baby;
- Helping the recipient schedule well-child check-ups, encouraging them to attend appointments, and helping them problem-solve barriers that may impede attendance; and
- Providing information about community-based support services to address health-related social needs including transportation, housing, food insecurity, personal safety, and employment and helping them connect to those resources.

Intake Requirements

Intake Information

- As part of the first visit with the recipient, the doula must collect intake information with the recipient interested in receiving doula services. The information collected must include the following information:
  - Recipient's name, date of birth, and Medicaid ID number;
  - Contact information;
  - Household member's names, if applicable;
  - Support people and their relationship to recipient;
  - Previous pregnancies and delivery methods;
  - Estimated due date;
  - Healthcare provider;
  - Prenatal/postpartum medical care status;
  - Planned birthing location;
  - Health-related social needs including transportation, housing, food insecurity, personal safety, and employment; and
  - Physical or emotional concerns.
- Doulas can use the method of their choice to collect the information and can collect information beyond the stated list.

Service Plan Requirements

Service Plan

Doulas must develop a service plan specific for each individual served. Service plans must include the following items:

- Recipient's name and Medicaid ID number;
- Healthcare provider and contact information;
- Goals the doula will help the recipient achieve such as addressing health literacy knowledge, emotional or physical supports needed, newborn care supports, and health-related social needs;
- Progress notes for each date of service documenting progress made towards goals;
- Community resources the recipient was referred to;
- List the specific services required for meeting the written objectives;
- The date when plan was originally created;
- The date the plan was last updated/reviewed.

Services Limits

Service Limits

- Doula services are limited to $1,800 per recipient in an 18 month period.
- The doula must be physically present during labor and delivery to bill for this service.
- Other doula services may be provided face-to-face, via telemedicine, or via two-way audio-only when the recipient does not have access to audio/visual telemedicine technology. The limitation necessitating audio-only services must be documented in the recipient's record.
- One labor and delivery care visit is covered per recipient, per pregnancy.
- Labor and delivery services must be provided in conjunction with prenatal and/or postpartum doula services.
- See the provider manual for additional coverage information.

Reimbursement

Reimbursement

- T1032 – Prenatal, postpartum, or care coordination services
    - Maximum reimbursement is $16.87 per 15 minute unit
- T1033 – Labor and delivery services
    - Maximum reimbursement is $600

Reminder: Services must be billed at the provider's usual and customary rate.

Billing Time Units

Calculating the Number of Units to Bill

T1032 is a 15 minute unit time based code. When billing using this code, providers must abide by the following guidelines:

- Time is the time spent with a recipient delivering a covered service;
- A unit of time is attained when the mid-point is passed.
  - For example, a 15 minute unit is attained when 8 minutes of services have been provided.
- Time spent providing services to a recipient is cumulative for single date of service.
  - For example, if 8 minute of service is provided in the morning and another 8 minutes in the afternoon, 16 minutes of service has been provided and only 1 unit should be billed.

Documentation

- Doulas must maintain records documenting each service billed to Medicaid that contains the following:
    - Type of service performed;
    - Summary of the service provided;
    - Recipient receiving the services;
    - Date of the service;
    - Start and end time of the service;
    - Location of the service including delivery method;
    - Name of the doula providing the service; and
    - Doula's signature.
- Doulas must also maintain
    - A copy of the intake forms for each recipient; and
    - Doula service plan for each recipient.
- It is recommended that the doula obtain a signed and dated statement/form from the recipient that indicates services were provided on that date.

Record Retention: Records must be retained for at least 6 years after the last date a claim was paid or denied.

Key Resource: Documentation and Record Keeping Provider Manual

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/General/Documentation_and_Records.pdf

Non-Covered Services

Non-covered doula services include:

- Services that are not listed as covered in the provider manual;
- Services that are not documented;
- Any services requiring medical or clinical licensure;
- Travel time and mileage;
- Respite care;
- Services provided via text message, email, or other forms or written communication;
- Services provided 30 days after initial doula service was provided if a service plan has not been completed;
- Services provided by a doula that are being billed for or reimbursed under another Medicaid benefit. For example, time spent delivering a doula service cannot also be billed under the Community Health Worker benefit; and
- Transportation of recipients.

Summary of Key Coverage Points

- Provider must be enrolled in Medicaid.
- Recipient must be enrolled in Medicaid and meet coverage criteria.
- Only time spent delivering covered services as described in the provider manual is billable.
- Doulas must collect specified information as part of the intake process.
- Services must be delivered according to a service plan. The service plan must include the required elements.
- Services must be properly documented.

Summary of Key Billing Policies

- Medicaid payment is considered payment in full. You cannot bill a recipient for an amount in addition to the Medicaid payment.
- You must bill Medicaid at your usual and customary rate. This is the rate that you would charge the general public for a service.
- Claims must be submitted within 6 months of the service being provided.

Credentialling and Enrollment

Doula Enrollment

- Enroll in three easy steps
- To learn more about provider enrollment, click this link on our webpage:

Provider Enrollment

Obtain an NPI

Register in the Provider Enrollment Portal

Complete Enrollment Application

Obtain an NPI

- National Provider Identifiers (NPIs) are issued by the Centers for Medicare and Medicaid services through NPPES (National Plan & Provider Enumeration System)

- All doulas will need a "Type 1" NPI
- If you are intending to be paid directly to your social security number (non-incorporated, sole proprietor), you will only need a Type 1 NPI.
- If you are establishing/incorporating a business and obtaining a Federal Employer Identification Number (FEIN) through the IRS, you will need to obtain a Type 2 NPI *and* a Type 1 NPI
  - This includes incorporated entities such as Inc, PC, LLC, Non-profits, etc
  - Payments will be made to the entity/organization to the FEIN, and in turn the organization will pay the employee

Online Links	**NPPES Help Desk (9am to 5pm Eastern):**
NPPES How to Apply NPPES FAQs	By Phone: • 1-800-465-3203 (NPI Toll-Free) • 1-800-692-2326 (NPI TTY for the deaf, hard of hearing or those with speech difficulties) By Email: customerservice@npienumerator.com

Register in the Provider Enrollment Portal

After receiving your NPI, register in the Provider Enrollment Portal:

Only Billing NPIs must register

- Billing NPIs are those to which payments will be made:
  - Type 1 NPI for the sole proprietor
  - Type 2 for incorporated entities
- The first individual to register the Billing NPI will have administrative control over the enrollment record, called a "Provider Admin".

Registration Resources

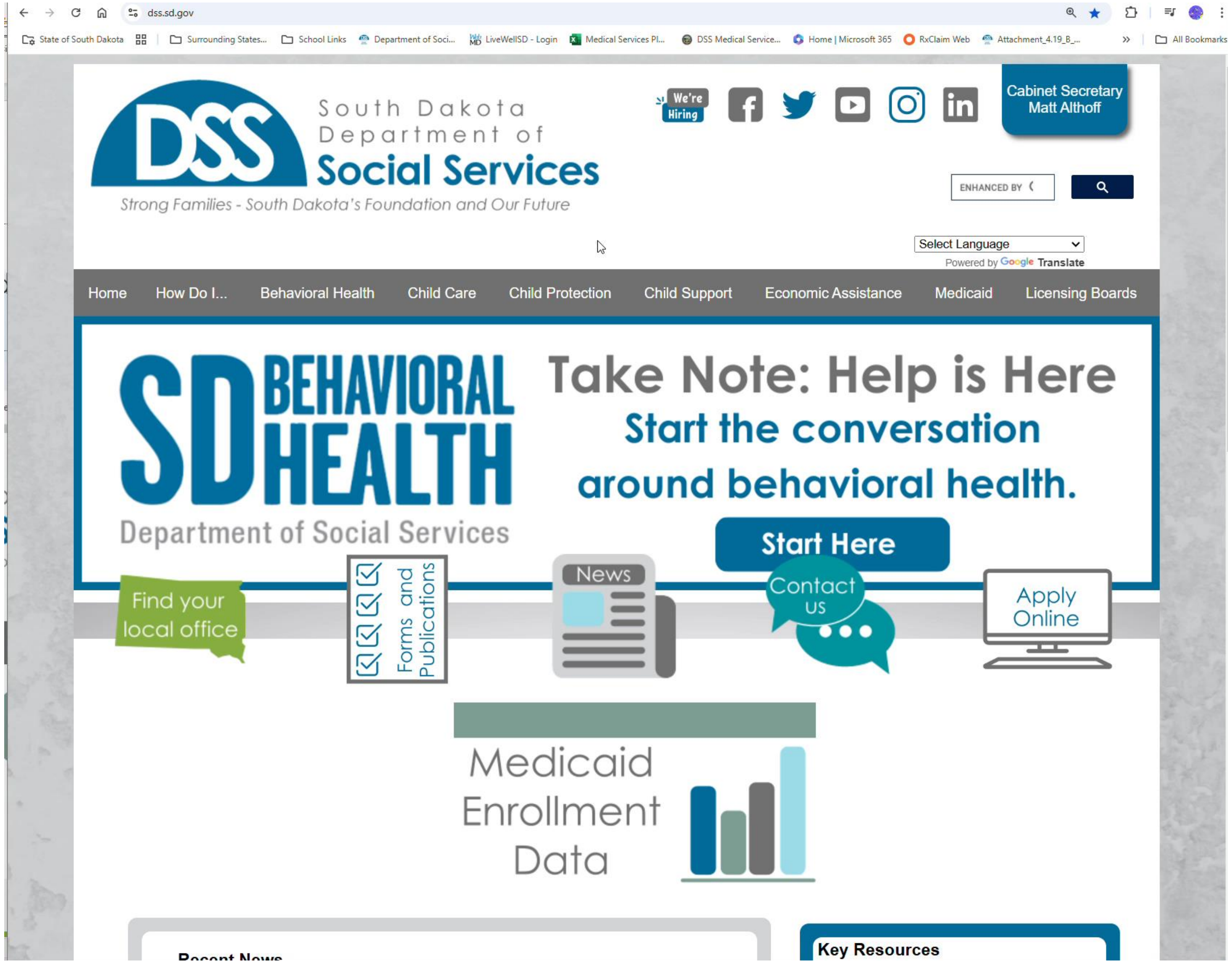
- Registration Recorded Training
- User Guide
  - Pages 8-11
- Login/Logout Recorded Training
  - User Guide Pages 12-15
- Screen snips on upcoming slides

Provider Enrollment Portal

- Clicking this icon on the DSS website will lead you to the online Provider Enrollment Portal

How to Register using the Online Provider Enrollment Portal :

- Navigate to dss.sd.gov/Medicaid
- Hover over “Medicaid” and select “Providers”
- Select Provider Enrollment Portal



South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

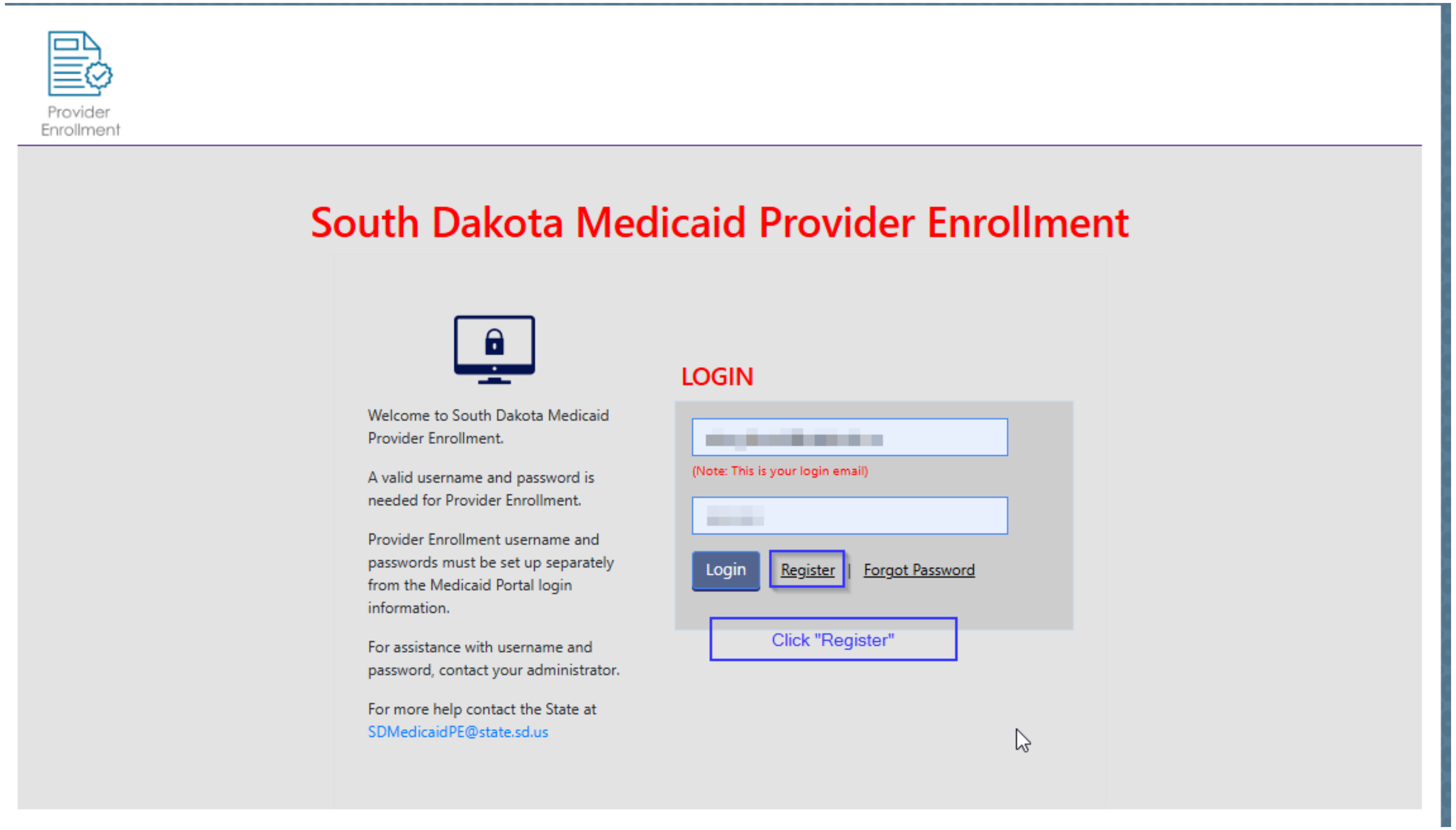
Take Note: Help is Here

Start the conversation around behavioral health.

dss.sd.gov
State of South Dakota
Surrounding States...
School Links
Department of Soci...
LiveWellSD - Login
Medical Services Pl...
DSS Medical Service...
Home | Microsoft 365
RxClaim Web
Attachment_4.19_B_...
All Bookmarks
We're Hiring
Cabinet Secretary Matt Althoff
ENHANCED BY
Select Language
Powered by Google Translate
Home
How Do I...
Behavioral Health
Child Care
Child Protection
Child Support
Economic Assistance
Medicaid
Licensing Boards
SD BEHAVIORAL HEALTH
Department of Social Services
Start Here
Find your local office
Forms and Publications
News
Contact us
Apply Online
Medicaid Enrollment Data
Recent News
Key Resources

Register:

After clicking the provider enrollment portal, the following page will display



South Dakota Medicaid Provider Enrollment

Welcome to South Dakota Medicaid Provider Enrollment.

A valid username and password is needed for Provider Enrollment.

Provider Enrollment username and passwords must be set up separately from the Medicaid Portal login information.

For assistance with username and password, contact your administrator.

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

LOGIN

(Note: This is your login email)

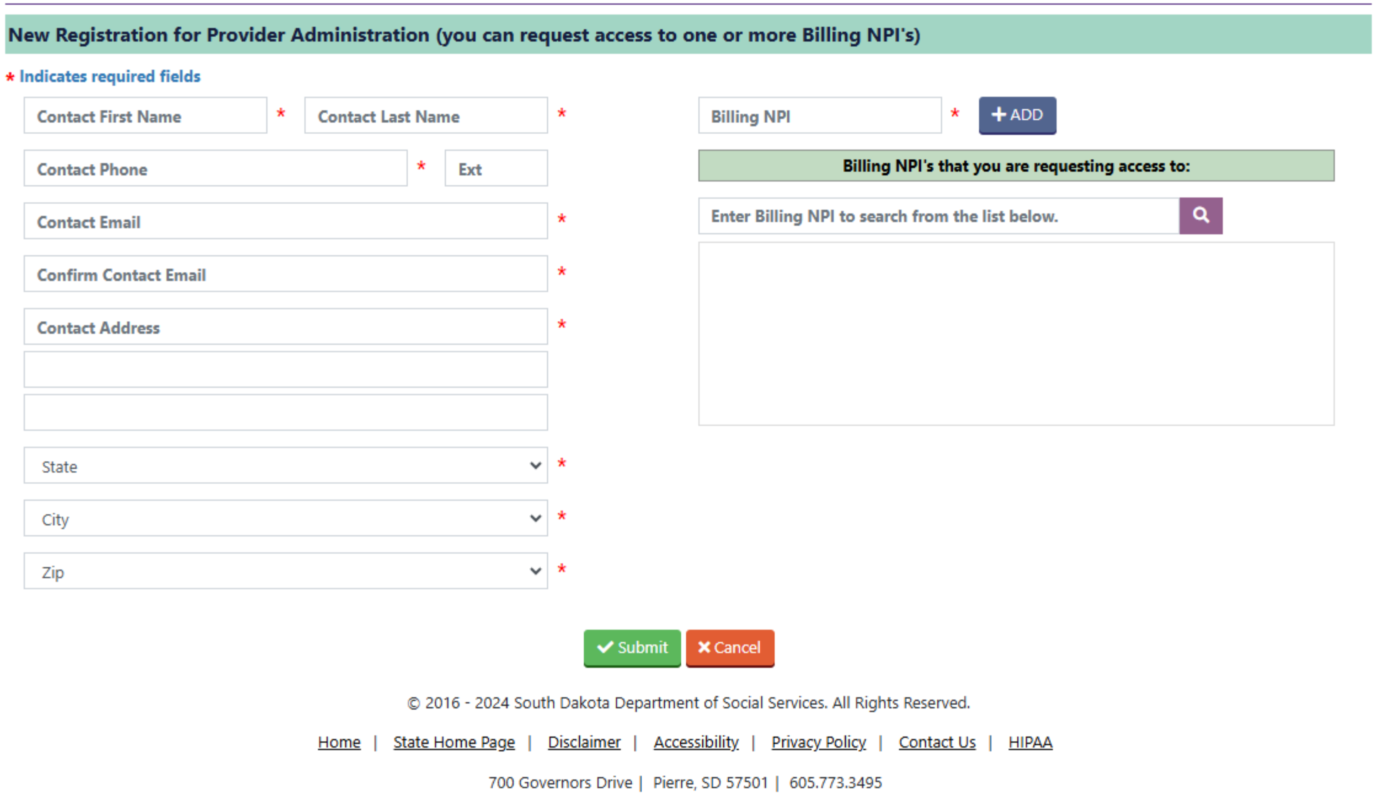
Click "Register"

Register:

After clicking “register”, complete the fields below for the individual who will be managing the enrollment record. Once complete, click submit.

The email address must be a person-specific email and not a shared email.

Note: SD Medicaid recommends at least two users have access to the record should one user leave. After registration approval, Provider Admins can add other users or admins.



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 *
Billing NPI *
+ADD
Billing NPI's that you are requesting access to:
Enter Billing NPI to search from the list below.
✓ Submit
✕ Cancel

© 2016 - 2024 South Dakota Department of Social Services. All Rights Reserved.

Home | State Home Page | Disclaimer | Accessibility | Privacy Policy | Contact Us | HIPAA

700 Governors Drive | Pierre, SD 57501 | 605.773.3495

NPI Enrollment

After Registration is complete, and you've received your approval email, review enrollment resources, gather necessary information, and documentation. Begin with the Billing NPI enrollment.

Preparation

- Review the Provider Enrollment Page
  - These pages contains helpful information and requirements for enrollment.
  - Training Videos are located under "Provider Enrollment Portal" and "Training"
- Page 31 of the User Guide provides detailed steps of required information.
- Note: the earliest enrollment request date is January 1, 2025.

Documents Required

- Provider Agreement
- Disclosure Form
- Copy of active Doula certificate from approved certifying body *(for individuals)*
- Bank Letter *(for billing providers)*

Enrollment Data Required

For a complete overview of all data required, review the User Guide beginning on page 31

FEIN/SSN of Billing NPI

Taxonomy code:

- Entities should use either 193200000X or 193400000X for multi or single specialty groups.
- Individuals should use the doula taxonomy code of 374J00000X

License:

- Individuals must populate the license as professional license
- Select “USA” as state
- Populate certificate number if the certificate has one

Ownership information for entities and/or individuals including address, tax identifier, and date of birth for individuals

Any contractual relationships with identifying information.

- Examples include leasing office space or contracting with the business manager

Managing employees (those who manage day to day operations) including home street addresses, dates of birth and SSNs

Enrollment continued:

Bank routing and account number

Claims submission details

Using a vendor to submit claims or yourself through the Medicaid Portal

Location of services

If you solely provide services within the community or recipient homes, you should list your home street address.

If you have a separate dedicated office location outside of your home, then you should list your office location.

Documents may be uploaded within the application.

Once you have all of the required fields completed, submit the application

After Submission

The enrollment will be reviewed by SD Medicaid Provider Enrollment

If anything is missing, the Provider Enrollment Team will contact you.

If you are a billing individual, an onsite visit and fingerprint criminal background check will be required. The Provider Enrollment Team will contact you with details on how to complete the fingerprinting.

Note: An entity enrollment will not require the onsite visit and fingerprinting until an individual servicing provider is enrolled. The individual servicing provider will require the fingerprint criminal background check and the location to have an onsite visit.

After all required information has been received, the onsite visit, and the fingerprint criminal background check is passed, the enrollment will be approved.

After outreach, if any documentation continues to be missing, or the application fails our federally-required screening, the application will be denied.

Notification is sent to the enrollment contact.

After Approval

If you are a billing individual and your application is approved, you may begin providing and billing for services.

Entity enrollments must enroll and associate with an individual servicing provider after approval.

Enrolling a Servicing Individual:

- To enroll a servicing individual, you will need the individual's:
  - Type1 Servicing NPI
  - Name, including middle name
  - SSN
  - Date of Birth
  - Use taxonomy code: 374J00000X
  - Licensure:
    - Select Professional license and USA as state
    - Enter Doula Certificate from an approved Doula Certification Body
    - Upload a copy of the certificate
  - The entity's NPI to affiliate to
  - Disclosure form
  - Provider Agreement signed by the individual provider
- Once you have obtained all the required documentation and completed the application, submit the application.

After submission:

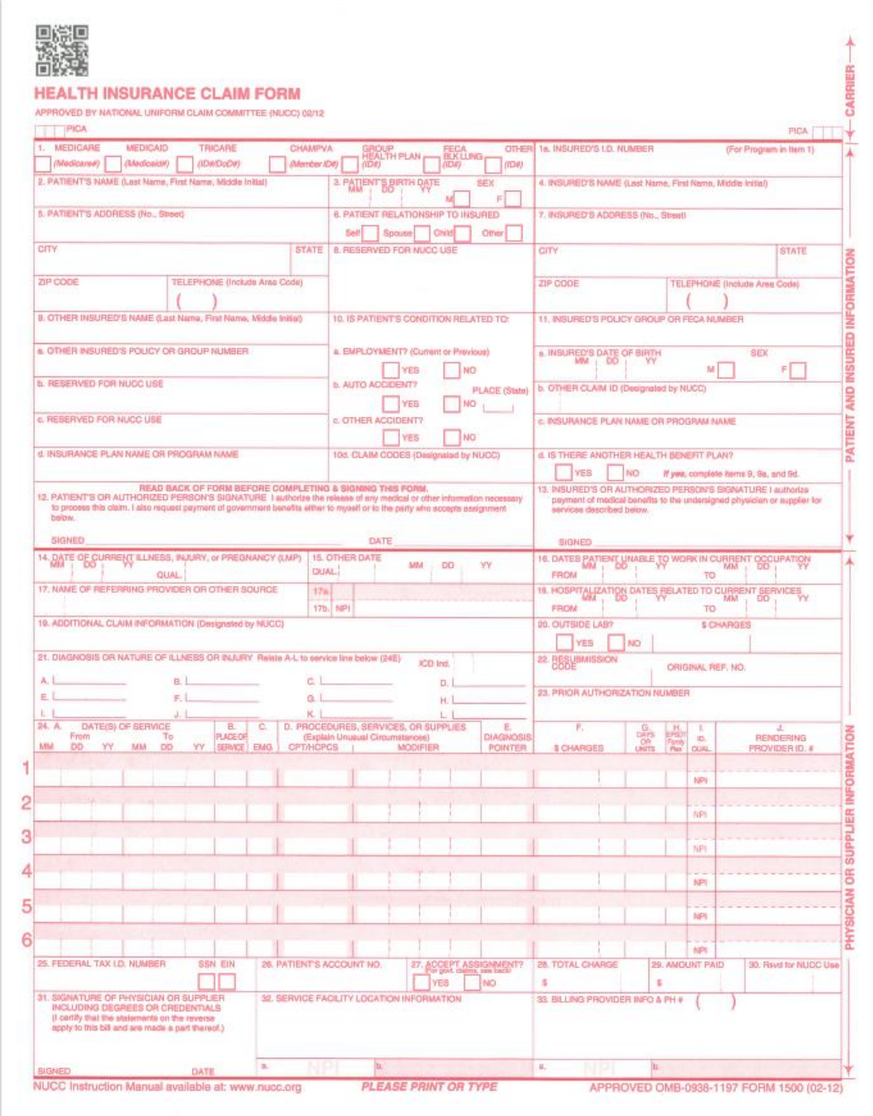
- As with the billing applications, SD Medicaid Provider Enrollment will review the application.
- If any documents or data is missing, the team will outreach the enrollment contact.
- An onsite visit will be completed if one has not already for the individual being enrolled.
- The individual servicing provider will also need to complete the fingerprint criminal background check, if it has not already been completed.
  - The Provider Enrollment Team will provide information about how to complete this after the application has been reviewed.
- If the application passes all required checks, it will be approved. Notification is sent to the enrollment contact.
- After approval, the individual may begin providing services.

Recipient Eligibility Verification and Billing

Ways to Bill Services

- CMS 1500 Claim Form
  - contact the U.S. Government Printing Office at 1-866-512-1800, local printing companies in your area, and/or office supply stores.
- Medicaid Online Portal
  - https://dssapps.appssd.sd.gov/ocp/Account/Login?ReturnUrl=%2focp
- Electronically through a clearinghouse (EDI)
  - 837 Transaction Claims Submission file
  - 835 Transaction is Remittance Advices file

Sample CMS-1500 Claim Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

☐☐☐ PICA

PICA ☐☐☐

1. MEDICARE ☐ (Medicare#) MEDICAID ☐ (Medicaid#) TRICARE ☐ (ID#/DoD#) CHAMPVA ☐ (Member ID#) GROUP HEALTH PLAN ☐ (ID#) FECA BLK LUNG ☐ (ID#) OTHER ☐ (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. RESERVED FOR NUCC USE

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous) ☐ YES ☐ NO

b. AUTO ACCIDENT? ☐ YES ☐ NO PLACE (State)

c. OTHER ACCIDENT? ☐ YES ☐ NO

10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO *If yes, complete items 9, 9a, and 9d.*

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. 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 either to myself or to the party who accepts assignment below.

SIGNED ______ DATE ______

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED ______

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1									NPI	
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN ☐ EIN ☐

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Claim Information

Mandatory Information

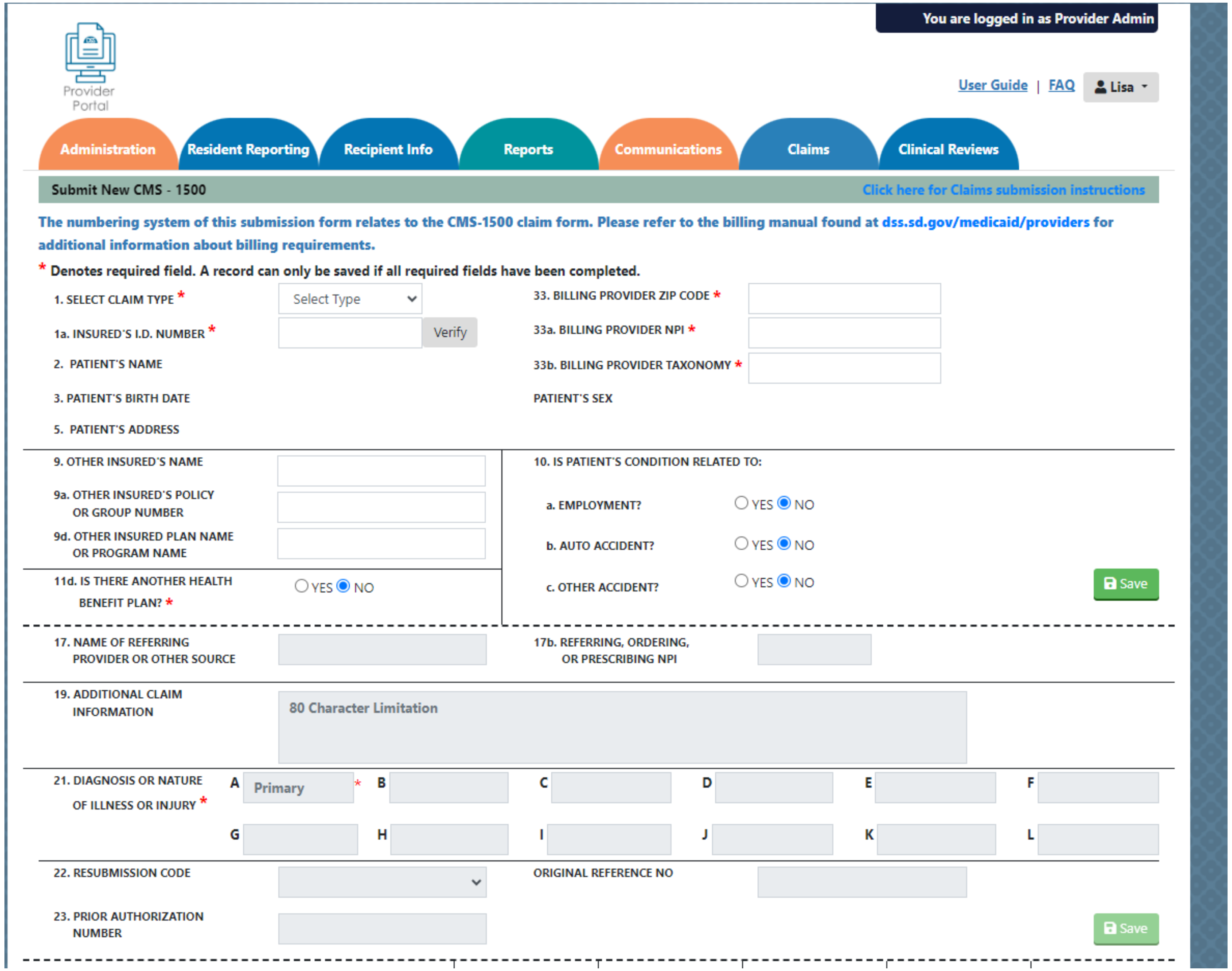
- Recipient Id
- Recipient Name
- Referring Provider NPI
- Diagnosis
- Procedure Code
- Date of Service (must complete the from and to dates)
- Servicing NPI
- Servicing Taxonomy
- Billing NPI
- Billing Taxonomy
- Additional information can be found in our CMS 1500 Claim Instruction Manual on our website
  - https://dss.sd.gov/docs/medicaid/providers/billingmanuals/CMS_1500/CMS_1500_Claim_Instructions.pdf

Medicaid Online Portal

Claims Submission

- Our claims submission feature was created to allow providers to submit claims from our Medicaid Portal instead of mailing in paper CMS 1500 Claim Forms
- Claims submitted on the Medicaid Portal are processed in a similar manner as a claim submitted electronically through a clearing house.
- The format is set up similar to a CMS 1500 Claim Form and after each section you do have to select save in order to move on to the next section.
- Once you have completed all of the information you will select the Submit button and the claim will be picked up by our system after 4PM daily, with the exception of Wednesdays.
- Claims submitted on Wednesdays will not be picked up until Thursday as payroll in generated on Wednesdays.
- You will receive a 14-digit claim reference number after you have submitted your claim.
- This 14-digit ICN number will then appear on your remittance advice.
- We have a Medicaid Portal CMS 1500 Submission Guide that includes additional information
  - https://dss.sd.gov/docs/medicaid/portal/Portal_CMS_1500_Submission_Guide.pdf

Claims Submission- CMS 1500


You are logged in as Provider Admin
Provider Portal
User Guide | FAQ
Lisa
Administration
Resident Reporting
Recipient Info
Reports
Communications
Claims
Clinical Reviews

Submit New CMS - 1500

Click here for Claims submission instructions

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 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 * — Select Type
1a. INSURED'S I.D. NUMBER * — Verify
2. PATIENT'S NAME
3. PATIENT'S BIRTH DATE
5. PATIENT'S ADDRESS

33. BILLING PROVIDER ZIP CODE *
33a. BILLING PROVIDER NPI *
33b. BILLING PROVIDER TAXONOMY *
PATIENT'S SEX

9. OTHER INSURED'S NAME
9a. OTHER INSURED'S POLICY OR GROUP NUMBER
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? * ○ YES ● NO

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? ○ YES ● NO
b. AUTO ACCIDENT? ○ 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

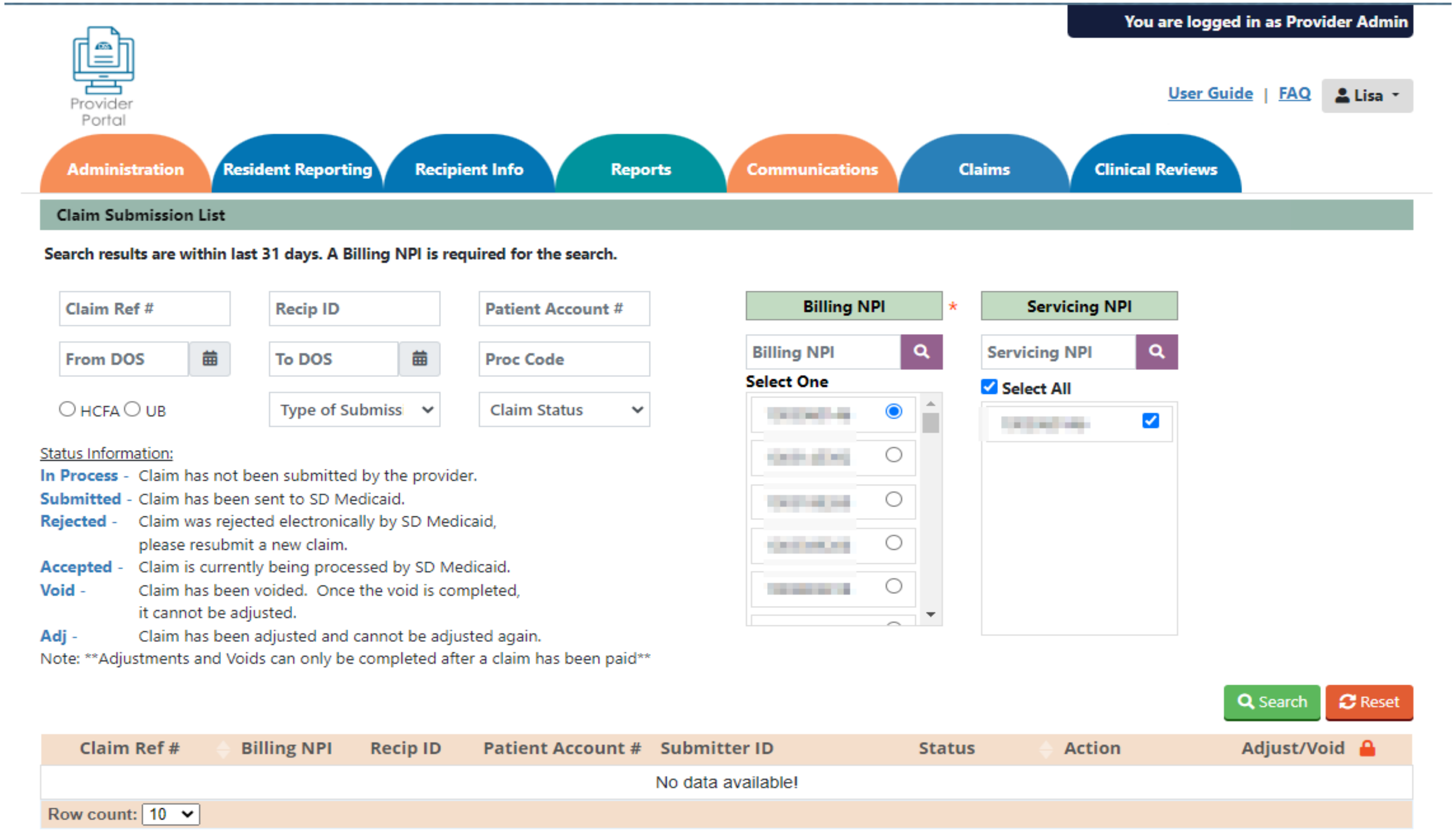
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY * — A Primary * B C D E F G H I J K L

22. RESUBMISSION CODE
ORIGINAL REFERENCE NO
23. PRIOR AUTHORIZATION NUMBER

Save

Medicaid Portal- Claims Submission List

- Providers can view their submitted claims in the claims submission listing


You are logged in as Provider Admin
Provider Portal
User Guide | FAQ
Lisa
Administration
Resident Reporting
Recipient Info
Reports
Communications
Claims
Clinical Reviews

Claim Submission List

Search results are within last 31 days. A Billing NPI is required for the search.

Claim Ref #
Recip ID
Patient Account #
From DOS
To DOS
Proc Code
○ HCFA ○ UB
Type of Submiss
Claim Status
Billing NPI *
Billing NPI
Select One
Servicing NPI
Servicing NPI
☑ Select All
Search
Reset

[redacted] ●
[redacted] ○
[redacted] ○
[redacted] ○
[redacted] ○

[redacted] ☑

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.
Void - Claim has been voided. Once the void is completed, it cannot be adjusted.
Adj - Claim has been adjusted and cannot be adjusted again.
Note: **Adjustments and Voids can only be completed after a claim has been paid**

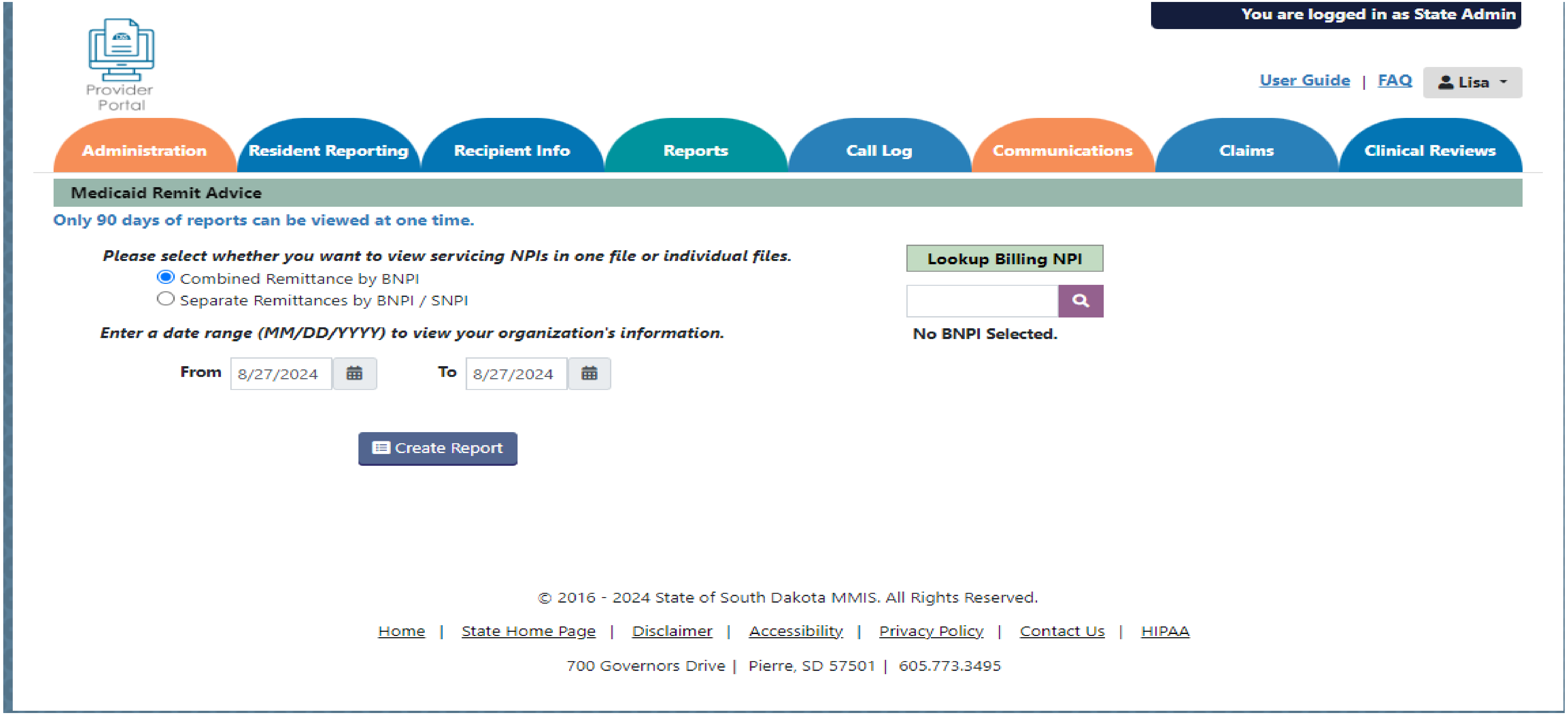
Claim Ref #	Billing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action	Adjust/Void
No data available!							

Row count: 10

Medicaid Remittance Advices

- Medicaid adjudicates claims weekly on Wednesdays
- On Thursday's providers can go out to the Medicaid Portal and download their remittance advices
- Providers will receive an electronic payment on Fridays for the paid services that appear on your remittance advice
- To find your remittance advice you will want to select the Reports tab
  - Scroll down to the Medicaid
  - Then Select Remit Advice

Medicaid Remittance Advice


You are logged in as State Admin
Provider Portal
User Guide | FAQ
Lisa
Administration
Resident Reporting
Recipient Info
Reports
Call Log
Communications
Claims
Clinical Reviews
Lookup Billing NPI
Create Report

Medicaid Remit Advice

Only 90 days of reports can be viewed at one time.

Please select whether you want to view servicing NPIs in one file or individual files.

● Combined Remittance by BNPI
○ Separate Remittances by BNPI / SNPI

Enter a date range (MM/DD/YYYY) to view your organization's information.

From 8/27/2024 **To** 8/27/2024

No BNPI Selected.

© 2016 - 2024 State of South Dakota MMIS. All Rights Reserved.

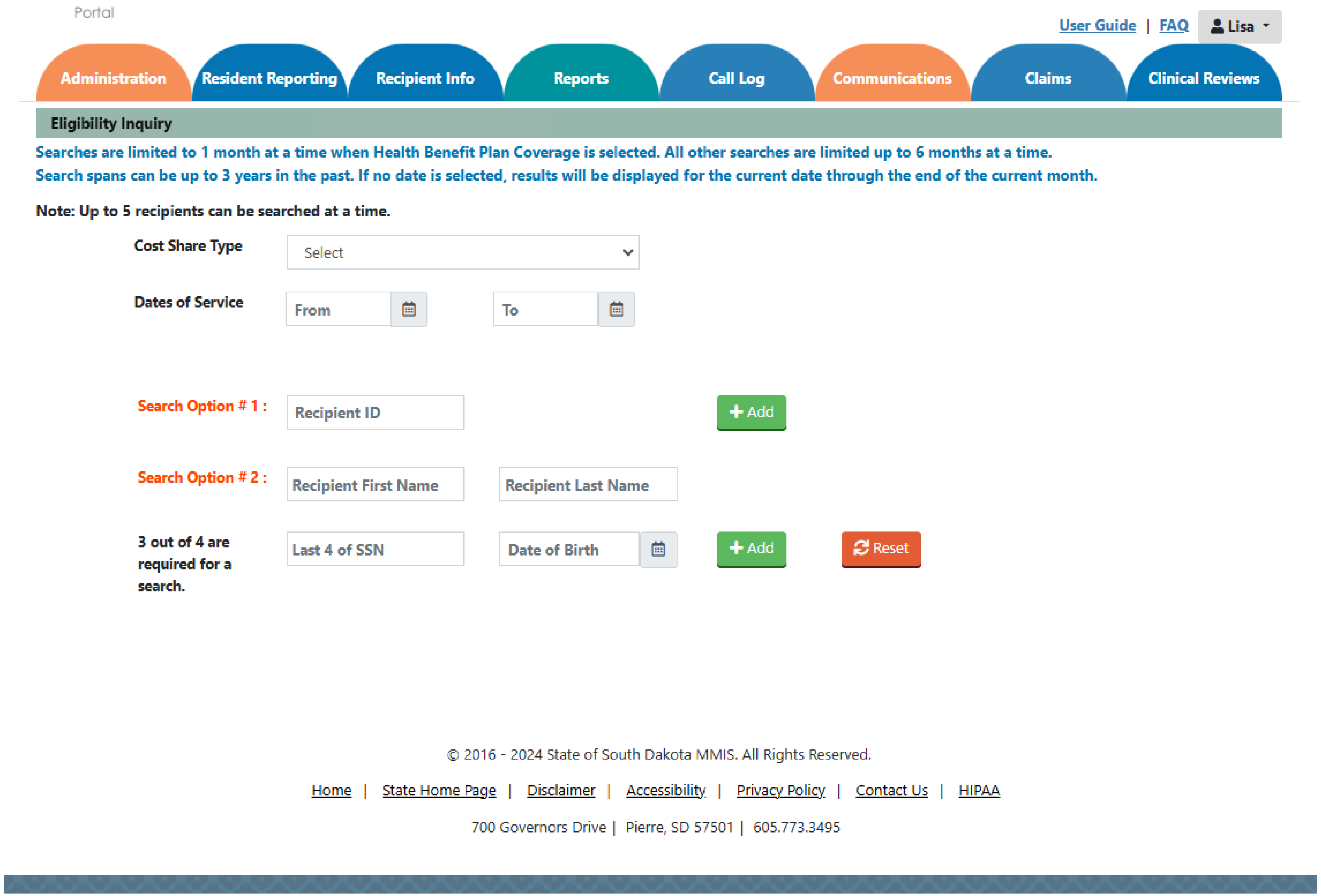
Home | State Home Page | Disclaimer | Accessibility | Privacy Policy | Contact Us | HIPAA

700 Governors Drive | Pierre, SD 57501 | 605.773.3495

Recipient Eligibility

- As a provider you can review recipient eligibility using the Medicaid Portal
- You will select the Recipient Info Tab and then Eligibility
- You will then need to select the Cost Share Type
  - There are several options to select from. You can use the Health Benefit Plan Coverage to get information
- Date of service
  - If you do not put in a date of service, it will default to the current date
- To check the Recipient Eligibility, you will need
  - Recipient Medicaid ID number
  - If you do not have a recipient id, you can use three of these four requirements
    - Recipient First Name
    - Recipient Last Name
    - Last 4 of SSN
    - Date of Birth

Recipient Eligibility


Portal
User Guide | FAQ | Lisa
Administration
Resident Reporting
Recipient Info
Reports
Call Log
Communications
Claims
Clinical Reviews
+ Add
+ Add
Reset

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 Select

Dates of Service From To

Search Option # 1 : Recipient ID

Search Option # 2 : Recipient First Name Recipient Last Name

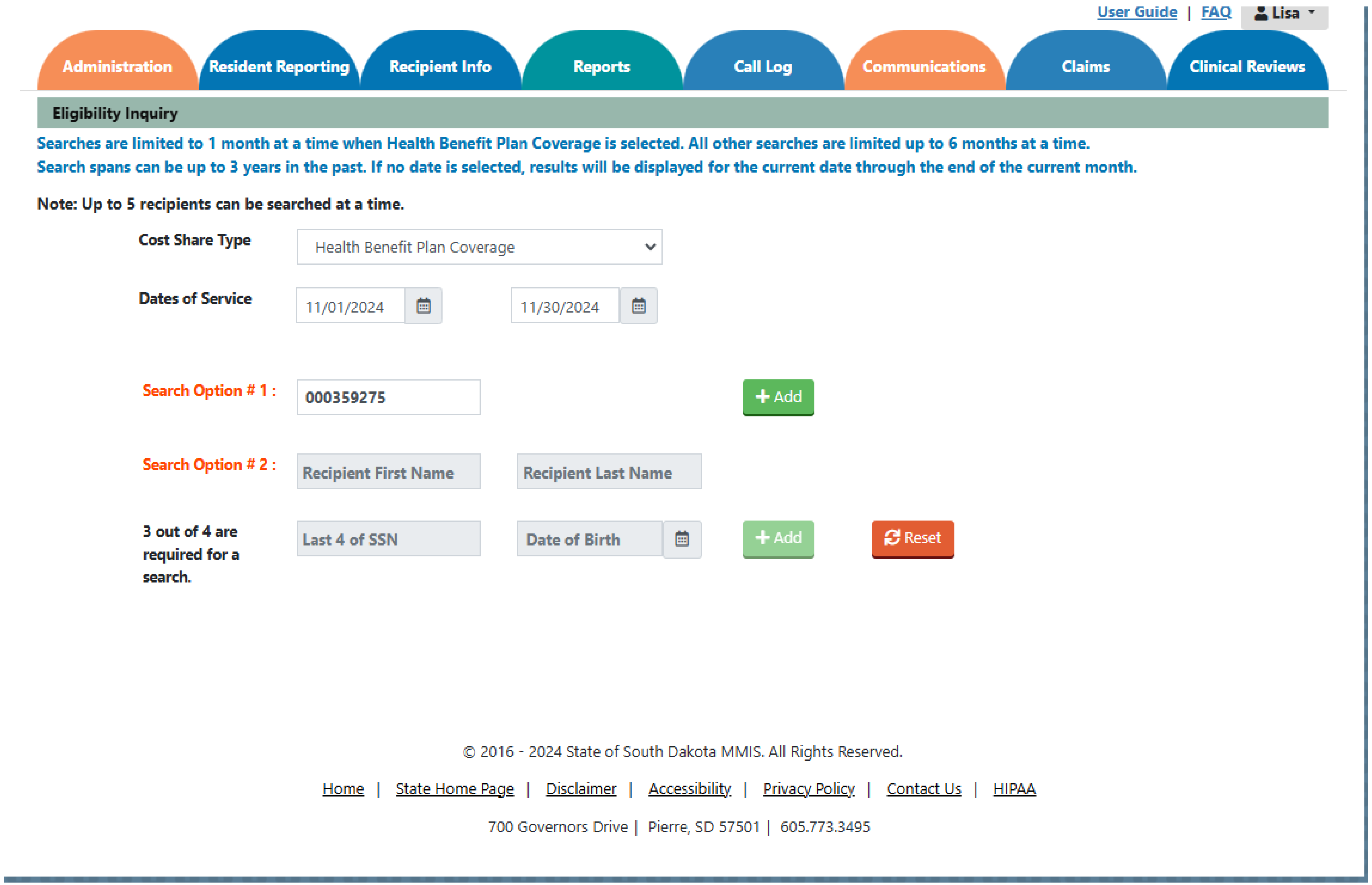
3 out of 4 are required for a search. Last 4 of SSN Date of Birth

© 2016 - 2024 State of South Dakota MMIS. All Rights Reserved.

Home | State Home Page | Disclaimer | Accessibility | Privacy Policy | Contact Us | HIPAA

700 Governors Drive | Pierre, SD 57501 | 605.773.3495

Recipient Eligibility


User Guide | FAQ | Lisa
Administration
Resident Reporting
Recipient Info
Reports
Call Log
Communications
Claims
Clinical Reviews
+ Add
+ Add
Reset
Home | State Home Page | Disclaimer | Accessibility | Privacy Policy | Contact Us | HIPAA

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: Health Benefit Plan Coverage

Dates of Service: 11/01/2024 – 11/30/2024

Search Option # 1 : 000359275

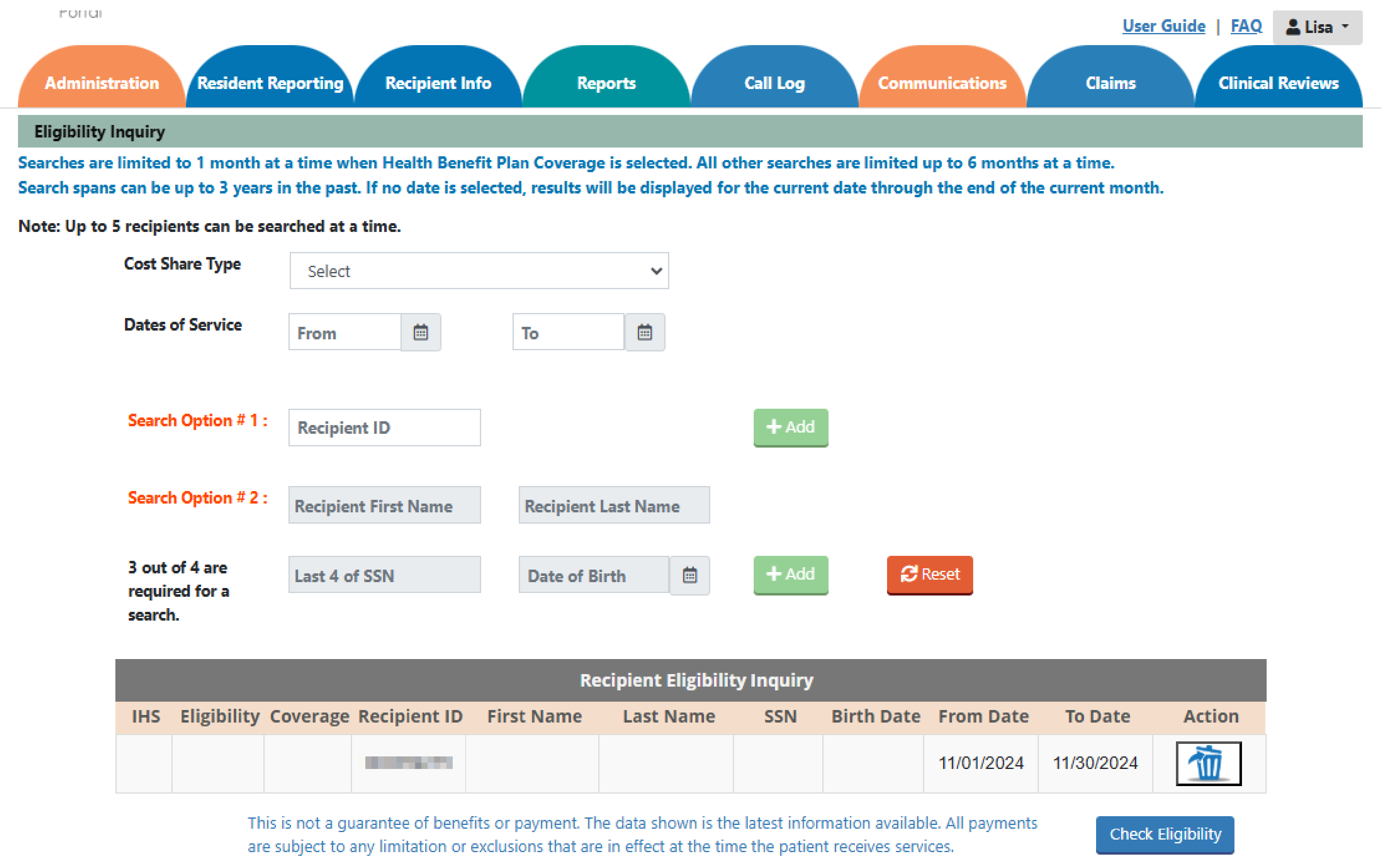
Search Option # 2 : Recipient First Name | Recipient Last Name

3 out of 4 are required for a search. Last 4 of SSN | Date of Birth

© 2016 - 2024 State of South Dakota MMIS. All Rights Reserved.

700 Governors Drive | Pierre, SD 57501 | 605.773.3495

Recipient Eligibility


User Guide | FAQ
Lisa
Administration
Resident Reporting
Recipient Info
Reports
Call Log
Communications
Claims
Clinical Reviews

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	Select			
Dates of Service	From	To		
Search Option # 1 :	Recipient ID		+ Add	
Search Option # 2 :	Recipient First Name	Recipient Last Name		
3 out of 4 are required for a search.	Last 4 of SSN	Date of Birth	+ Add	Reset

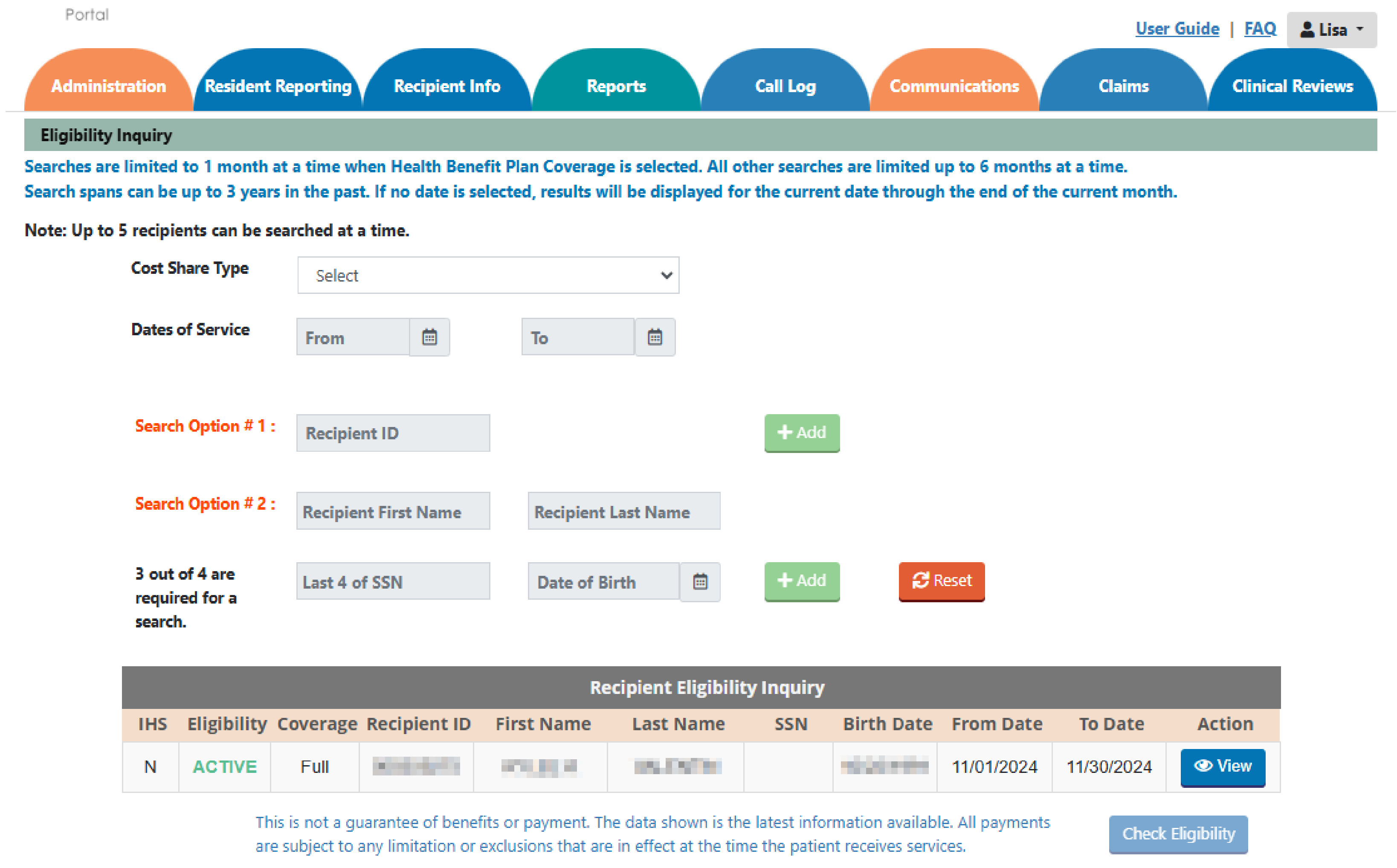
Recipient Eligibility Inquiry

IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
			[redacted]					11/01/2024	11/30/2024	🗑

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

Check Eligibility

Recipient Eligibility


Portal
User Guide | FAQ | Lisa
Administration
Resident Reporting
Recipient Info
Reports
Call Log
Communications
Claims
Clinical Reviews

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 Select

Dates of Service From To

Search Option # 1 : Recipient ID

Search Option # 2 : Recipient First Name Recipient Last Name

3 out of 4 are required for a search. Last 4 of SSN Date of Birth

+ Add
+ Add
Reset

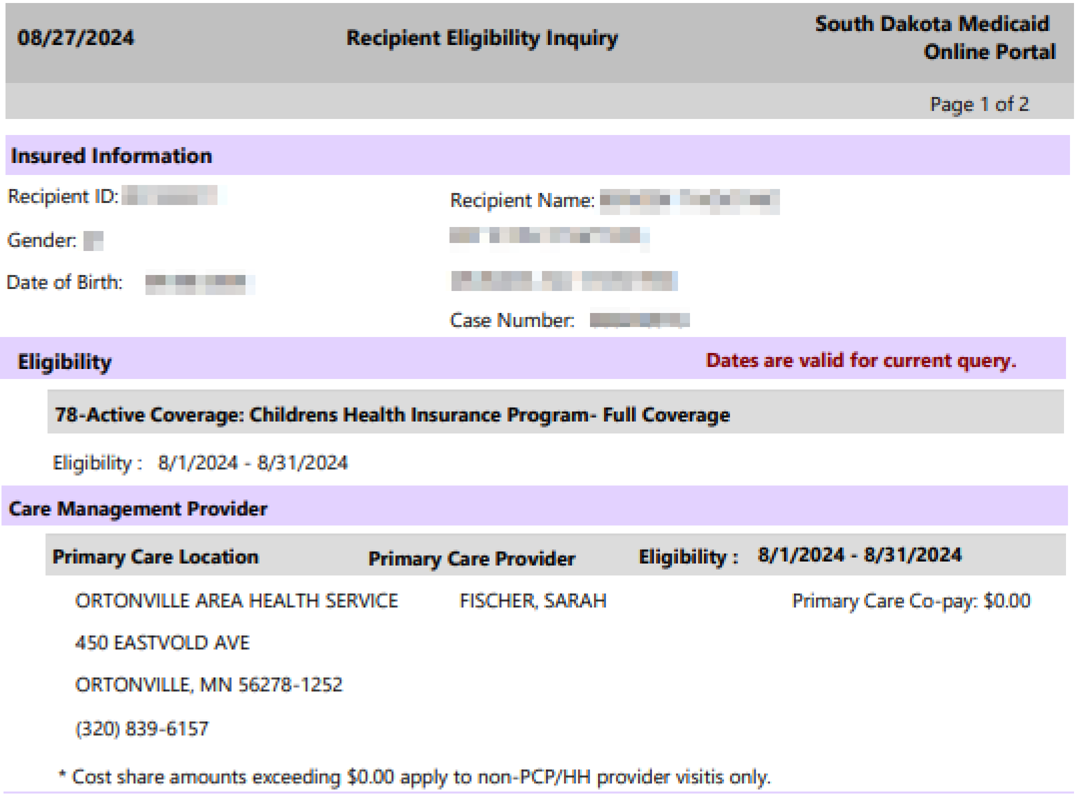
Recipient Eligibility Inquiry

IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
N	ACTIVE	Full	[redacted]	[redacted]	[redacted]		[redacted]	11/01/2024	11/30/2024	View

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

Check Eligibility

Recipient Eligibility- Results



08/27/2024	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
		Page 1 of 2

Insured Information

Recipient ID: [redacted]

Recipient Name: [redacted]

Gender: [redacted]

[redacted]

Date of Birth: [redacted]

[redacted]

Case Number: [redacted]

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

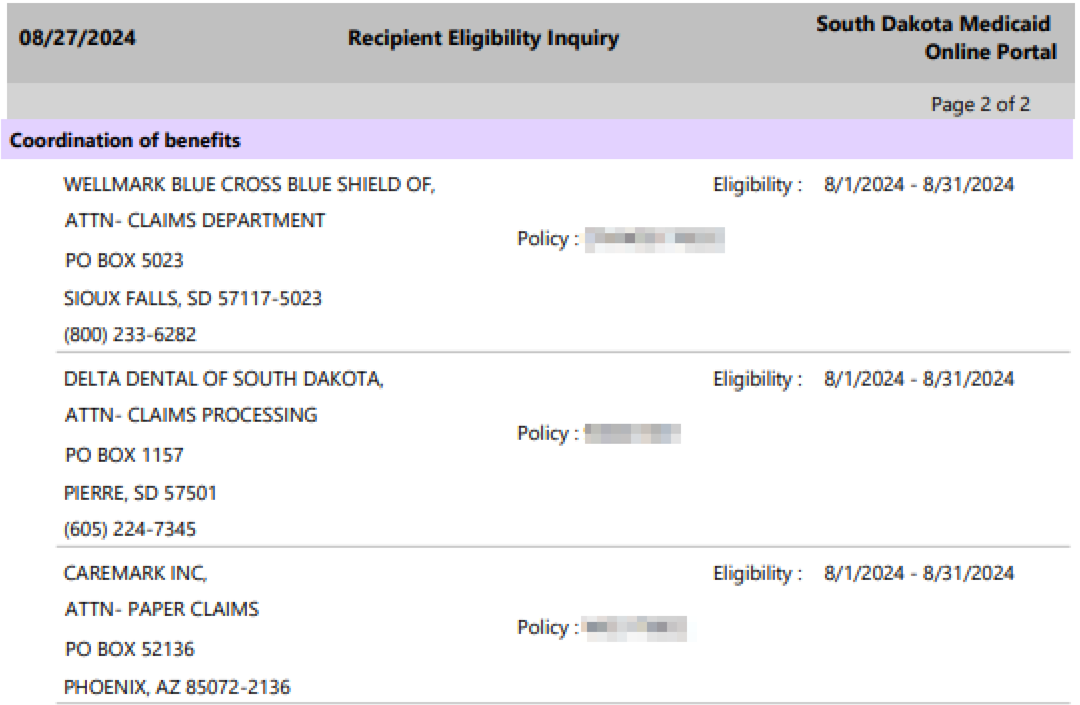
78-Active Coverage: Childrens Health Insurance Program- Full Coverage

Eligibility : 8/1/2024 - 8/31/2024

Care Management Provider

Primary Care Location	**Primary Care Provider**	**Eligibility : 8/1/2024 - 8/31/2024**
ORTONVILLE AREA HEALTH SERVICE 450 EASTVOLD AVE ORTONVILLE, MN 56278-1252 (320) 839-6157	FISCHER, SARAH	Primary Care Co-pay: $0.00

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



08/27/2024	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
		Page 2 of 2

Coordination of benefits

WELLMARK BLUE CROSS BLUE SHIELD OF, ATTN- CLAIMS DEPARTMENT PO BOX 5023 SIOUX FALLS, SD 57117-5023 (800) 233-6282	Policy : [redacted]	Eligibility : 8/1/2024 - 8/31/2024
DELTA DENTAL OF SOUTH DAKOTA, ATTN- CLAIMS PROCESSING PO BOX 1157 PIERRE, SD 57501 (605) 224-7345	Policy : [redacted]	Eligibility : 8/1/2024 - 8/31/2024
CAREMARK INC, ATTN- PAPER CLAIMS PO BOX 52136 PHOENIX, AZ 85072-2136	Policy : [redacted]	Eligibility : 8/1/2024 - 8/31/2024

Contact Information and Resources

- South Dakota Medicaid Website
  - https://dss.sd.gov/medicaid/default.aspx
- Provider Enrollment
  - 1-866-718-0084
  - SDMedicaidPE@state.sd.us
- Medicaid Claims Questions
  - 1-800-452-7691
- DSS Online Portal
  - DSSOnlinePortal@state.sd.us