

# SD MEDX

**South Dakota Medical Electronic Data Exchange**  
**SD Department of Social Services** 

SD MEDX Workgroup Minutes  
October 14, 2009

## I. WELCOME & INTRODUCTIONS

After brief introductions by DSS staff and workgroup members, Larry Iversen, Director of Medical Services, provided a history of the South Dakota Medical Electronic Data Exchange system (SD MEDX), including reasons for replacing the system and the impact that the new system will have on providers as a result of the new system implementation.

## II. SD MEDX WORKGROUP FRAMEWORK

Brenda Tidball-Zeltinger, Chief Financial Officer of the South Dakota Department of Social Services, explained that the workgroup representatives had been asked to participate to provide specific expertise in the areas of SD MEDX/Provider Portal, claim submission, processing and payment, prior authorization submission and processing, as well as provider enrollment. Objectives of the groups included gathering information and feedback within these specified areas as well as further discussion on the best ways to train and outreach providers during key points of project implementation.

Brenda explained that the provider specific goals were to include all actively enrolled providers in training and re-enrollment activities so that providers are able to submit claims upon SD MEDX implementation. The focus of today's meeting, however, is to gather information and feedback from the overall group on subjects pertaining to SD MEDX Portal, Provider Portal, Communications and Training. Subgroups would then provide feedback and input in the areas of claims, prior authorization and provider enrollment. Expectations of the workgroup were to provide recommendations and next steps for the State to consider moving forward.

## III. SD MEDX PROJECT OVERVIEW

Bonnie Bjork, Deputy Project Director for SD MEDX, gave a brief overview of the project including the various tasks that make up the entire project. She shared a few of the major milestone dates with the providers, which included User Acceptance Testing dates for SD MEDX Portal, Provider Enrollment and the overall system. Bonnie also identified important 'Go-Live' dates for the SD MEDX Portal, Provider Enrollment and the overall system. These dates are as follows:

User Acceptance Testing	
SD MEDX Portal	October, 2009
Provider Enrollment	November, 2009
SD MEDX	March, 2010
Go-Live	
SD MEDX Portal	February 11, 2010
Provider Enrollment	February 26, 2010
SD MEDX	June 26, 2010

Bonnie explained that the projected provider outreach timeline began in October, 2009, with the first of several provider workgroups. Provider Enrollment training is expected to begin shortly before provider enrollment 'go-live' in February, 2010. SD MEDX Portal Go-Live and Provider Re-enrollment are also scheduled for February, 2010. Domains, Usernames and Passwords are expected to be issued January, 2010, while the overall system training will begin in late spring, 2010.

#### IV. LARGE GROUP DISCUSSION – SD MEDX PORTAL

Wendy Hanson, Deputy Director of Finance for Medical Services, provided an overview of the SD MEDX Portal, which will consist of information on the South Dakota Medical Assistance Program, FAQ's, Forms, Fee Schedules, Training, and much more. Wendy then explained that the SD MEDX Portal will consist of a series of tabs for the portal home, providers, recipients, contact us, SD MEDX login and the DSS Home page.

The group discussed a number of items focusing on the SD MEDX Portal. Feedback from the group to enhance use of the public website included;

- Separate information into larger categories including provider, recipient, general information, etc. and include a website key
- Frequently update and post fee schedules to include posting date and also include historical fee schedules spanning the last 2-3 years
- View effective dates for providers that have been enrolled
- Links to Washington Publishing Company companion guides and bulletins, NDC and other crosswalks, taxonomy code information.
- Post frequently used forms including recipient applications, provider forms, W-9 forms, WK claim form-Minnesota solution, Managed Care forms. Forms should have functionality to enter data and then print typed forms.
- Use of the site to facilitate training through posting training materials and on-line training modules.
- Ability to verify PCP information

#### V. LARGE GROUP DISCUSSION – PROVIDER PORTAL

Wendy Hanson continued her portal discussions, focusing on the Provider Portal for SD MEDX. She explained that this portal is the secure portal, which providers will need to login to have access. Providers will receive reminders in the form of alerts to notify providers when RA's are available, etc. Providers will also be able to utilize the Provider Portal to manage their information and submit incident reports online as well as send and receive correspondence. Wendy highlighted sections of the Provider Portal including links for claims, recipient information, payment information, managed care, prior authorization and providers.

The group discussed a number of items focusing on the secure Provider Portal. Feedback from this discussion included;

- Ability to scan documents and submit
- Group alerts so that providers with multiple entities receive just one alert. (Example- instead of getting 20 alerts for 20 RA's for a larger organization, one alert grouping the RA's.
- On-line referral functionality
- Ability to update PCP and insurance change forms and submit for the recipient. Suggested revisiting the policy that the new PCP takes effect the start of the next month.
- Ability to update new insurance information and submit to DSS when the individual is at the provider facility
- Email notification as well as alerts regarding new provider enrollment information.
- Ability to verify claims status online as well as receipt of 277 for those facilities that have the ability to accept this transaction
- View most recent claims history (3 months) online with older information available from archived data.
- Ability to search claims history on a variety of levels including billing providers, etc.
- Ability to group multiple domains associated with one larger provider to a larger group domain.

Ability to for 3<sup>rd</sup> party vendors to check recipient eligibility and ability for providers/3<sup>rd</sup> party vendors to search without the recipient ID. Search criteria verified to include one of the following;

- Recipient ID
- Last Name, First Name AND Date of Birth
- Last Name, First Name AND SSN
- SSN AND Date of Birth

## VI. LARGE GROUP - TRAINING

Scott Johnson, Decision Support Manager for the SD MEDX, project provided information on the training timeline specific to security administration, provider re-enrollment, and the overall system. He also highlighted specific training methods that would be made available to providers, which included face to face training, computer based training, web learning, and provider manuals and checklists.

The group discussed a number of items focusing on training and feedback included;

- Use of listserv targeted to various groups/topics including general information, provider enrollment, claims submission, etc.
- In addition to live-session training, recorded web learning applications that could be recorded for later access should be used.
- The group concluded that the specific training formats will depend on the content and how interactive the training needs to be depending on the topic
- Direct contact to agencies along with outreach through the website and listserv will assist in getting the correct audience contacted for training.
- Training sessions that are technical in nature or that require more face to face interaction with the trainer

## VII. LARGE GROUP - COMMUNICATION

Angie Bren, Stakeholder/Provider Relations Manager for SD MEDX, provided information pertaining to the communication timeline for provider re-enrollment and SD MEDX Go-Live. DSS is currently utilizing the DSS Website, SD MEDX Listserv, brochures and presentations to inform providers about the project. Angie explained that in the future DSS anticipate using a wide variety of outreach methods to communicate to providers including SD MEDX Portal, DSS Website, SD MEDX Listserv, Association Newsletters, Regional Open Houses, Focus Groups, User Acceptance Testing and Mass Mailings.

The group discussed communications and feedback in this area included;

- Use of associations for general information
- Direct contact to facility administrators to establish points of contacts on various focus areas (enrollment, billing, prior authorization, etc.) and development of corresponding listserv to disseminate information.
- Use of DDN or live web meetings to communicate information

## VIII. SUBGROUP #1 - PROVIDER ENROLLMENT

Nicole Beck, Stakeholder/Provider Relations Lead for SD MEDX, and Wendy Hanson reviewed the Provider Re-enrollment process for SD MEDX. She explained that most providers will be asked to revalidate converted information from the legacy system. A few provider types will however, be asked to re-enroll from scratch, including billing agents, groups and some atypical providers. She also explained that the re-enrollment process will be available online and that providers will be guided through a series of steps, known as a business process wizard, in order to revalidate their information. She further detailed the timeline associated with provider re-enrollment, which begins on February 26, 2010. The system relies heavily on associations between providers, which will drive the order in which providers will be asked to revalidate their information.

The group provided feedback regarding tools and assistance needed to complete the revalidation process:

- Provide a spreadsheet to each provider with information that has been pre-populated along with new information required as part of the revalidation process
- Identify specific points of contact within each provider agency as well as within DSS responsible for enrollment
- Suggested the department verify licensure information if possible rather than sending in paper copies. DSS is already doing this in a number of areas and will continue to outreach various boards to gather this information directly. Also discussed the possibility of some type of annual re-enrollment process.
- Ability to print the final information submitted so a hard copy can be retained by the provider including date/time information
- Discussed timeframes to complete the revalidation process. Workgroup concluded after reviewing a sample of the information needed the group would be in a better position to determine this
- The group indicated that Wyoming and Iowa Medicaid have simplified applications (one page for Iowa) and suggested we look at this application as a way to streamline.

## IX. SUBGROUP #2 – CLAIMS

Mark Leonard, Deputy Director – Operations, reviewed the Claims Processing in the current system such as receipt of claims (electronically and US Mail), adjudication overnight batch process, no visibility of the payment status until RA is delivered and no online accessibility to the claims info. The new features in the SD MEDX were reviewed including the claim submission by direct data entry, 24/7 access to SD MEDX, real-time claim adjudication, ability to submit electronic attachments to claims, and on-line access to view payment and claim status, RA, and 6 years of claim data also the ability to resolve claim errors.

Providers questioned the frequency of payroll, including nursing home payroll. Frequency of payroll is currently being evaluated. Providers stated more than once-a-week payment was a good idea.

The group discussed a number of claims questions and feedback from the group included;

- Suggested all claims be submitted electronically and to eliminate paper RA
- Top issues with claims submission/processing today included-
  1. Absent parent. Identifying TPL.
  2. Pregnancy only coverage.
  3. Tertiary claims.
  4. Applying TPL payments accurately to Medicaid.
  5. Conflicting dates of service.
  6. Outpatient mental health – Collateral billed and then billed for counseling service after the TPL paid.
  7. Will Homemaker Services still be billed in 15 minute units?
  8. ASC claims – facility claims that come in for dental now need to be submitted by paper.
  9. STARS interface – what will it include? Medicaid claim information available.
  10. NDC's – Crosswalks – the state needs to use more than one crosswalk.
  11. Handling high cost claims.
  12. Will transportation claims be submitted online?
  13. Why do the high dollar claims pend for long time frames?
  14. Why do high cost supplies cause claims to pend?
- A number of additional questions were identified including-
  1. Can providers resurrect denied claims?
  2. Do providers have to send in the dates of death and admission to Hospice?
  3. Will the State be using a phased in approach to paying claims in SD MEDX or will all provider types submit claims upon 'Go Live?'
  4. When submitting batch claims, will providers still be able to utilize Launch Pad? Also, if one claim is bad in a batch of claims, will it reject the entire file? If not, will it let the provider know which claim is bad?

## X. SUBGROUP #2 - PRIOR AUTHORIZATION

The providers stated it is mostly the nurses who complete the prior authorizations. It was decided there would be another subgroup formed for prior authorizations.

## XI. NEXT STEPS/MEETING DATE

There was a discussion of having the next workgroup meeting for the first week of December by DDN or teleconferencing. A provider did request to not schedule anything the first few days of the month due to reporting deadlines. Agenda items for the December meeting will include Feedback/action items from October meeting, overview of provider communication/training plan outline and any other items of interest.

## XII. PROVIDER QUESTIONS

**Q. It would be helpful to be able to access and download historical Fee Schedules for the past 3-4 years. Will this be possible?**

A. We are researching the possibility of making 3-4 years of historical fee schedules available on the web portal. An update will be provided at the next Focus Group Meeting.

**Q. Is there a way to establish a key to the website or a sit map as a way to assist providers in finding the information they need?**

A. For consistency, DSS wanted this incorporated into the main DSS site map as it is an extension of the DSS site. The SD MEDX enhanced search functionality will allow Providers to search by keywords within the SD MEDX site. This functionality can be used to locate forms, manuals, fee schedules, etc.

**Q. Providers would like to access surrounding State Medicaid links, Washington Publishing Company link for taxonomy code information as well as a link to the NPPES website from SD MEDX Portal.**

A. We are working on changes to make these links accessible on the Medicaid Portal. We will provide an update at our next Focus Group Meeting.

**Q. Providers would like the ability to directly enter the information onto the forms and print them.**

A. Providers that utilize Adobe Write version may enter information in forms that are downloaded.

**Q. Providers would like the ability to see claims information for recipients for up to 3 months.**

A. Providers will be able to download or view up to 3 months of claims history at a time by specifying date spans. It is also possible to access the last 6 years of claims data directly through the SD MEDX. The three month limitation is to enhance the overall performance and response time of the system.

**Q. Providers would like the ability to search for claims based on a variety of information (i.e. billing providers).**

A. SD MEDX providers filter options that will allow providers to search for claims on a variety of information. Providers will only be able to see their claims, however.

**Q. Providers would like domains to be consolidated for larger entities, rather than established by billing NPI.**

A. We are researching the possible methods that can be utilized for this functionality. A response will be provided at our next Focus Group meeting.

**Q. Providers inquired as to whether 3<sup>rd</sup> party vendors would have the ability to check recipient eligibility without the recipients ID. If so, what search criteria would be needed?**

A. We are researching the ability for 3<sup>rd</sup> party vendors to check recipient eligibility. The State confirmed that one of the following criteria is necessary to check recipient eligibility 1. Recipient ID, 2. Last Name, First Name AND Date of Birth, 3. Last Name, First Name and SSN, or 4. SSN AND Date of Birth.

**Q. Is it possible to have different Listservs targeted to different audiences based on subject matter?**

A. We are researching the ability to have multiple listservs based on subject matter. The State currently has one Listserv dedicated to SD MEDX. Providers can receive status updates, information on outreach opportunities and training events. Providers can access and sign up for the Listserv by visiting the SD MEDX website at <http://www.dss.sd.gov/sdmedx/>.

**Q. Providers requested a spreadsheet of information they will be required to provide during revalidation.**

A. We are establishing a checklist of items that providers will be required to provide during revalidation.

**Q. Will providers be required to send in license information each time a license is updated?**

A. Yes, Providers will be required to provide license information each time a license is updated. A copy of the license may be uploaded to the SD MEDX site.

**Q. Will each provider require a signed agreement per facility or will one agreement work for all facilities?**

A. SD MEDX requires that all servicing providers sign an agreement for each billing provider that they are associated to.

**Q. Providers would like to be able to print the information that they provided in SD MEDX for their own records.**

A. Providers will be able to print information provided to the State through the print page functionality.

**Q. Providers questioned the frequency of payroll (including nursing home payroll).**

A. We are researching the frequency of payroll. A response will be provided at a future Focus Group meeting.

**Q. Can providers resurrect denied claims?**

A. Yes, Providers will be able to resurrect their denied claims.

**Q. Do providers have to send in the dates of death and admission to Hospice?**

A. The State is researching the requirement for providers to send in the dates of death and admission to hospice. Further information will be provided at a future focus group.

**Q. Will the state be using a phased in approach to paying claims in SD MEDX or will all provider types submit claims upon "Go-Live"?**

A. The State is considering comments made by Providers. The outcome will be shared with the Focus Group in the future.

**Q. When submitting batch claims, will providers still be able to use Launch Pad?**

A. The State is working with its vendor to secure a Launch Pad integration or similar batch functionality. We will update you at our next Focus Group.

**Q. If one claim is bad in a batch of claims, will the entire file be rejected? If no will it let the provider know which claim is bad?**

A. It depends on the type of error. Some files are rejected, but most often the single claim is rejected. The provider will receive an error report back if the file is bad.

**Q. Will homemaker services still be billed in 15 minute units?**

A. Yes, there will be no change.

**Q. What will STARS interface include? Will Medicaid claim information be available?**

A. Providers will be able to view paid claims data in STARS following system "Go-Live".

**Q. Why do the high dollar claims pend for a long time?**

A. High dollar claims can pend for a variety of reasons. Generally speaking, they require additional documentation, which can cause them to pend for a longer period of time. If providers have a specific claim that has pended for a long period of time, please contact Medical Services to inquire about the claim.

**Q. Why do high cost supplies cause claims to pend?**

A. SD MEDX is designed with thresholds built into the system to prevent overpayments. When claims with high cost supplies cause the thresholds to be reached, manual intervention by State staff is needed to verify what is being billed.