



Medicaid Billing

Birth to Three Services



Medicaid Portal

The Online Portal has five key components:

1) Eligibility

2) Claims Submission

3) Communications

4) Administration Reports

- The Portal allows an organization to create and establish appropriate account access and permissions to their providers and staff.


5) Reports


- Ability to view and download copies of Remittance Advices (RAs).

Medicaid Portal Registration

To Register for the online portal visit:

<https://dssapps.appssd.sd.gov/ocp/Account/Login?ReturnUrl=%2focp>


Provider Portal


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) Username is required

Password is required

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

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Eligibility

South Dakota Medicaid recommends using the [online portal](#) to verify Medicaid eligibility.

The screenshot shows the 'Online Portal' interface for the 'Eligibility' section. At the top, there's a navigation bar with 'Administration', 'Eligibility' (selected), 'Reports', and 'Communications'. To the right are links for 'User Guide' and 'FAQ', and a user profile dropdown. Below the navigation bar is a green header for 'Eligibility Inquiry'. The main content area contains instructions: '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.' A note states: 'Note: Up to 5 recipients can be searched at a time.' The form includes a 'Cost Share Type' dropdown menu. Below that are 'Dates of Service' fields for 'From' and 'To', each with a calendar icon. There are two search options: 'Search Option # 1' with a 'Recipient ID' field and a '+ Add' button; and 'Search Option # 2' with 'Recipient First Name' and 'Recipient Last Name' fields. At the bottom, a note says '3 out of 4 are required for a search.' followed by 'Last 4 of SSN' and 'Date of Birth' fields, each with a calendar icon, and '+ Add' and 'Reset' buttons.

Online Portal

User Guide | FAQ

Administration Eligibility Reports Communications

Eligibility Inquiry

Searches are limited to 1 month at a time when Health Benefit Plan Coverage is selected. All other searches are limited up to 6 months at a time. Search spans can be up to 3 years in the past. If no date is selected, results will be displayed for the current date through the end of the current month.

Note: Up to 5 recipients can be searched at a time.

Cost Share Type

Dates of Service From To

Search Option # 1:

Search Option # 2:

3 out of 4 are required for a search.

Eligibility

Administration

Eligibility

Reports

Communications

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	AID	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
N	ACTIVE	37	012345678	JOHN S	DOE		08/31/1988	01/01/2019	01/31/2019	<div>View</div>

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

Eligibility

In this example dental care was the cost share type chosen.


02/28/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
Page 1 of 1		
Insured Information		
Recipient ID: 123456789		Recipient Name: Jane S Doe
Gender: F		1212 E Happy Trail Happy Town SD 12345
Date of Birth: 09/02/1992		
Eligibility		Dates are valid for current query.
40-Active Coverage: Medicaid - Full Coverage		
Eligibility : 2/1/2019 - 2/28/2019		
Primary Care Provider/Health Home Provider		
Primary Care Provider		Eligibility : 2/1/2019 - 2/28/2019
HAPPY TOWN HOSPITAL 123 SMILE COURT HAPPY TOWN SD 12345 605-999-9999		APPLE, EADA Primary Care Co-pay: \$0.00
* Cost share amounts exceeding \$0.00 apply to non-PCP/HH provider visits only.		
Cost Share		
Dates	Service Type	Amount
2/1/2019 - 2/28/2019	Dental Care	\$3.00 per procedure
* Non-covered charges are patient's responsibility.		

Claims Submission

- Providers may work with a third party, including a contractor or clearinghouse, to submit claims to Medicaid.
- Even if a provider uses a third party to submit claims to Medicaid, the provider is still responsible for the information on the claim, including:
 - Ensuring all services are medically necessary and appropriate;
 - Ensuring all services are documented;
 - Verifying all providers are eligible to bill Medicaid;
 - Ensuring all claims are true and accurate; and
 - Retaining all necessary records and documentation.
- Claims may be submitted electronically through the portal or on paper.

Claim Submission

- Federal regulations require all eligible servicing providers to be enrolled with South Dakota Medicaid.
- Federal regulations require all enrolled servicing providers to be listed on the claim form. The servicing provider's NPI and the servicing provider's taxonomy must be located in box 24J.
 - Your claims may be denied or subject to post-payment review and possible recoupment if you do not include the servicing provider NPI on the claim.

J. RENDERING PROVIDER NPI	1234567819					
RENDERING TAXONOMY	213E00000X					
	 <input type="button" value="✓ Validate"/> <input type="button" value="✕"/>	<input type="button" value="+ Add"/>				

Claim Submission

- To submit a claim, click “Claims” on the portal main page, then select “Submit New CMS-1500.”



- The recipient and billing provider information will open. Fill out each section as applicable.

* denotes required fields

Submit New CMS - 1500

The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov/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 *	<div>Select Type Select Type Medicaid Medicare Xover</div>	33. BILLING PROVIDER ZIP CODE *	<input type="text"/>
1a. INSURED'S I.D. NUMBER *	<input type="text"/>	33a. BILLING PROVIDER NPI *	<input type="text"/>
2. PATIENT'S NAME	<input type="text"/>	33b. BILLING PROVIDER TAXONOMY *	<input type="text"/>
3. PATIENT'S BIRTH DATE	<input type="text"/>	PATIENT'S SEX	<input type="text"/>
5. PATIENT'S ADDRESS	<input type="text"/>		
9. OTHER INSURED'S NAME	<input type="text"/>	10. IS PATIENT'S CONDITION RELATED TO:	
9a. OTHER INSURED'S POLICY OR GROUP NUMBER	<input type="text"/>	a. EMPLOYMENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME	<input type="text"/>	b. AUTO ACCIDENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *	<input type="radio"/> YES <input checked="" type="radio"/> NO	c. OTHER ACCIDENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO

Claim Submission

Verify recipients' Medicaid ID numbers, name, sex, and address by selecting the "Verify" button.

Administration

Eligibility

Reports

Communications

Claims

Submit New CMS - 1500

The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at dss.sd.gov for additional information billing requirements.

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

1. SELECT CLAIM TYPE *	Medicaid	33. BILLING PROVIDER ZIP CODE *	57501-1234
1a. INSURED'S I.D. NUMBER *	000000123	33a. BILLING PROVIDER NPI *	1234567890
2. PATIENT'S NAME	DOE, JACK	33b. BILLING PROVIDER TAXONOMY *	123x12345x
3. PATIENT'S BIRTH DATE	07/01/1944	PATIENT'S SEX	M
5. PATIENT'S ADDRESS	700 GOVERNORS DR PIERRE SD 575011234		
9. OTHER INSURED'S NAME		10. IS PATIENT'S CONDITION RELATED TO:	
9a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME		b. AUTO ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *	<input type="radio"/> YES <input checked="" type="radio"/> NO	c. OTHER ACCIDENT? <input type="radio"/> YES <input checked="" type="radio"/> NO	

Verify

Save

Claims Submission

Enter claims details:

- Date of Service
- Place of Service Code
- Procedure/HCPC Code
- Charges
- Units
- Servicing Provider NPI
- Servicing Provider Taxonomy (Birth to Three: 252Y00000X)
- Like a paper claim, you will only be able to submit 6 lines.

24.	1 *	2	3	4	5	6
A. FROM DOS *	5/1/2019					
TO DOS *	5/1/2019					
B. PLACE OF SERVICE *	11					
C. EMERGENCY	Select	Select	Select	Select	Select	Select
D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *	99213					
PROCEDURE MODIFIER						
NDC						
NDC QUANTITY	0.000					
NDC UNIT OF MEASURE	Select	Select	Select	Select	Select	Select
E. DIAGNOSIS POINTER *	A	A	A	A	A	A
F. \$ CHARGES *	150.00					
\$ CONTRACTUAL (CTR)						
\$ OTHER PAID	0.00					
\$ DED/COINS	100.00					
G. DAYS OR UNITS OF SERVICE *	1					
H. EPSDT/FAMILY PLANNING	Select	Select	Select	Select	Select	Select
J. RENDERING PROVIDER NPI	1234567819					
RENDERING TAXONOMY	213E00000X					
	<input type="button" value="Validate"/> <input type="button" value="X"/>	<input type="button" value="+ Add"/>				

2) Claims Submission

- Documentation and attachments must be uploaded if:
 - The claim is being submitted more than 6 months following the month of service; or
 - The recipient has other insurance.

25. FEDERAL TAX I.D.	<input type="text"/>	26. PATIENT'S ACCOUNT NO.	<input type="text"/>
28. \$ TOTAL CHARGE *	<input type="text" value="150.00"/>	29. \$ TOTAL AMOUNT PAID	<input type="text" value="15.00"/>
32. SERVICE FACILITY LOCATION ZIP CODE *	<input type="text" value="57501"/>		

Update

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

+ Add Attachment

Attachment is required when Total Amount Paid entered

Cancel

Submit

2) Claim Submission

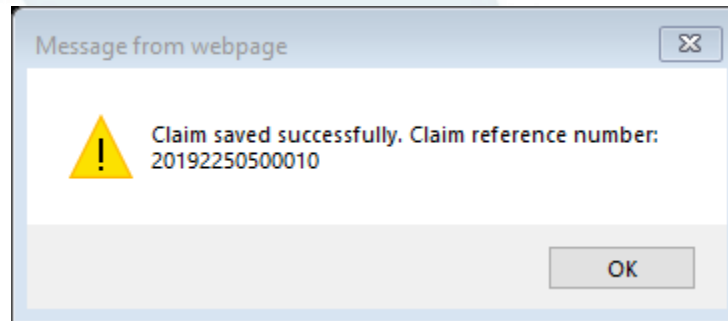
- Upon hitting Submit there will be a declaration box to “OK”. This declaration takes place of the “Signature Box” on a paper claim.

I declare and affirm under the penalties of perjury that any claim submitted will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

OK

Cancel

- Once you hit “OK” the program will give you a claim number.



Claims Submission

The Submission List will show the last 7 days of claims that have been saved and submitted.

Status Indicators:

- In Process
- Submitted
- Accepted
- Rejected

Claim Submission List

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

Select One
1234567890
1555566667

☐ Select All

Search

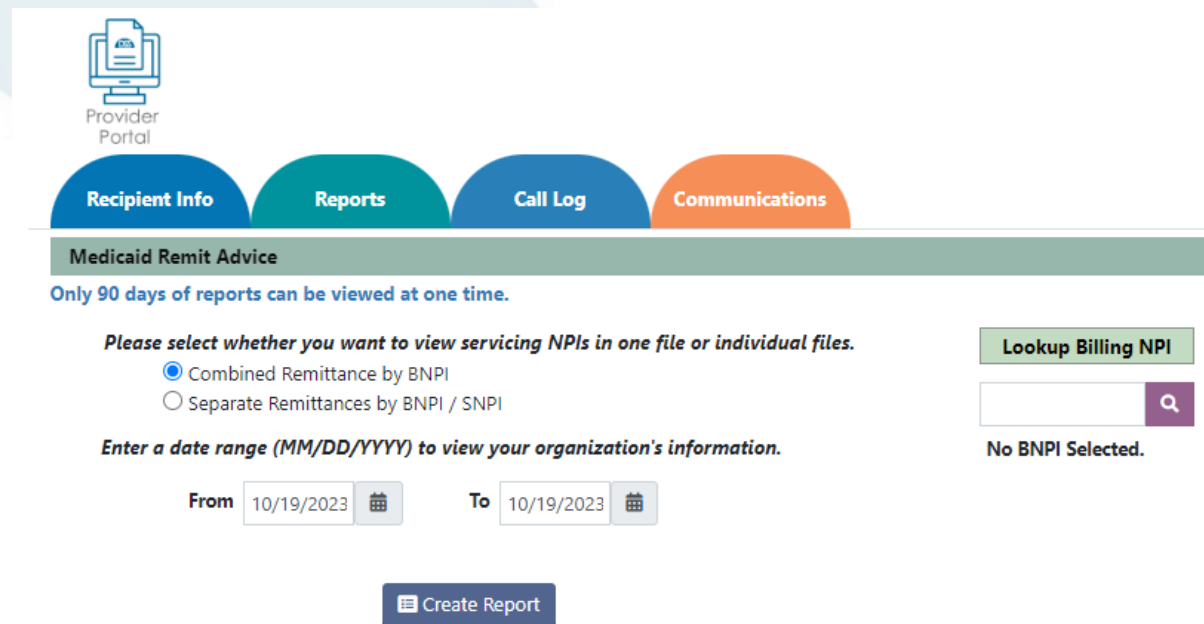
Reset

Claim Ref #	Billing NPI	Servicing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action
+ 20192200500010	1234567890	1223344555	123000123	123123123123	Jackson.McJohn@provider.com	Accepted	View PDF Link
+ 20192250500020	1234567890	1223344555	231000123	123123123123	Jane.Doe@provider.com	Accepted	View PDF Link
+ 20192250500010	1555566667	1333455577	555111555		Jackson.McJohn@provider.com	Submitted	View PDF Link
+ 20192260500010	1555566667	1333455577	123000312	1234567789	Jane.Doe@provider.com	Rejected	View Link
	1555566667	1333455577	222115555		Jane.Doe@provider.com	In Process	Update Delete
	1234567890	1223344555	311200123	123123123123123	Jackson.McJohn@provider.com	In Process	Update Delete

<< < 1 > >> Go to page: 1 Row count: 10 Showing 1-6 of 6

Remittance Advice

- Provider remittance advice is available on the Medicaid Portal.
- Providers are encouraged to follow up on claims 30 days after filing if there has not been any correspondence on Provider Remittance Advice by calling our Claims Advice and Processing Specialists at 1-800-452-7691.



The screenshot shows the 'Provider Portal' interface for 'Medicaid Remit Advice'. At the top, there's a 'Provider Portal' icon and a navigation bar with four tabs: 'Recipient Info' (blue), 'Reports' (teal), 'Call Log' (blue), and 'Communications' (orange). Below the navigation bar is a green header for 'Medicaid Remit Advice' with a note: 'Only 90 days of reports can be viewed at one time.' The main content area has two sections. The first section, 'Please select whether you want to view servicing NPIs in one file or individual files.', has two radio buttons: 'Combined Remittance by BNPI' (selected) and 'Separate Remittances by BNPI / SNPI'. The second section, 'Enter a date range (MM/DD/YYYY) to view your organization's information.', has 'From' and 'To' date pickers, both set to '10/19/2023'. To the right of these sections is a 'Lookup Billing NPI' section with a text input field, a search icon, and the text 'No BNPI Selected.' At the bottom center is a 'Create Report' button.

Provider Portal

Recipient Info Reports Call Log Communications

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 10/19/2023 To 10/19/2023

Create Report

Lookup Billing NPI

No BNPI Selected.

Remittance Advice

PHYSICIAN REMITTANCE ADVICE
11/06/2019

DEPT. OF SOCIAL SERVICES
MEDICAL SERVICES
700 GOVERNORS DR.
PIERRE, SOUTH DAKOTA 57501-2291

PAGE NO. 1

PROVIDER NO: FED TAX ID NO: SERVICING NPI: BILLING NPI:

THE FOLLOWING CLAIMS ARE APPROVED ORIGINALS:

REFERENCE NUMBER	RECIPIENT NUMBER	RECIPIENT NAME	FROM DATE	THRU DATE	PROCEDURE CODE MODIFIERS	NUM SRV	PL SRV	BILLED CHARGES	LESS PAID BY OTHER	PATIENT RESPONSIBILITY	PAID BY PROGRAM
2019308-722470-0	000702000		10-03-19	10-03-19	58100	1		113.18	.00	.00	113.17
PAT ACCT NO: 21000000000000000000											
2019308-722470-1	000702000		10-03-19	10-03-19	99243 25	1		102.45	.00	.00	102.44
PAT ACCT NO: 21000000000000000000											
2019310-731350-0	000401011		09-16-19	09-16-19	59510	1		2,214.24	.00	.00	1,660.86
PAT ACCT NO: 21000000000000000000											
2019309-743340-0	001200167		10-16-19	10-16-19	90686	1		19.04	.00	.00	17.48
PAT ACCT NO: 21000000000000000000											
2019309-743340-1	001200167		10-16-19	10-16-19	90471	1		16.72	.00	.00	9.78
PAT ACCT NO: 21000000000000000000											
TOTAL APPROVED ORIGINALS:			5					2,465.63			

PHYSICIAN CLAIM TOTAL 1,903.73

THE FOLLOWING CLAIMS ARE DENIED:

REFERENCE NUMBER	RECIPIENT NUMBER	RECIPIENT NAME	FROM DATE	THRU DATE	PROC CODE	BILLED CHARGE	DENY REASON
2019309-743330-0	001100000		10-23-19	10-23-19	99241	52.21	PRINCIPAL/PRIMARY DIAGNOSIS INVALID/INCORRECT (ORIG)
PAT ACCT NO: 21000000000000000000							
RECIPIENT RESP AMT:	.00						
2019304-721510-0	000000070		09-05-19	09-05-19	99242	77.51	DIAGNOSIS RESTRICTION FOR AGE OF RECIPIENT (ORIG)
PAT ACCT NO: 21000000000000000000							
RECIPIENT RESP AMT:	.00						
TOTAL DENIED CLAIMS:			2				

THE FOLLOWING CLAIMS ARE PENDED FOR REVIEW - PROVIDER DOES NOT NEED TO TAKE ACTION UNLESS FURTHER CONTACT IS MADE:

REFERENCE NUMBER	RECIPIENT NUMBER	RECIPIENT NAME	FROM DATE	THRU DATE	PROC CODE	BILLED CHARGE	PEND REASON
2019308-722460-0	000702000		10-30-19	10-30-19	58555	295.46	PROCEDURE REQUIRES REVIEW (ORIG)
PAT ACCT NO: 21000000000000000000							
TOTAL PENDED CLAIMS:			1				

Common Denials

- Exact Duplicate of Another Claim
 - Review portal submission list.
- Recipient Not Eligible on Date of Service
 - Verify Eligibility through the Portal or interactive voice response.
- Recipient Name/Number Do Not Agree
 - Verify name and recipient ID match through the Portal.
- NPI Number Missing/Invalid
 - Fill in line 24J of the claim with your servicing NPI.
- Diagnosis Code Not on File
 - Use the [Medicaid Diagnosis Look-Up Tool](#) to verify diagnosis is allowable.

Common Denials

- Recipient has Private Health Insurance
 - Medicaid is the payer of last resort.
- PCP/HHP Number Incorrect

Primary Care Provider/Health Home Provider		
Primary Care Provider	Eligibility : 2/1/2019 - 2/28/2019	
HAPPY TOWN HOSPITAL 123 SMILE COURT HAPPY TOWN SD 12345 605-999-9999	APPLE, EADA	Primary Care Co-pay: \$0.00

- All therapy services require an order/referral. Recipients in the PCP or HH program need the referral to originate from their PCP/HH provider. Recipients that are not in the PCP or HH program require a referral from a physician, physician assistant or nurse practitioner, not a facility.

Referrals

- Federal regulations require that all claims for services that require an order have the referring provider's information on the claim form.
- The referring provider's information should be entered on the electronic claim in boxes 17 and 17b.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	Dr. Jane Smith	17b. REFERRING, ORDERING, OR PRESCRIBING NPI	1234567890
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- The referral can remain valid for up to one year. Retain the order for the service with the medical records in case of audit or review.

Resources



[Medicaid Portal CMS1500 Claim Submission Guide](#)

[Remittance Advice Manual](#)

[General Claim Guidance Manual](#)

[Medicaid Portal User Guide](#)

[Birth to Three Non-School District Providers](#)

[Referrals Manual](#)



Claims Advice Processing Unit: 1-800-452-7691



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Questions?