

Other DSS Updates

PCP Updates

July 2020

PCP Updates

- DSS is evaluating updates to enhance the PCP program and promote preventive services including rates of well child visits and vaccinations.
- Updates for Fall 2020:
 - PCP Addendum: Adding language to require providers to send periodic reminders (at least annually) to recipients age 20 and younger who have been on the provider's caseload for at least 6 months and have not had a well child visit in the previous 12 months.
 - Midlevel Providers: Revising ARSD 67:16:39:05 to include physician assistants and nurse practitioners so that mid-level practitioners can have an independent caseload.
 - Recognizes recent changes in federal regulation and South Dakota Codified Law.
 - Aligns the PCP program with the Health Home program where these providers are allowed to have an independent caseload.
 - Promotes access to care in rural communities that do not have a physician.

Portal Updates Summer 2020

July 2020

UB-04 Claim Submission on the Medicaid Portal

- Currently internally testing
- Expected implementation is Fall 2020
- Features of UB-04 Claim submission
 - Ability to add attachments
 - Faster processing time

UB-04 Submission – Recipient and Billing info

Submit New UB-04

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

Recipient & Billing | Occurrence | Diagnosis | Provider | Service Details | Insurance | Final Submission

60. Insured's I.D. Number *

8b. Patient Name 10. Patient's Birth Date 11. Patient's Sex

9. Patient's Address

3a. Patient Account No. * 4. Type of Bill *

1. Billing Zip Code * 56. Billing NPI *

81a. Billing Taxonomy *

6. Statement Covers Period *

Occurrence Information

Submit New UB-04

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12. Admit Date *	<input type="text" value="05/01/2020"/>	13. Admit Hour	<input type="text" value="17"/>									
14. Admit Priority Type *	<input type="text" value="2"/>	15. Admit Source *	<input type="text" value="1"/>									
16. Discharge Hour	<input type="text" value="14"/>	17. Discharge Status *	<input type="text" value="1"/>									
Condition Codes	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	
Occurrence Code and Date	31a <input type="text" value="11"/>	<input type="text" value="04/01/2020"/>	31b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	32a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	32b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	33a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	33b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
Occurrence Code and Date Span	35a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	35b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	36a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	36b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	37a <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	37b <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
Value Code and Amount	39a. <input type="text"/>	<input type="text"/>	39b. <input type="text"/>	<input type="text"/>	39c. <input type="text"/>	<input type="text"/>	39d. <input type="text"/>	<input type="text"/>	40a. <input type="text"/>	<input type="text"/>	40b. <input type="text"/>	<input type="text"/>
	41a. <input type="text"/>	<input type="text"/>	41b. <input type="text"/>	<input type="text"/>	41c. <input type="text"/>	<input type="text"/>	41d. <input type="text"/>	<input type="text"/>				
63. Treatment Authorization Code	<input type="text"/>		Document Control Number	<input type="text" value="For Future Development"/>								

Diagnosis Information

Submit New UB-04

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Check the box if Present on Admission

67. Principal Diagnosis and Present On Admission *

69. Admitting Diagnosis

Other Diagnosis and Present on Admission

A.	B.	C.	D.	E.
<input type="text" value="E871"/> <input checked="" type="checkbox"/>	<input type="text" value="d6859"/> <input checked="" type="checkbox"/>	<input type="text" value="f3130"/> <input checked="" type="checkbox"/>	<input type="text" value="k766"/> <input checked="" type="checkbox"/>	<input type="text" value="k7011"/> <input checked="" type="checkbox"/>
<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>
<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/>

74. Principal Surgical Procedure and Date

Other Surgical Procedure and Date

A.	B.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

MM/DD/YYYY MM/DD/YYYY

← Previous × Cancel → Next

Provider Information

Submit New UB-04

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76. Attending Provider NPI*	<input type="text"/>	Attending Provider Taxonomy	<input type="text" value="207Q00000X"/>	
77. Operating Provider NPI	<input type="text"/>	Operating Provider Taxonomy	<input type="text"/>	
78. Other Provider NPI	<input type="text"/>	Other Provider Taxonomy	<input type="text"/>	Qualifier <input type="text" value="Select"/>
79. Other Provider NPI	<input type="text"/>	Other Provider Taxonomy	<input type="text"/>	Qualifier <input type="text" value="Select"/>
Referring Provider Available	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Referring Provider NPI	<input type="text"/>	Referring Provider Taxonomy	<input type="text"/>	

Revenue Line Information

Submit New UB-04

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42. Rev Code *	<input type="text"/>	45. Service Date	<input type="text" value="MM/DD/YYYY"/>	46. Service Units/Days *	<input type="text"/>
44. HCPC	<input type="text"/>	Modifier	<input type="text"/>		
NDC	<input type="text"/>	NDC Quantity	<input type="text"/>	NDC Unit of Measure	<input type="text" value="Select"/>
43. Rev Desc	<input type="text"/>	47. Charges *	<input type="text"/>	48. Non-Covered Charges	<input type="text"/>

Revenue Line Details										
Rev Line	Rev Code	Service Date	Units /Days	HCPCS	Modifier	NDC	Description	Charges	Non-Covered	Action
4	0300		6				General	\$300.00	\$0.00	<input type="button" value="Update"/> <input type="button" value="Delete"/>
3	0258		12				IV solutions	\$929.32	\$0.00	<input type="button" value="Update"/> <input type="button" value="Delete"/>
2	0250		165				General	\$7,638.35	\$0.00	<input type="button" value="Update"/> <input type="button" value="Delete"/>
1	0206		5				Intermediate—ICU	\$18,875.00	\$0.00	<input type="button" value="Update"/> <input type="button" value="Delete"/>

Insurance and Medicaid Information

Submit New UB-04

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29. Accident State

50. Payer * v

60. Insured's Unique ID

62. Insured Group Number

59. Patient Relation v

54. Prior Payment Amount

58. Insured's Name

61. Group Name

65. Employer Name

55. Estimated Amount Due

[+ Add](#) [Reset](#)

Payer Details								
Payer	Prior Payment	Estimated Amount	Insured Unique ID	Insured's Name	Group Number	Group Name	Patient Relation	Employer Delete Name
Medicaid		\$38,273.67						

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Review and Attachments

Submit New UB-04

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



Total Charges

38273.67

Revenue Line Count

14

80. Remark

Add Attachments:

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

+ Add Attachment

1	test pdf.pdf	100 KB	Delete
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← Previous × Cancel ✓ Submit

IHS to 1500 transition

- Beginning January 1, 2021 South Dakota Medicaid will be transitioning IHS on to the CMS 1500 claim form for their professional and ancillary charges.
- This change will provide such as reporting well child visits and immunizations, will provide valuable information used for State and Federal reporting, along with providing data to help facilitate future program needs.

DOH Collaboration

July 2020

DOH Collaboration

- Medicaid Innovation Accelerator Project (IAP): Maternal Mortality and Maternal Morbidity
 - DSS/DOH are receiving joint Technical Assistance from CMS regarding a data strategy and data evaluation plan regarding maternal mortality and maternal morbidity. Data analysis will help identify trends that can be used to target interventions or identify women at risk early in pregnancy.
- WIC Collaboration
 - DSS/DOH continue to collaborate on issues affecting both populations.
- Well Child Letter Revisions
 - DSS/DOH are collaborating on updates to the Medicaid Well Child Letters.
- COVID-19 Vaccine Outreach

COVID-19 Vaccine Outreach

- During the COVID-19 Public Health Emergency, there has been a decrease in the number of doses administered and ordered.
- Causes:
 - Clinics suspended non-emergency procedures/visits.
 - Families reluctant to visit clinics out of fear of exposure to COVID-19.

Reduction in Doses Administered 2020 to 2019

Age Group	< 1	1	2	3-5
April	14%	30%	61%	69%
May	17%	19%	41%	49%
June	7.2%	-1%	27%	7%
April to June	13%	17%	42%	43%

COVID-19 Vaccine Outreach

- Messaging:
 - We have seen a reduction in vaccination due to the COVID-19 pandemic
 - Vaccines are important and we need to catch kids up
 - Clinics are taking measures to ensure the safety of your family in their facility
 - If you have concerns, please contact your clinic
- DSS/DOH sending postcards to 24,000 children eligible for Medicaid

