



SOUTH DAKOTA MEDICAID

RECIPIENT HANDBOOK



South Dakota
Department of
Social Services

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View this handbook online at dss.sd.gov/medicaid/recipients

10 Things to Know

1. Most medically necessary services are covered by Medicaid. See pages 9 and 24 for coverage information.
2. Get a yearly check-up to stay healthy. Information about living healthy and preventative care is on page 4.
3. Go to the dentist twice a year to keep your smile healthy. Make dental checkup appointments early as it may take 3 or more months to get in.
4. Always show your Medicaid ID card at your appointment. You may be responsible for the bill if you do not show it.
5. Transportation is available to help you get to your medical appointment. See page 32 for more information about your options.
6. You should see one doctor for most of your medical care. This doctor is called your primary care provider (PCP). See page 11 for information about how this works.
7. You may need a referral from your PCP for some medical services. A list of services requiring a referral is on page 17.
8. Most services outside of South Dakota require prior authorization by South Dakota Medicaid. See page 20.
9. Only go to an emergency room when appropriate. For more information, see page 19.
10. You may have to pay a small amount of your medical bills. See page 23.

Rights & Responsibilities

You have the right to:

- Be treated with dignity and respect.
 - Choose your provider and be given the information and time to do so.
 - Receive written material from your PCP in a way that you understand.
 - Get information from your doctor about treatment options.
 - Be involved in all decisions about your health care and say “no” to any treatment offered.
 - Ask for and get a copy of your medical records.
 - Have your medical records corrected if they are wrong.
- All Medicaid information is private. Information about your care and coverage can only be used for Medicaid purposes.
- Use of the Medicaid ID Card by you allows for the sharing of information between DSS and Medicaid providers.

You have the responsibility to:

- Show your Medicaid ID card to providers.
- Go to the same doctor, such as your primary care provider or health home provider, for most of your medical care.
- Obtain a referral from your PCP or health home provider before you receive services requiring a referral. Refer to page 17 for a list of these services.
- Pick or change your PCP, if applicable.
- Pay for services not covered by Medicaid including services exceeding a limit or without a required referral.
- Pay your cost-share, if applicable.
- Pay for cost of printed medical records.
- Use the ER only for life-threatening emergencies.
- Follow instructions in the handbook.
- Call your benefits specialist about changes in your case or if you need help.
- Call the doctor’s office ahead of time if you will be late or need to reschedule your appointment.
- Be polite and treat providers with respect.

For more information on rights and responsibilities, please visit dss.sd.gov/medicaid/rr.aspx.

Strong Families | Healthy Families

You can make healthy choices every day for you and your family. Staying active and eating right is important for keeping you and your family healthy. Below are some helpful tips for staying healthy.



Get moving. When you move more, your health improves. Walking, playing sports, hiking and biking are ways you and your family can get moving. Children and teens should play or be active for 60 minutes every day. Adults should do at least 150 minutes of moderate activity or 75 minutes of vigorous activity each week.



Make healthy food choices. The USDA's MyPlate (shown below) shows the right mix of foods on a healthy plate. Try to fill half your plate with fruits and vegetables.



Brush and floss every day. Brush twice a day for two minutes with fluoride toothpaste to keep your smile healthy and prevent dental disease.



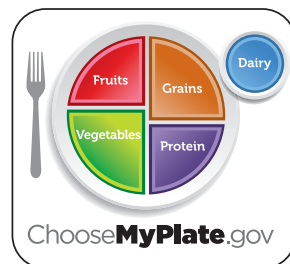
Be tobacco free. Call the South Dakota QuitLine at 866.SD.QUIT (737.8487) to talk to someone about how to quit. Visit www.sdquitline.com for helpful tips.



Drink alcohol in moderation or not at all. If you or someone you know has concerns about addiction or substance abuse contact the Division of Behavioral Health at 605.773.3123.

Make sure to talk to your provider about things you can do to stay healthy. For more information about eating healthy and staying active, visit healthysd.gov.

HEALTHYS.D.GOV
Live better. Grow stronger.



Yearly Check-ups

Yearly check-ups help make sure you and your family get the care needed to be and stay healthy. A yearly check-up and other preventive services are part of your Medicaid benefits if you have full coverage. Call your provider to schedule a yearly check-up appointment. Make sure to mention the visit is for preventive care.

Well-Child Check-ups



Routine Check-up - Well-child check-ups help make sure babies, children and teens get the care they need to be and stay healthy. Babies and toddlers need 12 well-child check-ups before they are 3 years old. Review the check-up schedule on page 7 to make sure your child gets all of the recommended care. Children ages 3 to 20 years should have a well-child check-up every year.



Dental Care - Regular dental cleanings and exams help keep your child's smile healthy and prevent dental diseases and cavities. Medicaid covers two dental cleanings and two dental exams per plan year. Your child should see a dentist every six months starting at 1 year old. See Dental section under Health Coverage for other dental services and limits.

Fluoride varnish helps prevent new cavities and can help stop cavities that have already started. Ask your dentist or health care provider about fluoride varnish.

Dental sealants can protect your child from the dental diseases which can cause cavities. Ask your dentist about sealants for your child's molars.



Eye Exams - Eye exams by an eye doctor can help determine if your child needs glasses. Uncorrected vision or eye health issues can lead to learning problems. An eye exam by an eye doctor should occur at 6 months, then one between ages 3 and 5, and yearly after 5 years.



Immunizations - Remember to ask your child's doctor about necessary immunizations to keep your child healthy. There is a list of recommended immunizations on page 6. Please review the chart and make sure your child is up to date on their immunizations. Your child should also get a flu shot each year.

Well-Adult Check-ups



Yearly Check-up - Check-ups may include blood pressure and cholesterol screening, immunizations and other necessary care. For women, check-ups may include a well-woman's exam and a pap smear. Yearly check-ups also allow you the opportunity to discuss your health questions with your doctor. Medicaid covers a routine check-up once a year.

Cancer Screenings - Talk to your doctor about whether the following cancer screenings are needed:

- Breast cancer
- Cervical cancer
- Colorectal cancer
- Lung cancer
- Oral cancer
- Prostate cancer
- Skin cancer



Dental Care - Regular dental cleanings and exams help keep your smile healthy. Medicaid covers two dental cleanings a year and two dental exams. See Dental section under Health Coverage for other dental services and limits.



Eye Exams - Yearly eye exams by an eye doctor can determine if you need glasses, or if you have other vision problems that can lead to vision loss.



Immunizations - Immunizations help prevent diseases. Seasonal flu shots reduce doctor visits and missed work. Flu shots and other necessary immunizations are covered by Medicaid. Check with your doctor about recommended immunizations for adults.



Talk to your provider about other preventive services for you and your family.

RECOMMENDED IMMUNIZATION SCHEDULE

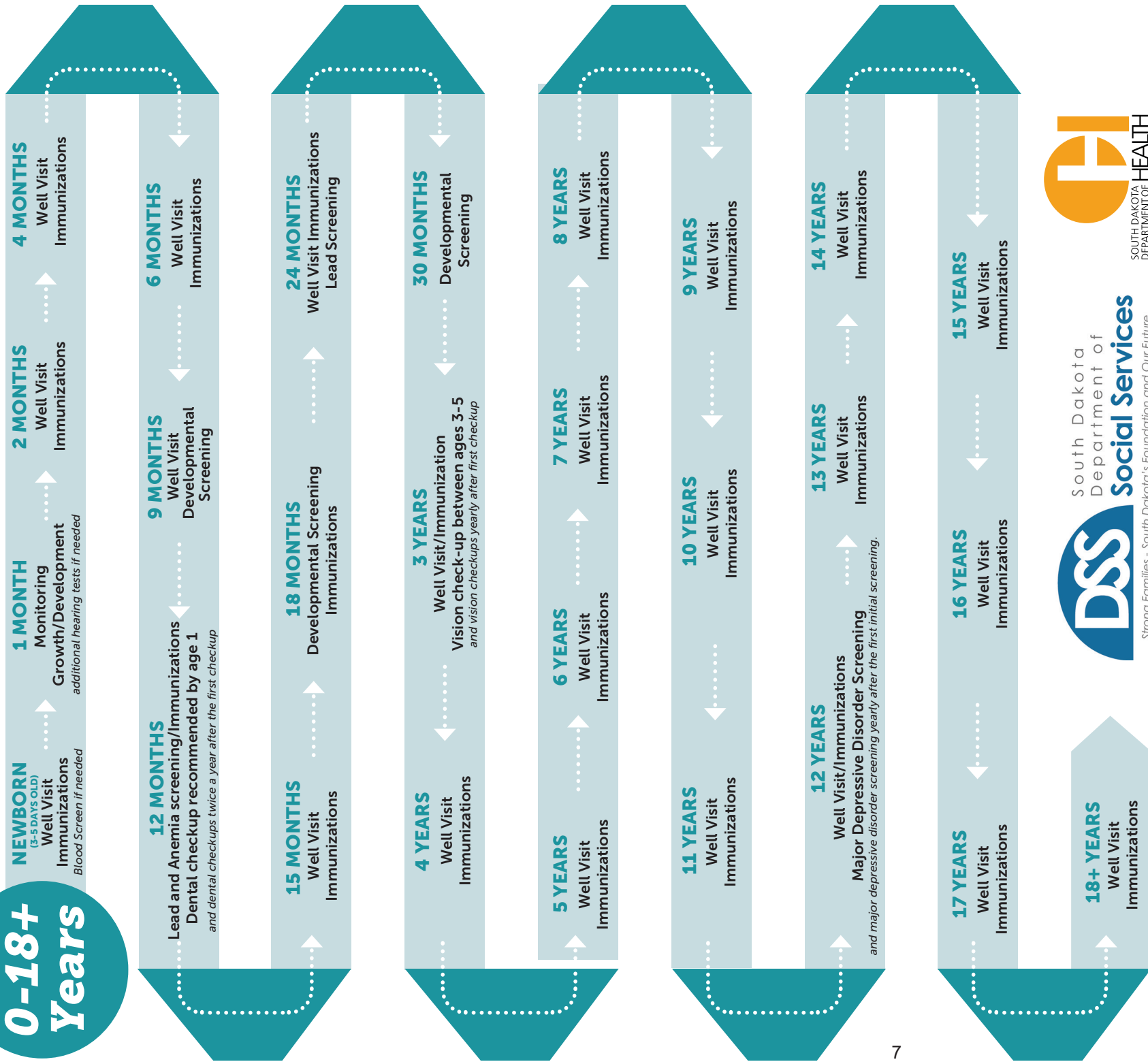
Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-18 years
HepB (Hepatitis B)	1st dose	2nd dose				3rd dose							
RV* (Rotavirus)		1st dose	2nd dose	2nd dose	3rd dose*								
DTap (Tetanus, diphtheria, pertussis)		1st dose	1st dose	2nd dose	3rd dose		4th dose				5th dose		
Hib* (Haemophilus influenzae type b)		1st dose	1st dose	2nd dose	3rd dose*		Booster						
PCV (Pneumococcal)		1st dose	1st dose	2nd dose	3rd dose		4th dose						
IPV (Polio)		1st dose	1st dose	2nd dose	3rd dose		3rd dose				4th dose		
COVID 19* (Coronavirus disease)								2 or 3 dose series and booster*					
Flu (Influenza)								1 or 2 doses yearly					
MMR (Measles, Mumps, Rubella)						1 dose					2nd dose		
Varicella (Chickenpox)						1 dose					2nd dose		
HepA (Hepatitis A)						1st dose		2nd dose					
Tdap (Tetanus, diphtheria, pertussis)													1 dose
HPV* (Human Papillomavirus)													2 or 3 dose series*
MenACWY/MenB (Meningococcal disease - MenACWY/MenB)													MenACWY/MenB

If your child is behind on immunizations speak with your provider about a modified schedule.

* Not all manufacturers require this dose, speak with your provider about your child's needed immunizations

Well Visit & Immunization ROADMAP

0-18+ Years



South Dakota
Department of
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Strong Families - South Dakota's Foundation and Our Future



Immunizations vary by age. Please check with your child's primary care provider about which immunizations are recommended for your child.

Pregnancy Coverage

Prenatal care is important for the health of your baby. Prenatal visits are once a month through the seventh month, every two weeks in the eighth month and weekly in the ninth month. Schedule prenatal care with your primary care provider or health home. Ask for a referral if your primary care provider or health home provider is not providing your prenatal care. If you don't already have a copy of the South Dakota Medicaid Pregnancy Handbook, ask your benefits specialist for a copy to review specific information related to covered services, prenatal care, and postnatal care.



Pregnancy and Postpartum Coverage

Pregnancy coverage includes full Medicaid benefits while you are pregnant. After your pregnancy ends, contact your benefits specialist and you will be switched to postpartum coverage which includes full Medicaid benefits for an additional 12 months of continuous coverage.



Prenatal Care for Unborn Children Coverage

If you are on this program your services are restricted to services for medical or dental conditions caused by or directly affecting your baby including medically necessary dental services. This does not include services such as most broken bones, cuts, vision, etc. Once you have your baby, your coverage ends.



Covering your Newborn

Once your baby is born, please contact your benefits specialist right away to get your child covered by Medicaid. Make sure to give your provider your baby's Medicaid ID number so they can bill Medicaid.



Pregnancy Loss

The loss of a baby during pregnancy can be a sad reality for many families and takes a serious toll on families' health and well-being. South Dakota Medicaid covers services related to the end of the pregnancy. Covered services include:

- Services associated with miscarriage, stillbirth, or a non-viable pregnancy, such as a molar pregnancy, ectopic pregnancy, or fetal death in utero; and
- Postpartum services including behavioral health services.



Your medical providers, Bright Start nurse, or Women, Infants and Children (WIC) office can assist with providing local and community support options after loss. Grief after loss is normal. If your feelings start to interfere with your ability to get along in daily life, or if your sadness doesn't lessen after a couple of months, talk with your healthcare provider.

The Pregnancy Program is a free program available to all pregnant women. In addition to your pregnancy care, the program provides access to a care team, helps you access needed services, and connects you with Department of Health programs, such as WIC and Bright Start. The Pregnancy program works to keep you and your baby healthy.

doh.sd.gov/programs/for-babys-sake/ provides information and resources to help women have healthy pregnancies and healthy babies.

The WIC program, administered by the South Dakota Department of Health, offers:

- Personalized nutrition education and guidance
- Breastfeeding education and support
- Referral information for other health and social services
- Guidance on purchasing healthy foods
- Guidance on healthy lifestyle activities
- Healthy foods to help supplement diets

For more information please visit sd.gov/wic or call 800.738.2301.

Primary Care Provider (PCP) Program

What is the PCP Program?

The Primary Care Provider (PCP) Program is designed to improve your access to medical care. Having a primary doctor or clinic where you receive most of your services can improve the quality of care.

The majority of recipients who qualify for Medicaid are required to be in the PCP Program. This handbook will serve as your guide to the PCP program policies and requirements. If you have questions about policies outlined in the handbook, please call 800.597.1603.

Two things you need to do:

1. If you have not already, make an appointment for a check-up with your new PCP. See pages 4-5 for more information about check-ups.
2. Ask your provider how to access services needed after hours. Providers should be accessible by phone 24/7.

REMEMBER:

- A referral or permission is required for most specialty and hospital services.
- Some services require a referral and must be obtained prior to your appointment. See page 17-18 for details.
- Before you seek emergency care, call your provider's 24/7 line and have them help you make a decision about how to proceed.
- If you change your PCP, remember to also obtain an updated referral.

Tips for choosing a PCP for you and your family:

- Know Your Doctor Type: Pediatricians usually only see children. OB/GYN providers only see women for pregnancy and gynecology services. Internal Medicine doctors usually only see adults.
- Choose a Location Close to Home: Consider how far you must travel to your PCP. Keep in mind, travel will only be paid to the closest doctor or clinic closest to your home. See page 30 about getting travel paid.
- Get Permission for Closed Doctors: Some providers are not seeing new patients. An asterisk "*" next to the PCP's name on the list shows they are full, and you need a written letter from the doctor to pick them.
- Ask About Special Needs: If you or your family have special health care needs, you should call the PCP's office before you pick them to make sure the PCP can meet your needs.

South Dakota Medicaid will send you a letter with the name of your PCP and the start date when you must begin to use your PCP. Usually, it will start on the first day of the month after you choose or are assigned a PCP.

Choosing Your PCP

How do I choose a PCP?

South Dakota Medicaid will provide you the tools you need to choose your PCP.

1. Choose a PCP for each eligible family member.
2. If you do not choose a PCP, one will be chosen for you.
3. Choose your provider online at pcphhselection.appssd.sd.gov/.
4. A list of PCPs can be found online at dss.sd.gov/medicaid/recipients/recipientprograms/changeforms.aspx.
5. If you have questions or need help, call 800.597.1603.

Health Home Program

South Dakota's health home program offers enhanced health care services to Medicaid recipients with chronic conditions.

The health home program can help with:



Keeping You Healthy

- Teaching you how to take care of yourself and make healthy choices.
- Helping you schedule screenings and appointments when you need them.
- Making sure you get the care you need to keep you from getting sick.



Planning Your Care

- Focusing health care on you as a whole person.
- Setting goals for your health needs and making a plan for when and how you receive care.
- Building a team to help you meet your health goals.
- Providing referrals to other providers or specialists.



Supporting You and Your Family

- Working with you, doctors, nurses, counselors, hospitals and others to make sure you get the care you need.
- Explaining tests and results to you to make sure you understand everything about your health.
- Making sure you don't go back to the hospital or ER after you leave.



Connecting Your Care

- Working with you and your family or caregiver to make sure you can focus on your health.
- Helping you get other services you need in your community.

Choosing a Health Home

How do I choose a Health Home provider (HHP)?

1. South Dakota Medicaid will send you a letter. It may tell you your current provider is an HHP, or if you need to choose an HHP from a list for each eligible family member.
2. Choose your provider online at pcphhselection.appssd.sd.gov/. A list of HHPs can be found online at dss.sd.gov/healthhome.
3. No recipient has to be in the health home program. You have the right to say "no" when you are asked to be in the program.
4. If you have questions or need help, call 800.597.1603.

Tips for choosing a HHP:

- Know your Doctor Type: Pediatricians see children. OB/GYN providers only see women and usually for just pregnancy and gynecology services. Internal Medicine doctors see adults.
- Choose a Location Close to Home: Think about how far you must travel to your HHP, and choose an HHP you can go to on a regular basis. Travel will only be paid to the closest HHP to your home. See page 30 about getting travel paid.
- Get Permission for Closed Doctors: Some doctors are not seeing new patients. An asterisk "*" next to the HHP name on the health home list shows they are full and you will need a written letter from the doctor to choose them.
- Ask about Special Needs: If you or your family have special health care needs, you should call the health home's office before you choose them to make sure the HHP can meet your needs.

South Dakota Medicaid will send you a letter with the name of your HHP and the start date when you must begin to use your health home. Usually, it will start on the first day of the month after you choose a HHP.



Indian Health Services (IHS)

Can I get medical care from IHS?

If you are an American Indian, you can get medical services from IHS, and any other tribally operated facilities when you are enrolled in Medicaid. Medicaid may also cover services not provided at IHS or other tribally operated facilities.

Can I choose IHS as my PCP or HHP?

If you are in the PCP or health home programs, you can choose IHS or another tribally operated facility as your PCP or HHP, or you can choose someone else. Even if IHS or another tribally operated facility is not your PCP or HHP, you can still get services from IHS and other tribally operated facilities without a referral from your PCP or HHP.

What if IHS wants to send me elsewhere for care?

IHS or another tribally operated facility can refer you to outside Medicaid providers.

Changing Your Provider

You may change your PCP or HHP at any time.

How do I change my PCP/HHP?

- Change your PCP or HHP online at pcphselection.appssd.sd.gov/.
 - A list of PCPs can be found online at dss.sd.gov/medicaid/recipients/recipientprograms/changeforms.aspx.
 - A list of HHPs can be found online at dss.sd.gov/healthhome.
- State the reason for change on the online system.
- Your new PCP or HHP will begin the first day of the next month after your change request is processed. You will receive a letter stating your change was approved.

REMEMBER:

If you change your PCP or HHP your current referral is no longer valid. Make sure to obtain a new referral from your new PCP or HHP.

What do I do if I move?

- If you move to a new area, call your local DSS office and give them your new address and phone number.
- Choose a new PCP or HHP in your new area.

Acute and Urgent Care

Acute and urgent care clinics offer instant care for acute illnesses and minor injuries on a walk-in basis. If you are enrolled in the PCP or health home program, four visits per plan year do not require a referral. It is still recommended you notify your PCP or HHP of any acute or urgent care visits. A plan year starts July 1 and ends June 30. After those four visits have been used you need to call your PCP or HHP before going to an acute or urgent care clinic. Your PCP or HHP will contact the acute or urgent care clinic and give the referring information if they determine the services are needed. You will be responsible for paying the bill if you get services at an acute or urgent care clinic without a referral.

PCP and HHP Referrals

The following list of services will have a ✓ to identify if a referral is needed from your PCP or HHP.

Services	Required	Not Required
Acute care/urgent care clinics (initial four visits per plan year from July 1 - June 30 are exempt for referrals)	✓	
Ambulance (ground and air)		✓
Chiropractic		✓
Clinic	✓	
Community Health Workers	✓	
Community transportation		✓
Dental		✓
Diabetes self-management training	✓	
Dietician/nutritionist	✓	
Durable medical equipment	✓	
Eye specialist	✓	
Family planning & testing for STDs		✓
Home health	✓	
Immunizations		✓
Inpatient/outpatient hospital	✓	
Lab/x-ray (at another facility)	✓	
Life threatening emergency		✓
Mental health services for recipients diagnosed with serious emotional disturbance or serious mental illness		✓

Services	Required	Not Required
Nursing facility		✓
Outpatient Community Mental Health Center	✓	
Personal care services		✓
Physician	✓	
Physician assistants, nurse practitioners and nurse midwives	✓	
Podiatry		✓
Pregnancy related services	✓	
Psychiatry/psychology	✓	
Prescription drugs		✓
Rehabilitation hospital	✓	
Residential treatment facilities	✓	
Same-day surgery centers (includes oral and eye surgery)	✓	
School district services (always requires a referral)	✓	
Secure medical transportation		✓
Substance use disorder outpatient treatment		✓
Therapy (physical, speech, occupational, audiology)	✓	
Vision services (routine eye care, glasses)		✓
Well-child and well-adult exams	✓	

Emergency Care



- For a serious health problem that may cause lasting injury or death, such as severe bleeding, chest pain, shortness of breath, severe pain, severe allergic reaction or loss of consciousness.
- If the problem is not a life-threatening emergency, you may have to pay the bill.



- For treatment of a cold, cough or other minor illness or injury.
- Do not go to the ER because it is easier or more convenient for you.
- You will be responsible to pay the bill for non-referred, non-emergency services.

Be Ready for an Emergency

Ask your PCP or HHP office for a number to call after clinic hours, and write it down on page 40. Use this number if your problem is serious but not life-threatening.

Life-threatening Emergency

Life-threatening emergency care does not require a referral. The medical provider who sees the patient determines if a life-threatening emergency exists based on federal and state rules.

Follow-up Care to a Life-threatening Emergency

Follow-up care after the emergency needs to be given or referred by your PCP or HHP.

Out-of-State Emergencies - see page 20.

Out-of-State Services

Prior Authorization Required

Medical services outside of South Dakota require prior authorization. Your referring provider will have to submit a prior authorization request and medical records to Medicaid. You are required to go to a South Dakota provider if services are available in state.

Remember

- Wait for an approval notice from Medicaid before making travel plans.
- You are responsible for paying for all services provided out-of-state that have not been approved.
- If you are in a PCP program or health home program, you need a referral from your PCP or HHP and prior authorization approval from Medicaid.
- Medicaid cannot pay for medical services outside the United States and its territories.

Exceptions

- Services provided within 50 miles of the South Dakota border and Bismarck, North Dakota, do not need prior authorization.
- Certain lab, radiology or pathology services, durable medical equipment and pharmacy services do not need prior authorization.
- Telemedicine services - if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State.

Out-of-State Emergencies

- Make sure the provider is, or is willing to become, a South Dakota Medicaid Provider.
- If the provider is not enrolled or willing to become enrolled, you are responsible for paying for all services provided to you and your family.

Payment of Medical Bills

Other Health Insurance

If you have other insurance you must report it to your benefits specialist and to any doctor, clinic or hospital where you get medical care. Medicare and private health insurance must be billed by the provider prior to billing Medicaid.

Any income you get as a result of medical care, such as an AFLAC supplemental insurance payment or a settlement, should be paid to the Office of Recoveries and Fraud, 700 Governors Drive, Pierre, SD 57501.

Non-covered Services

Most medical services are covered under Medicaid; however, some services are not covered. You are responsible for paying for non-covered services.

Balanced Billing

Medicaid payment is considered payment in full for a provider. A provider cannot bill any remaining balance of a covered service to you, your family, friends or anyone else. Providers can only bill you for cost-sharing charges allowable under Medicaid and for non-covered services.

Payment of Medical Bills

Do not ignore medical bills. Call the provider and ask them to bill Medicaid. If the provider still bills you after 90 days, call South Dakota Medicaid at 800.597.1603 to ask if Medicaid has received a claim for your date of service. If the bill was not paid because the provider made a mistake, you do not have to pay the bill. If you made the mistake, or failed to provide your recipient ID card to the provider, Medicaid cannot pay the bill. The provider has six months from the date of service to bill Medicaid.

If your eligibility was approved after you received services, you may receive a retro-eligibility letter in the mail. Provide a copy of the letter to each provider you saw during that time. Failure to inform a provider of your Medicaid eligibility may result in you being responsible for the bill.

Cost-sharing

A cost-share is a small amount of a medical bill that you may have to pay. Medicaid pays for the rest of the bill. Individuals age 21 or older are required to pay a cost-share unless they live in a long-term care facility or receive home and community-based services.

Cost sharing is limited to 5% of a household's income. If you believe cost sharing amounts you have been charged exceed 5% of your household's income on a quarterly basis, please contact South Dakota Medicaid at 800.597.1603.

There is no cost-share for the following:

- Pregnancy related services
- Infants and children through age 20
- Family planning
- Emergency hospital services for a life-threatening emergency
- American Indians receiving or that have received services at IHS, urban Indian health or other tribal facilities
- Those enrolled in the breast and cervical cancer program
- Individuals receiving hospice care
- Individuals residing in a long-term care facility or receiving home and community-based services
- Former foster care children

If you are enrolled in the PCP or the HHP and you see your PCP, HHP or another provider selected to cover your PCP or HHP in the same clinic, you will not be charged a cost-share. If you see a specialist in the same clinic as your PCP or HHP, you will be required to pay the cost-share.

Cost-Sharing Amounts

Chiropractic Services: \$1 for each procedure

Community Mental Health Centers: 5% of the allowable costs for certain procedures

Dental Services: \$3 for each procedure

Diabetes Education: \$3 per unit of service

Dietitian/Nutritionist Services: \$3 per visit

Durable Medical Equipment: 5% of the allowable costs

Independent Mental Health Practitioners: \$3 per procedure

Inpatient Hospital Services: \$50 for each admission

Medical Visits, Including Mental Health Visits: \$3 per visit

Nutritional Services: \$2 a day - enteral, \$5 a day - parenteral

Optometric Services (Eye Doctor): \$2 per visit

Optical Supply (Glasses, etc.): \$2 per procedure

Outpatient Hospital Services and Ambulatory Surgical Centers: 5% of allowable costs up to a maximum of \$50

Podiatry Services: \$2 per visit

Prescriptions: \$3.30 each brand name prescription or refill and \$1 for each generic prescription or refill

Ask your doctor if there is a generic version of your prescription to reduce your out-of-pocket costs and save money.

Health Coverage

South Dakota Medicaid covers three basic kinds of health benefits:

1. Physical health
2. Behavioral health
3. Dental

Basic Coverage Requirements

Services must be medically necessary and provided by an enrolled Medicaid provider. Not all medical services are covered. Before you get a service, ask your provider if the service is covered. You have to pay for services not covered by Medicaid.

A service may be medically necessary when the service is:

- Appropriate for your medical needs or condition
- Considered to be standard medical care
- Reasonably expected to prevent or treat pain, injury, illness or infection
- Not for convenience
- Does not cost more than other types of effective treatment

Non-covered services include:

- Treatments that are untested or still being tested
- Services that are not proven to be effective
- Services that are considered cosmetic
- Services outside the normal course and length of treatment

You may need prior authorization from South Dakota Medicaid before receiving some services. Your doctor will work with South Dakota Medicaid to obtain approval.

You may request a second opinion. You need to talk to your PCP or HHP to get a referral and coordinate your appointment. Second opinion requests for doctors located outside of South Dakota need prior authorization. See page 20 for out-of-state services.

Physical Health

Chiropractic

Only manual manipulations of the spine are covered. Medicaid will pay for 30 manipulations during a plan year starting July 1 and ending June 30.

Community Health Worker

Community health workers (CHW) are a trusted member of the community employed by a CHW agency. A CHW may help recipients navigate the health system and promote healthy living. Recipients must have a chronic condition or at risk for a chronic condition and be unable to self-manage the condition. Recipients with a documented barrier may also qualify for services. Services limits apply. Verify with your CHW agency that you have not exceeded the services limit.

Diabetes Education

A maximum of 10 hours of diabetes self-management education is covered for a recipient when he or she is first diagnosed. The 10 hours of education may be received over a year. Two hours of follow-up education is allowed per year. Diabetes education must be ordered by your doctor.

Dietician and Nutritionist

Dietician and nutritionist services are covered for select conditions. Services are limited to one hour of services a day and 5 hours of services per year. Recipients under 21 may exceed these limits if approved as medically necessary through a prior authorization.

Family Planning

Family planning services are covered. Covered services include office visits, testing and treatment for STDs and birth control. Sterilization such as tubal ligations and vasectomies are covered for adults age 21 and older. A consent form must be completed 30 days prior to sterilization.

Home Health

Home health care provides nursing and therapy services in your home when you are recovering from an illness or injury. Home health services must be ordered by a doctor.



Telemedicine

Some services are covered via telemedicine such as speech therapy, psychotherapy and patient office consultation, to name a few. Telemedicine is the use of an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider and a Medicaid recipient across a distance. PCP and HHP referral requirements still apply. If you are interested in having a visit via telemedicine, ask your provider if the service is covered by Medicaid.

Hospice

Hospice care focuses on comfort and support for people in the end stage of life. Hospice services for terminally ill recipients are covered when ordered by a doctor.

Hospital

Both inpatient and outpatient hospital services are covered. Inpatient services are provided when you have been admitted to a hospital and stay in the hospital 24 hours or more. Self-administered drugs are not covered.

Medical and Surgical Services

Most medical and surgical services performed by a doctor (physician, nurse practitioner or physician assistant) are covered. Covered services include routine examinations, drugs given at the doctor's office, x-rays and laboratory tests needed for diagnosis and treatment. Most specialty doctors are covered with a referral from your PCP or HHP.

Medical Equipment and Supplies

Medical equipment that is reusable and needed due to an illness or injury is covered. Examples include wheelchairs, walkers and crutches. A prescription and certificate of medical necessity (CMN) from your doctor is required. A CMN describes why a piece of medical equipment is needed. Medical supplies are also covered. These are disposable health care items that are required for a medical condition. Some equipment or supplies may need prior authorization. Many medical equipment items have restrictions including the following:

- Nebulizer - One every five years is allowed per family.
- Replacement Hearing Aids - Only allowed if the original hearing aids are not serviceable and three years has passed since the original fitting or if:
 - are lost prior to the three-year minimum and the warranty has expired for recipients age 20 or younger;
 - are stolen and the police report is submitted with the claim for adults age 21 and older;
 - are broken beyond repair and the warranty has expired for recipients age 20 or younger;
 - are broken beyond repair, the warranty has expired, and the provider has deemed as appropriate (not due to neglect or misuse) for recipients age 21 or older.
- Breast Pumps - A manual breast pump is covered one per year, per family with a newborn. An electric breast pump is covered once every three years, per family with a newborn.

Some items are not considered medical equipment and as such are not covered. This includes exercise equipment, protective outerwear, air conditioners, humidifiers, dehumidifiers, heaters and furnaces.

Nursing Home

Nursing home services are covered for people who cannot be cared for safely at home. Coverage includes room and board, nursing care, therapy care and meals. Medical equipment is not covered for nursing home residents, except for hearing aids.

Personal Care

Personal care may include things such as bathing, toileting and assistance with medications. Personal care is covered through a care plan based on an evaluation. Call Dakota At Home for more information at 833.663.9673.

Podiatry

Covered podiatry services include office visits, x-rays, blood sugar checks, tests to check for a foot infection and limited surgical procedures.

Prescription Drugs

Most prescription drugs are covered. Some drugs require prior authorization. In most instances, prescriptions are limited to a 30-day supply at a time. A 90-day supply of birth control and some eligible generic maintenance medications is allowed. Most over-the-counter medications and products are not covered. Daily amounts of controlled pain prescriptions are limited.

Vision

Vision services include exams, lenses, and frames. The provider may offer a selection of frames to choose from based on Medicaid's allowed payment. Contact lenses are only covered when necessary for the correction of certain conditions. Replacement frames and/or both lenses are covered if:

- A minimum of 15 months has passed since the present eyeglasses were received and a lens change is medically necessary;
- Lenses may be replaced when there is a qualifying change in correction to one or both eyes of at least .50 diopters;
- The eyeglasses are broken beyond repair and returned to the provider;
- Eyeglasses are lost or stolen from a recipient age 20 or younger;

Many people can live at home instead of a nursing facility. Supports are available to help people regardless of age or disability.

Call Dakota At Home to learn more or locate services in your area.



833.663.9673

- Eyeglasses are stolen from a recipient age 21 or older and a police report is provided:is submitted with the claim;
- Glasses no longer fit without pain or discomfort for recipients age 20 or younger.

Behavioral Health

Mental Health

Therapy for individuals with mental illness is covered. Services are limited to 40 hours of therapy in a plan year starting July 1 and ending June 30. The diagnosed individual must be present for services to be covered. Community mental health center services are also covered. For adults with serious mental illness and adolescents with serious emotional disturbance, Community Mental Health Centers are able to provide specialized outpatient services.



Substance Use Disorder

Treatment for substance use disorder such as a drug or alcohol problem is covered. Covered services include screenings and assessments and outpatient and inpatient treatment services. Substance use disorder treatment is covered for all Medicaid recipients that need the service.

Dental

Dental services are covered for both children and adults. Some services are limited by plan year starting July 1 and ending June 30.

Children's Coverage

South Dakota Medicaid covers the following dental services for children:

- Two exams per plan year
- Two cleanings per plan year
- Two fluoride treatments per plan year
- Dental sealants for permanent molars
- Silver diamine fluoride
- X-rays
- Fillings
- Removal of teeth
- Stainless steel crowns
- Permanent crowns on front teeth for children 12 and over
- Root canals



Braces are only covered when the child has an extreme need due to difficulty eating, chewing, speaking or breathing. All braces must be pre-approved.

Adult Coverage

South Dakota Medicaid covers the following dental services for adults:

- Two exams per plan year
- Two cleanings per plan year
- Dental sealants for permanent molars
- Silver diamine fluoride
- Fillings
- X-rays
- Removal of teeth
- Permanent crowns on front teeth
- Stainless steel crowns
- Root canals on front teeth
- Partial dentures and full dentures (no more than once every 5 years)

Adult dental coverage is limited to \$2,000 each plan year. Recipients must pay for services over the \$2,000 yearly limit. Medically necessary emergency services, preventive services, dentures and partials are exempt from the \$2,000 yearly limit. Ask your dentist or Delta Dental of South Dakota if the \$2,000 yearly limit has been or will be reached.

For more information about dental benefit or the \$2,000 limit, contact Delta Dental of South Dakota from 8 a.m. – 5 p.m. (CT) weekdays at 877.841.1478.

For a list of dentists who accept Medicaid, visit www.insurekidsnow.gov/coverage/find-a-dentist/index.html.

Transportation Coverage

South Dakota Medicaid covers transportation for Medicaid recipients to medical appointments when:

- The medical service is covered and medically necessary. Note: For out-of-state services, this means that the service has been prior authorized by South Dakota Medicaid. See page 20 for more information.
- The transportation provider is enrolled with South Dakota Medicaid. Before booking travel, remember to ask if the provider is enrolled in South Dakota Medicaid and if the trip will be covered by Medicaid. Remember to give the transportation provider your Medicaid ID card. Note: This does not apply to the Non-Emergency Medical Travel program.
- Transportation is to the closest medical provider capable of providing the services. An exception to this requirement is allowed if you have a written referral from a medical provider.

Non-Emergency Medical Travel



The Non-Emergency Medical Travel (NEMT) Program reimburses travel to medical appointments outside your city of residence. NEMT reimburses you for mileage and may reimburse you for meals and lodging if overnight travel is necessary and the provider you are seeing is at least 150 miles from your city of residence.

Example: Jane lives in Pierre and has an appointment with a specialist in Sioux Falls. She drives herself to Sioux Falls for the appointment. She submits her completed NEMT Reimbursement form to obtain reimbursement.

Limits

- Mileage is limited to the actual miles between two cities, and does not include miles driven within the departure or arrival city.
- Trips to providers other than your PCP or HHP require a referral.
- Lodging and meals are reimbursable for overnight travel

when the provider is at least 150 miles from the city where the recipient lives and travel is to obtain specialty care or treatment resulting in an overnight stay.

- If you are receiving medical services more than 50 miles outside of South Dakota, except Bismarck, North Dakota, prior authorization by Medicaid must be approved before travel expenses can be approved or paid.

NEMT Reimbursement

- The NEMT Reimbursement Form must be filled out and signed by the recipient, parent or guardian.
- The Medical Provider section of the form must be filled out and signed by the medical provider, or his or her receptionist or nurse.
- The form must be submitted within six months after the services were provided.
- The form can be found online at dss.sd.gov/formsandpubs/ or dss.sd.gov/medicaid/recipients/title19transportation.aspx
- Reimbursement rates are available online on the Transportation Services fee schedule at dss.sd.gov/medicaid/providers/feeschedules/dss/.

Trips prior to your eligibility date are not covered. We reserve the right to deny coverage for any requests made outside the general coverage rules for non-emergency medical travel.

For more information, please call 866.403.1433 or visit: dss.sd.gov/medicaid/recipients/title19transportation.aspx.

Community Transportation



Community transportation providers can transport you to medical appointments.

Transportation must be from your home or school to a medical provider, between medical providers or from a medical provider to your home or school. A list of community transportation providers is available at

dss.sd.gov/medicaid/recipients/communitytransportation.aspx.

Example: Jane has an appointment with her dentist. She takes a city bus that is an enrolled Medicaid provider to the appointment. The city bus bills South Dakota Medicaid.

Secure Medical Transportation



Secure medical transportation is non-emergency transportation for individuals who rely on a wheelchair or stretcher to move around. It is not covered for individuals who do not need a stretcher or wheelchair for mobility purposes. Transportation must be from your home to a medical provider, between medical providers or from the medical provider to your home. A list of secure medical transportation providers is available at dss.sd.gov/medicaid/recipients/securemedtransportation.aspx.

Example: Jack needs a wheelchair to move around. A wheelchair van takes him to an appointment with his HHP. The wheelchair van bills South Dakota Medicaid.

Ambulance



Transportation by an ambulance is only covered for life threatening emergencies. South Dakota Medicaid covers ground ambulance and air ambulance, if necessary. Do not call an ambulance for non-emergency transportation.

Example: John is in a car accident and suffers life threatening injuries. He is transported to a hospital by ambulance. The ambulance bills South Dakota Medicaid.

Career Connector

South Dakota Medicaid recipients in Minnehaha or Pennington County are eligible to participate in the Career Connector program.

The Career Connector program can help you find your next job. Available assistance includes:

- Learning how to complete job applications
- Learning how to write a professional resume
- Learning how to interview
- Identifying the right job based on your interests

Financial assistance may be available to help pay for skills training or classes for high-demand jobs. For example, Job Service can provide training to help you become a Certified Nursing Assistant (CNA), or help you obtain a Commercial Driver License (CDL).

Other services may be available to help meet other employment needs including:

- Transportation assistance
- Clothing required to start a new job
- Assistance with child care costs

To begin, please contact the Career Connector Program Administrator at 605.367.5444. Individuals in other parts of the state can find their local Job Service office by visiting dlr.sd.gov/localoffices/default.aspx.



Grievances, Appeals & Fair Hearings

What is a grievance?

A grievance is a complaint you file when you feel you have been wronged by Medicaid or a medical provider. Grievances may be made in writing or by phone. All grievances will be investigated.

What is an appeal?

An appeal asks the state to look again at a decision that was made. If you want the state to look again at a decision made by the state or your provider, please write down your concern and any supporting information.

Where do I send my grievances or appeals?

Send all grievances and appeals to the Division of Medical Services, 700 Governors Drive, Pierre, SD 57501. If you have additional questions, please call 800.597.1603, or send an email to Medical@state.sd.us.

How can I request a fair hearing?

If you feel DSS has made an improper decision determining your medical eligibility or payment, please write down your concerns and send them to:

Department of Social Services
Office of Administrative Hearings
700 Governors Drive
Pierre, SD 57501
605.773.6851
admhrngs@dss.state.sd.us

A fair hearing is a meeting involving you, a hearing officer and someone from DSS. At the hearing, you will have a chance to explain your concern(s). If you are currently getting benefits and request a hearing, you have the right to continue to get benefits if you appeal within 10 days.



Health Insurance Marketplace

You may be able to get help paying for health insurance if you or a family member is ineligible for Medicaid.

Individuals can enroll in a health insurance plan through the Health Insurance Marketplace each year during the open enrollment period. Enrollment in health insurance outside of this time period is limited to individuals who had a special life event including:

- Losing health coverage (including Medicaid or CHIP)
- Moving
- Marriage
- Having a baby or adopting a child

If you had one of these life events, you usually have 60 days following the event to enroll in a health insurance plan. If you miss that window, you have to wait until the next enrollment period starting in November.

To enroll in a health insurance plan, please visit www.healthcare.gov or call 800.318.2596 (TTY 855.889.4325).

IRS Form 1095-B

IRS Form 1095-B is a tax document used to report the months an individual had minimum essential health coverage to the IRS for income tax purposes.

You may request a copy of Form 1095-B for the previous year by contacting the Division of Economic Assistance at 877.999.5612

Fraud & Abuse

Recipient Fraud

Giving false information to become eligible for Medicaid is fraud. Failing to give all required information, including other insurance coverage, may also be considered fraud. You may be prosecuted under state criminal laws and federal fraud and abuse laws if you commit fraud.

Provider Fraud

Please contact South Dakota Medicaid at 800.597.1603 if you suspect provider fraud. Provider fraud includes charging you for medical care you did not receive and billing you for services paid by Medicaid; however, a provider may send a bill for your cost share amount.

Fraud Tip Hotline

Please call the fraud tip hotline at 800.765.7867 to report possible fraud.

Contact Information

Phone Numbers

Department of Social Services

- South Dakota Medicaid at 800.597.1603
- NEMT Information at 866.403.1433
- Office of Administrative Hearings at 605.773.6851
- Office of Recoveries and Fraud Investigations at 605.773.3653
- Health Home Program at 605.773.3495
- Premium Assistance Program at 888.828.0059

Department of Health at 800.738.2301

Department of Human Services at 800.265.9684

- Long Term Services and Supports (LTSS) at 866.854.5465

Delta Dental of South Dakota at 877.841.1478

Websites

Department of Social Services: dss.sd.gov

Department of Health: doh.sd.gov

Department of Human Services: dhs.sd.gov

HIPAA Privacy Practices: dss.sd.gov/keyresources/hipaa

Other Important Numbers

Doctor _____

Office: _____ After Hours: _____

Doctor _____

Office: _____ After Hours: _____

Doctor _____

Office: _____ After Hours: _____

Dentist _____

Office: _____ After Hours: _____

Eye Doctor _____

Office: _____ After Hours: _____

Hospital _____

Office: _____ After Hours: _____

Clinic _____

Office: _____ After Hours: _____

Pharmacy _____

Office: _____ After Hours: _____

Other _____

Office: _____ After Hours: _____

Other _____

Office: _____ After Hours: _____

Other _____

Office: _____ After Hours: _____

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.305.9673 (TTY: 711).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.305.9673 (TTY: 711).

繁體中文 (Chinese) - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.305.9673 (TTY: 711)

ကညီ (Karen) - ဟံသုတ်ဟံသး-နမ့်ကတိကညီတိုက်အယိ,နမန့်တိုက်အတမ်မၤမၤလၢတလၢကတိကညီလၢကနီတမံတၢ်သ့န့ၣ်လီၤ.ကိး 1.800.305.9673 (TTY: 711).

Tiếng Việt (Vietnamese) - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.305.9673 (TTY: 711).

नेपाली (Nepali) - यान दनुहोस्: तपाइ ले नेपाल बो नह छ भन तपाइ को नि त भाषा सहायता सवाह नश क पमा उपल ध छ । फोन गनुहोसर 1.800.305.9673 (ट टवाइ: 711)

Srpsko-hrvatski (Serbo-Croatian) - OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1.800.305.9673 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

አማርኛ (Amharic) - ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክሶቲኮ ቁጥር ይደውሉ 1.800.305.9673 (ሙስማት ለተሳናቸው: 711).

Sudanic Adamawa (Fulfulde) MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1.800.305.9673 (TTY: 711).

Tagalog (Tagalog – Filipino) - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.305.9673 (TTY: 711).

한국어 (Korean) - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.305.9673 (TTY: 711) 번으로 전화해 주십시오.

Русский (Russian) - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.305.9673 (телетайп: 711).

Cushite Oroomiffa (Oromo) - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.305.9673 (TTY: 711).

Український (Ukrainian) - УВАГА: Якщо ви говорите українською мовою, перекладацькі послуги, безкоштовно, доступні для вас. Телефонуйте. Телефонуйте 1.800.305.9643 (TTY: 711).

Français (French) - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.305.9673 (ATS : 711).



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