

Care Management Online Selection Tool

South Dakota Medicaid updated the <u>PCP/HH online selection tool</u> to make it easier for recipients to select a PCP. There is now an option for use of the last four digits of a recipient's social security number instead of the recipient's case number. South Dakota Medicaid encourages the use of this site by providers for reduction of PCP errors and accuracy of caseload reports.

Medicaid Expansion Claims

As a reminder Medicaid is accepting and processing claims for recipients eligible for Medicaid through Medicaid expansion for all claim types including institutional services.

Coverage Changes Implemented

Effective October 1, 2023, Medicaid implemented coverage of remote patient monitoring services, topical fluoride for adults, and blood pressure home monitoring devices. For more information please refer to the bulletin on the topic.

Effective December 1, 2023, manual and electric breast pumps will be covered for pregnant women as early as 28 weeks gestation when billed under the mother's recipient ID. These changes align with the July 1, 2023 implementation of extended the postpartum coverage period from 60-days to 12 months and expanding the postpartum eligibility group and limited pregnancy eligibility group from limited coverage to full coverage benefits. For more information please refer to the <u>bulletin</u> on the topic.

Payment Error Rate Measurement Reminder

Payment Error Rate Measurement (PERM) is a federal audit process to measure improper payments in Medicaid and the Children's Health Insurance Program (CHIP). The Centers for Medicare and Medicaid Services' contractors, Empower AI, have begun requesting medical records from providers who had claims selected in the random sample. As outreach has begun and potential missing documentation identified, Medicaid would like to provide the following reminders:

- Therapy services must have a treatment plan that covers the dates of service.
- Assisted Living services must have an Individual Service Plan covering the dates of service.
- Nursing Home services are required to have a 60 day physician visit. If the physician visit was provided during the
 date of service of the sample claim, the previous visit is required.

Historically, the Medicaid and CHIP error rate has been low due to the partnership and responsiveness of you, the providers. We value your partnership and ask that you continue to be timely in responding and returning the required medical records.

Tips and Reminders

- For faster claims processing, utilize the Medicaid Online Portal for claim submission.
- When paper claim submission is necessary, providers must use CMS 1500 and UB 04 red and white forms.
- · Check your Medicaid remittances to verify claim payments.



