

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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Strong Families - South Dakota's Foundation and Our Future

January 2, 2018

RE: South Dakota Medicaid State Plan Amendment #SD-18-001

The South Dakota Department of Social Services intends to make changes to the South Dakota Medicaid State Plan regarding the department's fee schedules. The proposed State Plan Amendment (SPA) clarifies the effective dates of the department's fee schedules including in home services, which were subject to a 0.3 percent inflationary increase effective July 1, 2017. The inflationary increase was appropriated by the state legislature during the 2017 legislative session. The SPA also clarifies reimbursement methodology for transportation and personal care services and updates terminology regarding religious non-medical home health care institutions. In addition, the SPA also revises the reimbursement methodology for endstage renal disease clinics by establishing a rate of \$470 for CPT code 90999. This change is being made to comply with the federal upper payment limit. The SPA adds Introduction, page 1 to Attachment 4.19-B and revises page 38 of Attachment 4.19-B of the South Dakota Medicaid State Plan.

We intend to make this SPA effective February 1, 2018. The Department estimates the federal fiscal impact will be -\$293,031.48 in Federal Fiscal Year 2018 and -\$459,740.21 in Federal Fiscal Year 2019.

Please contact me within 30 days of receipt of this message with any questions or comments.

Sincerely,

Sarah Aker
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Lynne A. Valenti, Cabinet Secretary
Brenda Tidball-Zeltinger, Deputy Secretary
William Snyder, Director

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-18-001

Effective Date: 2/1/2018

Brief Description: This State Plan Amendment clarifies the effective dates of the department's fee schedules and clarifies in home services, transportation, personal care services, and endstage renal disease clinics reimbursement methodology.

Area of State Plan Affected: Attachment 4.19-B

Page(s) of State Plan Affected: Adds Introduction, page 1 and revises page 38

Estimate of Fiscal Impact, if Any: FFY18: -\$293,031.48
FFY19: -\$459,740.21

Reason for Amendment: To update fee schedule effective dates and clarify reimbursement methodologies.

ATTACHMENT 4.19-B
INTRODUCTION

Payment rates for the services listed below are effective for services provided on or after the corresponding date. Fee schedules are published on the Department's website at <http://dss.sd.gov/medicaid/providers/feeschedules/>. Effective dates listed on the introductory page supersede the effective dates listed elsewhere in Attachment 4.19-B. Unless otherwise noted in the referenced state plan pages, reimbursement rates are the same for both governmental and private providers.

Service	Attachment	Effective Date
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Attachment 4.19-B, Page 4	July 1, 2017
Physician Services	Attachment 4.19-B, Page 6	July 1, 2017
Optometrist Services	Attachment 4.19-B, Page 9	July 1, 2017
Chiropractic Services	Attachment 4.19-B, Page 10	July 1, 2017
Home Health Services	Attachment 4.19-B, Page 12	July 1, 2017
Durable Medical Equipment	Attachment 4.19-B, Page 13	July 1, 2017
Clinic Services	Attachment 4.19-B, Page 15	February 1, 2018
Dental Services	Attachment 4.19-B, Page 16	July 1, 2017
Physical Therapy	Attachment 4.19-B, Page 17	July 1, 2017
Occupational Therapy	Attachment 4.19-B, Page 18	July 1, 2017
Speech, Hearing, or Language Disorder Services	Attachment 4.19-B, Page 19	July 1, 2017
Dentures	Attachment 4.19-B, Page 21	July 1, 2017
Prosthetic Devices	Attachment 4.19-B, Page 22	July 1, 2017
Eyeglasses	Attachment 4.19-B, Page 23	July 1, 2017
Diabetes Self-Management Training	Attachment 4.19-B, Page 26	July 1, 2017
Nurse Midwife Services	Attachment 4.19-B, Page 31	July 1, 2017
Case Management Services	Attachment 4.19-B, Page 33	July 1, 2017
Transportation	Attachment 4.19-B, Page 38	July 1, 2017
Personal Care Services	Attachment 4.19-B, Page 38	July 1, 2017
Freestanding Birth Centers	Attachment 4.19-B, Page 39	July 1, 2017
Professional Services Provided in a Freestanding Birth Center	Attachment 4.19-B, Page 39	July 1, 2017

ATTACHMENT 4.19-B
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

24. Any Other Medical Care and Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary

a. Transportation.

Payment for transportation services is based on the following criteria:

1. Air ambulance—Payment for services will be the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule published on the agency's website <http://dss.sd.gov/medicaid/providers/feeschedules/>.
2. Ground ambulance and wheelchair transportation services—Payment for services will be the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule published on the agency's website <http://dss.sd.gov/medicaid/providers/feeschedules/>.
3. Other transportation—Cost of ticket or fare for a commercial carrier or mileage, meals, and lodging allowances for individuals.

b. Services provided in religious non-medical home health care institutions.

Not provided.

c. Nursing facility services for patients under 21 years of age.

See Attachment 4.19-D.

d. Emergency hospital services.

See Outpatient Hospital Services or Attachment 4.19-A.

e. Personal care services.

Payment for services will be the lower of the provider's usual and customary charge or the amount established on the State agency's fee schedule published on the agency's website <http://dss.sd.gov/medicaid/providers/feeschedules/>.