

August 29, 2011

To: Elected Tribal Leaders and Representatives of Indian Health Organizations
Re: Proposed South Dakota Medicaid State Plan Amendment TN #s 11-8 and 11-9

Enclosed are summary forms and the State Plan Amendment (SPA) pages the Department intends to submit to the Centers for Medicare and Medicaid Services (CMS) to make the appropriate changes to the Medicaid State Plan to a) clarify mandatory coverage of tobacco cessation counseling for pregnant women and b) clarify non-payment for hospital- and health care-acquired conditions.

SPA 11-8 has an effective date of October 1, 2010, as mandated by the Affordable Care Act of 2010. SPA 11-9 is effective July 1, 2011, and is also a requirement of the Affordable Care Act.

Please contact me if you have any questions or concerns.

Sincerely,



Larry Iversen
Medicaid Director

Cc: Kim Malsam-Rysdon, Secretary of Social Services

Medicaid State Plan Amendment Proposal

Transmittal Number: 11-8

Effective Date: October 1, 2010

Brief Description: Tobacco cessation counseling coverage clarification.

Area of State Plan Affected: Services and limitations.

Page(s) of State Plan Affected: Attachment 3.1-A p. 2, Supplement to Attachment 3.1-A pp. 5a and 20a.

Estimate of Fiscal Impact, if Any:

Reason for Amendment: Requirement of Affordable Care Act of 2010.

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 Provided: No limitations With limitations*
 Not provided.
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- c. Family planning services and supplies for individuals of child-bearing age.
 Provided: No limitations With limitations*
 Not provided.
- d. Tobacco cessation counseling and pharmacotherapy services for pregnant women.
 Provided: No limitations With limitations*
 Not provided.
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.
 Provided: No limitations With limitations*
 Not provided.
- b. Medical and surgical services furnished by a dentist (in accordance with Section 1905(a)(5)(B) of the Act).
 Provided: No limitations With limitations*
 Not provided.
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
 Provided: No limitations With limitations*
 Not provided.

*Description provided in Supplement to this Attachment.

SUPPLEMENT TO ATTACHMENT 3.1-A

4d. Tobacco Cessation Counseling Services for Pregnant Women

Tobacco cessation counseling services payable for pregnant women must be the same in amount, duration, and scope as those services provided by the South Dakota Department of Health QuitLine, i.e., professional counselors available via toll-free telephone service 24 hours per day 7 days per week providing evidence-based counseling therapy.

TN # 11-8
SUPERSEDES
TN # New

Approval Date _____

Effective Date 10/01/10

SUPPLEMENT TO ATTACHMENT 3.1-A

b. Agents when used for the symptomatic relief of cough and colds:

1. Brompheniramine/Pseudoephedrine
Bromphiramine/Pseudoephedrine/DM
2. Dexbrompheniramine/Pseudoephedrine
3. Dextromethorphan/Pseudoephedrine
4. Guaifensesin Syrup (AC, DAC, DM, Plain)
5. Promethazine with codeine
6. Benzonatate

c. Non-prescription (OTC) drugs:

1. Loratadine
2. Loratadine with Pseudoephedrine

d. Barbituates—All

d. Benzodiazepenes—All

f. Prescription Vitamins and Minerals:

1. Vitamin B
2. Vitamin D
3. Vitamin K
4. Iron
5. Iodine
6. Zinc
7. Multivitamin Preparations

Medicaid State Plan Amendment Proposal

Transmittal Number: 11-9

Effective Date: July 1, 2011

Brief Description: Clarification of non-payment for health care-acquired conditions.

Area of State Plan Affected: Payment methodologies.

Page(s) of State Plan Affected: Attachment 4.19-A p 11.

Estimate of Fiscal Impact, if Any: Undetermined.

Reason for Amendment: Requirement of Affordable Care Act of 2010.

Payment Adjustment for Provider-Preventable Conditions

The State Medicaid Agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 of the Act with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions

The State identifies the following health care-acquired conditions for non-payment under this section of the State Plan:

Hospital-acquired conditions as identified by Medicare other than deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement or hip replacement or hip replacement surgery in pediatric and obstetric patient;

Other Provider-Preventable Conditions

The State identifies the following other provider-preventable conditions for non-payment under sections 4.19-B and 4.19-D of the State Plan:

Wrong surgical or other invasive procedure performed on a patient;

Surgical or other invasive procedure performed on the wrong body part;

Surgical or other invasive procedure performed on the wrong patient;

Additional other provider-preventable conditions identified below: