

October 12, 2011

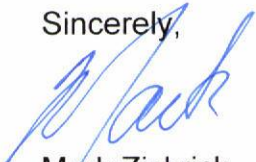
To: Elected Tribal Leaders and Representatives of Indian Health Organizations  
Re: Proposed South Dakota Medicaid State Plan Amendment TN # 11-10

Enclosed are a summary form 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 pertaining to federally required changes in Medicaid provider enrollment processes pursuant to the Affordable Care Act of 2010.

SPA 11-10 has an effective date of October 1, 2011, and has nominal, if any, fiscal impact.

Please contact me by November 12 if you have any questions or concerns.

Sincerely,



Mark Zickrick  
Program Manager

Cc: Kim Malsam-Rysdon, Secretary of Social Services

## **Medicaid State Plan Amendment Proposal**

**Transmittal Number:** 11-10

**Effective Date:** October 1, 2011

**Brief Description:** Adds to State Plan a list of items the State assures CMS in regards to provider enrollment.

**Area of State Plan Affected:** Provider Screening and Enrollment

**Page(s) of State Plan Affected:** Pages 79ad, 79ae

**Estimate of Fiscal Impact, if Any:** Nominal

**Reason for Amendment:** Section 6401(b) of the Patient Protection and Affordable Care Act of 2010 (1902(a)(77) of the Social Security Act)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

<u>Citation</u>	<u>4.46 Provider Screening and Enrollment</u>
1902(a)(77) 1902(a)(39) of of the Act adds 1902(kk); P.L. 111-148 and P.L. 111-152	The State Medicaid agency gives the following assurances:
42 CFR 455 Subpart E	Provider Screening  <u>X</u> Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.
42 CFR 455.410	Enrollment and Screening of Providers  <u>X</u> Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.  <u>X</u> Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals, who are not enrolled in Medicare, to be enrolled under the State plan or under a waiver of the Plan as participating providers.
42 CFR 455.412	Verification of Provider Licenses  <u>X</u> Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers' licenses have not expired or have no current limitations at the time of enrollment or recertification.
42 CFR 455.414	Revalidation of Enrollment  <u>X</u> Assures that providers will be revalidated regardless of provider type at least every 5 years.
42 CFR 455.416	Termination or Denial of Enrollment  <u>X</u> Assures that the State Medicaid agency will comply with 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.
42 CFR 455.420	Reactivation of Provider Enrollment  <u>X</u> Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.
42 CFR 455.422	Appeal Rights  <u>X</u> Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

TN No. 11-10  
Supersedes  
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- 42 CFR 455.432 Site Visits  
 Assures that pre-enrollment and post enrollment site visits of providers who are in "moderate" or "high risk" categories will occur.
- 42 CFR 455.434 Criminal Background Checks  
 Assures that providers as a condition of enrollment will be required to consent to criminal background checks including fingerprints if required to do so under State law or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436 Federal Database Checks  
 Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440 National Provider Identifier  
 Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- 42 CFR 455.450 Screening Levels for Medicaid Providers  
 Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
- 42 CFR 455.470 Temporary Moratorium on Enrollment of New Providers or Suppliers  
 Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

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