Medicaid Expansion & Changes

2023

Agenda

- Medicaid Expansion
- Applying for Expansion
- Expansion Coverage
- Pregnancy & Postpartum Changes
- Customer Support & Online Resources
- Questions

Medicaid Expansion

Medicaid Expansion

What is Medicaid Expansion?

Currently, individuals who are at least age 19 but not yet 65 are only eligible for Medicaid coverage if they are blind, disabled, pregnant, or a parent/relative caretaker of a child.

Medicaid expansion creates a **new** coverage group for South Dakotans starting July 1, 2023!

Who is eligible?

Individuals could be eligible if they are:

- at least age 19 but not yet 65, and
- not entitled to Medicare, and
- have income up to 138% of the Federal Poverty Limit.

Expansion Eligibility

Eligibility Criteria

The eligibility criteria is defined in federal regulation at **42 CFR § 435.119**.

Income Limits

Households can have income up to 138% of the FPL.

Age Limits

Individuals must be at least age 19, but not yet 65.

Medicare Entitlement

Individuals cannot be entitled to Medicare. Even if the person doesn't currently have Medicare but is able to sign up for it, they are not eligible for expansion.

They may be eligible for a Medicare Savings Program, which assists individuals who are eligible with their Medicare expenses. Learn more at dss.sd.gov/Medicaid/generalinfo/medicarerecipients.aspx.

What does 138% FPL look like?

Medicaid Expansion Income Limits	
Household Size	**Maximum Gross Monthly Income**
1	$1,677
2	$2,268
3	$2,859
4	$3,450
5	$4,042
6	$4,633
7	$5,224
8	$5,815

How is income calculated?

Income is calculated using Modified Adjusted Gross Income (MAGI). MAGI is adjusted gross income (AGI), plus untaxed foreign income, non-taxable SSA benefits, and tax-exempt interest.

Applying for Expansion

Applications

Is there a different application for expansion?

No. The application for Medicaid expansion is the same as the current application process.

It's easy to apply at dss.sd.gov/applyonline! Interviews are not required. The entire process can be completed online.

When can someone apply for expansion?

Individuals can start applying for coverage for July 1, 2023 in June 2023. In most cases, applicants receive a letter in the mail telling them if they're eligible or not in 45 days.

What if someone has a Marketplace plan and will be expansion eligible?

Marketplace consumers who appear eligible for Medicaid Expansion will receive a letter after July from the Marketplace to apply for Medicaid with DSS. If approved, they can visit https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/ for instructions on cancelling their Marketplace plan. If they are approved for Medicaid and their Marketplace plan is not cancelled within 30 days, they will have to pay full price for it.

It's easy to apply! Applications are available:

1. **Online**: http://dss.sd.gov/applyonline
2. **DSS website**: http://dss.sd.gov/formsandpubs/
3. **All Department of Social Services offices**
4. **Most South Dakota Medicaid providers**

Approvals

South Dakota Medicaid Card

If an applicant is approved for any Medicaid or CHIP coverage group, they receive a South Dakota Medicaid card.

Primary Care Provider (PCP) Program

Individuals approved for expansion coverage are required to participate in the PCP program. This program is designed to improve access to medical care as well as improve the quality of care they receive by giving them a medical home.

Medicaid recipients are required to receive non-emergent primary care provider services from their PCP. A referral (permission) is required for non-emergent specialty and hospital services. Some services are exempt from a referral and are outlined in the Medicaid Recipient Handbook.

Choosing a Primary Care Provider (PCP)

Shortly after approval, Medicaid recipients should receive a letter with instructions on how to choose a PCP online using the Online Provider Selection Tool. If a PCP is not chosen, DSS will choose one for the recipient.

Federal Health Insurance Marketplace

Denials and Losses of Coverage

If an individual is found ineligible for Medicaid or CHIP, their information is automatically transferred to the Marketplace, who sends a letter with application directions. They can create or start an account with the Marketplace at Healthcare.gov to start or complete an application for Marketplace plans and help with costs.

The Marketplace will send reminder letters 30 to 45 days after their initial letter to those who have not signed up for coverage. They may also be assigned to a local assistor, or navigator, who will outreach the individual.

Marketplace Savings

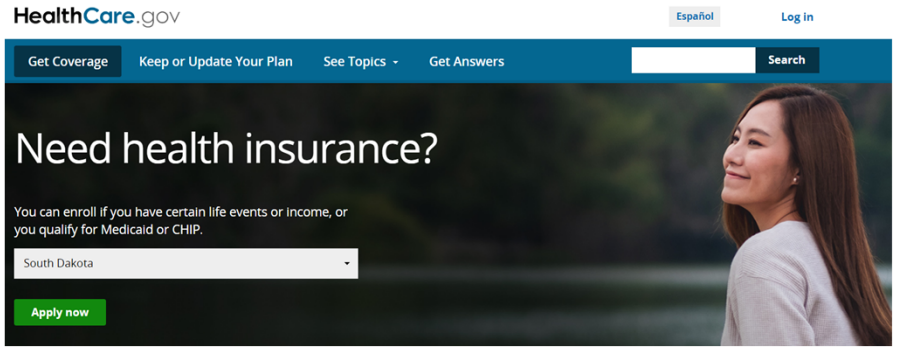
The Inflation Reduction Act expanded financial assistance for coverage through the Marketplace. These benefits are have resulted in 4 out of 5 individuals locating health care coverage for $10 or less after subsidies.

Special Enrollment Period (SEP)

Individuals who are disenrolled from Medicaid are eligible for an SEP and do not need to wait until Open Enrollment.

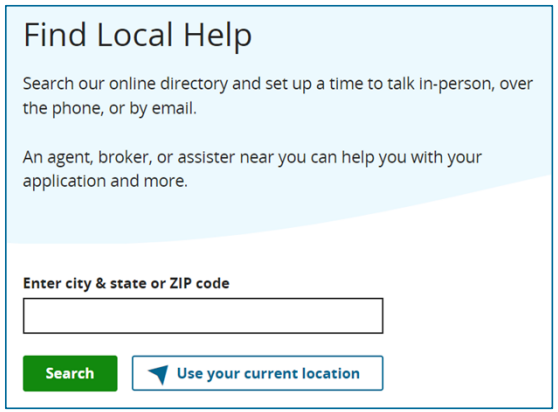
Marketplace Questions

Visit Healthcare.gov or contact the Marketplace directly at 800.318.2596 (TTY 855.889.4325).



Enrollment Assistance

The Marketplace helps individuals find assistance to apply for Marketplace coverage at **localhelp.healthcare.gov**. They can receive a list of agents, brokers, and assisters in their area.



South Dakotans can call 211 or go to **helplinecenter.org/2-1-1** to reach the South Dakota Navigator Program.

The **Great Plains Health Insurance Exchange Navigator Program** assists uninsured American Indians living in Oglala, Rosebud, and Cheyenne River Sioux tribal communities as well as the Rapid City area. Call 866-920-9944 or email **navigator@gptchb.org** to schedule an appointment.

The Community HealthCare Association of the Dakotas (CHAD) is available to provide enrollment assistance and information on health care basics, Marketplace plans, and more. Visit **GetCoveredSouthDakota.org** to make an appointment and access these resources.

Career Connector

South Dakota Career Connector

Job Opportunities

Individuals approved for Medicaid who live in Pennington or Minnehaha County are eligible to participate!

Even if you are not eligible for Medicaid or live in other areas of the state, the Department of Labor offers a variety of employment, education, and training services. For more information go to dlr.sd.gov.

SOUTH DAKOTA DEPT. OF LABOR & REGULATION

Marcia Hultman
Cabinet Secretary

Workforce Services for Individuals

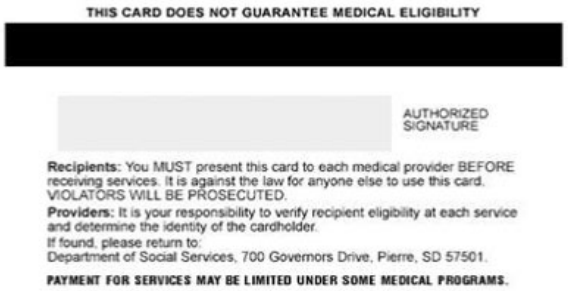
Career Connector helps individuals:

- Learn how to complete job applications;
- Write a professional resume & cover letter;
- Do well in job interviews; and
- Find the right job for them.

This program can also help with transportation, clothing, and assistance with childcare costs, as well as helping individuals get the education and credentials they need to be competitive in today's job market.

How do you verify Medicaid eligibility?

- South Dakota Medicaid Card
  - DSS issues an identification card to Medicaid recipients. If recipients have a card but are unsure if they have active coverage, they can contact their local DSS office. Contact information for DSS can be located at: dss.sd.gov/findyourlocaloffice


THIS CARD DOES NOT GUARANTEE MEDICAL ELIGIBILITY

AUTHORIZED SIGNATURE

Recipients: You MUST present this card to each medical provider BEFORE receiving services. It is against the law for anyone else to use this card. VIOLATORS WILL BE PROSECUTED.

Providers: It is your responsibility to verify recipient eligibility at each service and determine the identity of the cardholder.

If found, please return to:
Department of Social Services, 700 Governors Drive, Pierre, SD 57501.

PAYMENT FOR SERVICES MAY BE LIMITED UNDER SOME MEDICAL PROGRAMS.

- Providers can verify eligibility in a variety of methods:
  - Electronic data exchange with South Dakota Medicaid
  - Medicaid Online Portal Recipient Eligibility Inquiry
  - Interactive Voice Response / Claims Unit:1-800-452-7691
  - Medicaid Eligibility Verification System

Expansion Coverage

Benefits

- Constitutional Amendment D states that Medicaid expansion enrollees "shall receive coverage that meets or exceeds the benchmark or benchmark-equivalent coverage requirements, as such terms are defined by federal law as of January 1, 2021."
- South Dakota's benchmark plan is established by the South Dakota Division of Insurance. Benchmark plan covered services for adults include the 10 essential health benefits for expansion.
- The current Medicaid benefit package includes the 10 essential health benefit categories in the benchmark plan as well as additional services for adults such as adult dental, adult optometry and eyeglasses, and non-emergency medical transportation.

Essential Health Benefits

1. Outpatient care, such as services delivered in ambulatory care settings
2. Emergency services
3. Hospitalizations, such as surgery and overnight stays
4. Pregnancy, maternity, and newborn care both before and after birth
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive services, wellness services, and chronic disease management
10. Pediatric services, including oral and vision care

Medicaid Expansion Benefits, Providers, and Rates

- **Medicaid Expansion recipients will have the same benefit package and coverage as traditional adult Medicaid recipients.**
  - Medicaid Expansion recipients will be subject to the same service limits, coverage criteria, and prior authorization requirements as traditional adult Medicaid recipients.
  - Coverage will be consistent as individuals move between coverage groups.
- Medicaid Expansion recipients will use the same providers as traditional Medicaid. Medicaid providers will **not** have to make enrollment changes to see Medicaid Expansion recipients. Medicaid providers can start seeing Medicaid Expansion recipients on July 1, 2023.
- Medicaid Expansion will use the same reimbursement rates as traditional Medicaid. Payments to providers will **not** change.

Medicaid Expansion Claims Processing Timeline

South Dakota Medicaid will have the following functionality live on or before July 1, 2023:

- Medicaid Eligibility Inquiry and 270/271 EDI Transactions
- Prior Authorization
- Primary Care Provider and Health Home Provider Selection
- Dental Claims Processing
- Pharmacy Point-of Sale Claims Processing

South Dakota Medicaid anticipates delays to medical claims processing for Medicaid Expansion recipients. Currently, South Dakota Medicaid anticipates the following timeframes for go-live:

- Professional Claims submitted on a CMS 1500 form: Sept. 1, 2023
- Institutional Claims submitted on a UB-04 form: Fall 2023

South Dakota Medicaid **asks providers to hold claims** for Medicaid Expansion recipients until the go-live date. Medicaid Expansion recipients can be identified as recipients in aid categories 92, 93, 94, and 95. South Dakota Medicaid will extend timely filing for Medicaid Expansion claims based on the implementation date for claims processing.

Medicaid Coverage

- Services must be medically necessary and provided by an enrolled Medicaid provider. Not all medical services are covered.
- A service may be medically necessary when the service is:
  - Appropriate for the 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
- Not medically-necessary services are:
  - 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

Physical Health Coverage

- **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:** 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.
- **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..
- **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.
- **Family Planning:** 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.

Physical Health Coverage

- **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:** 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.
- **Medical Equipment and Supplies:** Medical equipment that is reusable and needed due to an illness or injury is covered. A prescription and certificate of medical necessity (CMN) from your doctor is required. A CMN describes why a piece of medical equipment is needed.
- **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 1.833.663.9673.
- **Podiatry:** Covered podiatry services include office visits, x-rays, blood sugar checks, tests to check for a foot infection and limited surgical procedures.

Physical Health Coverage

- **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-thecounter medications and products are not covered. Daily amounts of controlled pain prescriptions are limited.
- **Telemedicine:** 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. Some services are covered via telemedicine such as speech therapy, psychotherapy and patient office visits.
- **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 eyeglasses are covered for children when broken beyond repair. New glasses are covered after 15 months if medically necessary.

Behavioral Health Coverage

- **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.
  - 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.

Dental Coverage

- South Dakota Medicaid covers the following dental services for adults:
  - Two exams per plan year • Two cleanings per plan year • 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 starting July 1 and ending June 30.

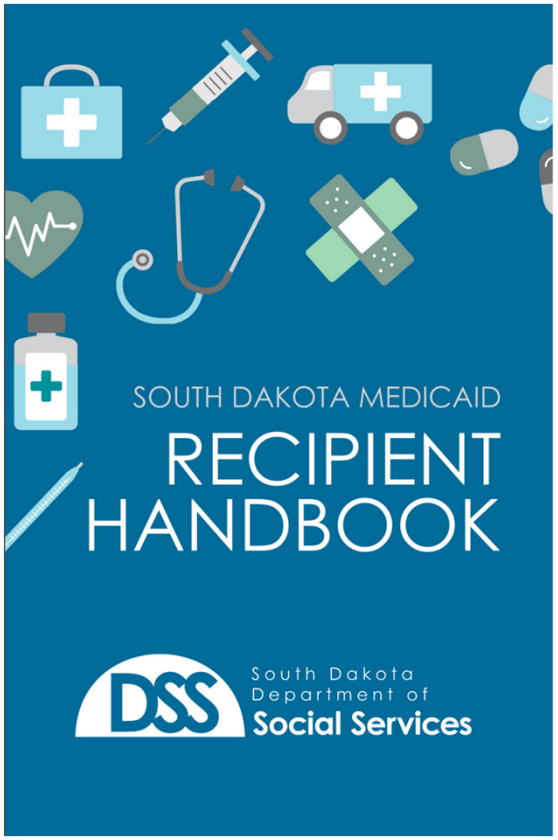
Transportation Coverage

- **Non-Emergency Medical Transportation:** 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.
- **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.
- **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.
- **Ambulance:** Transportation by an ambulance is only covered for life threatening emergencies. South Dakota Medicaid covers ground ambulance and air ambulance, if necessary.

Where can I find more information about Medicaid Coverage?

- Medicaid Recipient Handbook
  - Each Medicaid recipient receives a Medicaid Recipient Handbook when they become eligible for Medicaid. Handbooks are also available at every local DSS office. Individuals can also view the handbook online or order a copy of the handbook for free online.

- South Dakota Medicaid Provider Manuals
  - South Dakota Medicaid publishes provider manuals that provide in-depth coverage information and requirements for coverage and billing on the DSS website. All provider manuals are available on the website at: https://dss.sd.gov/medicaid/providers/billingmanuals/



Recipient Handbook

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

Yearly 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 page 28 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 annually after 5 years.

4

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. Annual check-ups also let you talk to your doctor about your health questions. Medicaid covers a 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 page 28 for other dental services and limits.

Eye Exams - Annual 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.

5

Things to Know

1. Most medically necessary services are covered by Medicaid.
2. Get a yearly check-up.
3. Medicaid covers dental care. Keep your smile healthy.
4. Always make sure your providers know you have Medicaid coverage.
5. Transportation is available for help getting to appointments.
6. You should see one doctor for most of your medical care. This doctor is called your primary care provider (PCP).
7. Most services outside of South Dakota require prior authorization

Cost Sharing

Cost sharing is a small portion of a medical bill, often called a co-insurance or co-pay. Cost sharing is limited to 5% of a household's income.

Medicaid Expansion recipients will have the same cost sharing as traditional adult Medicaid recipients.

Services Exempt from Cost Sharing

- True emergency services
- Family planning services and supplies
- Services relating to a pregnancy, postpartum condition, a condition caused by the pregnancy, or a condition that may complicate the pregnancy;
- Provider-preventable services
- Laboratory services
- Psychiatric inpatient and rehabilitation services;
- Radiological services; and
- Substance use disorder treatment.

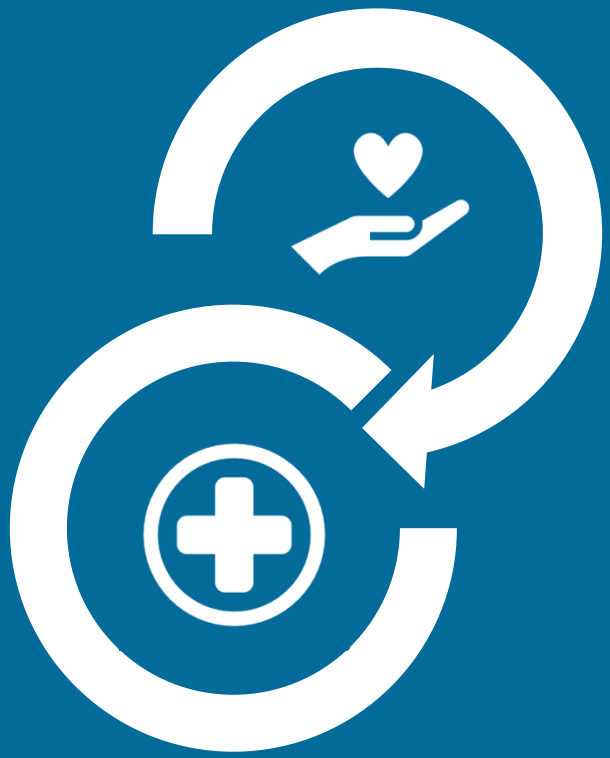
Individuals Exempt from Cost Sharing

- Children under age 21;
- Individuals receiving hospice care;
- Individuals residing in a long-term care facility or receiving home and community-based services;
- American Indians who have ever received an item or service furnished by an Indian Health Services (IHS) provider or through referral under contract health services; and
- Individuals eligible for Medicaid through the Breast and Cervical Cancer program.

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.

Care Management Programs



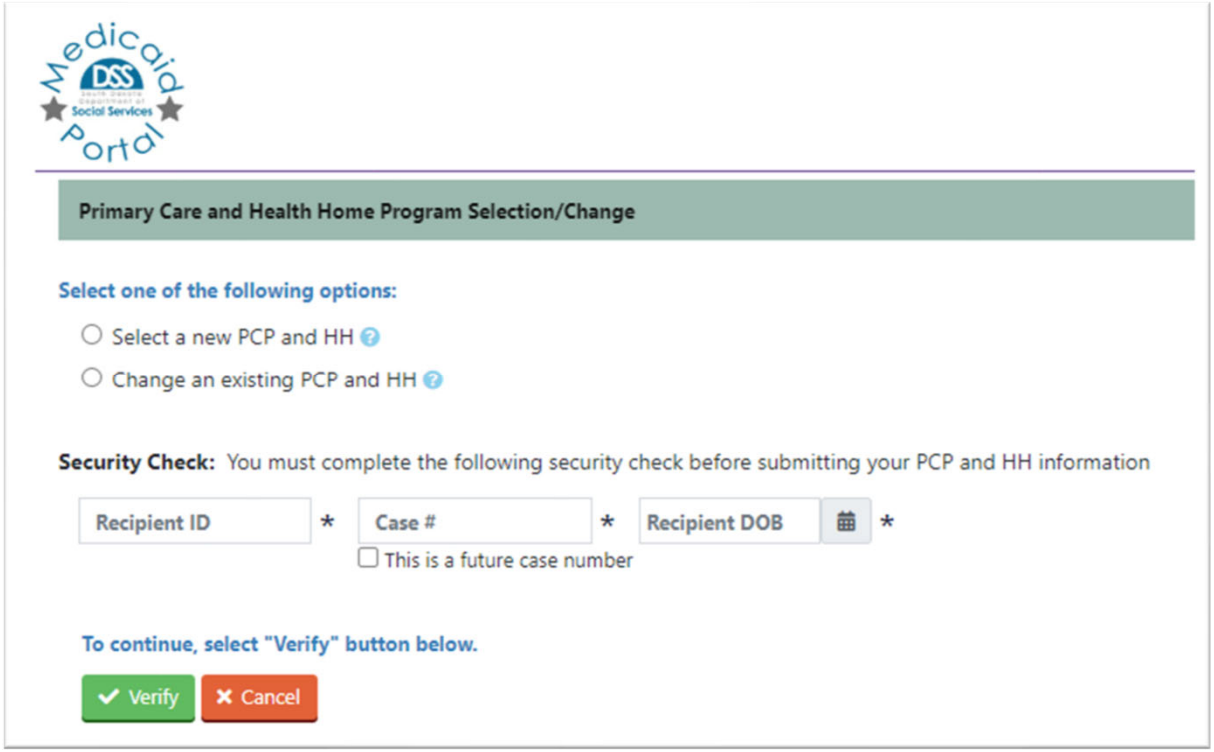
Primary Care Case Management: PCP Program

- The Primary Care Provider Program (PCP) is designed to improve access to medical care for Medicaid recipients as well as improve the quality of care they receive by giving them a medical home.
- Recipients either choose or are assigned a Primary Care Provider (PCP). This allows the recipient and their physician to develop a relationship in which the best medical care can be provided. South Dakota Medicaid allows Medicaid recipients to change their PCP at any time for any reason.
- Individuals in the PCP program receive primary care services from their PCP and require a referral from their PCP for non-emergent specialty and hospital services. This ensures the PCP acts as a medical home and assists Medicaid recipients in coordinating care.

Health Home Program

- The Health Home Program offers enhanced services to Medicaid recipients with chronic medical or behavioral health conditions. The Health Home Program provides 6 core services designed to reduce inpatient hospitalization and ER visits, increase integration between primary care and behavioral health services, and enhance transitional care between institutions and community-based care.
- Individuals are enrolled in the Health Home program based on claims data or provider referral.

Medicaid Expansion recipients will participate in the PCP and Health Home Programs on the same basis as traditional adult Medicaid recipients.



How to Choose a Primary Care Provider:

1. Go online to view the map and list of Primary Care Providers. Here are some tips:
   1. Know your doctor type. Do you need an OB or internal med?
   2. Choose a location. Where do you live and work?
   3. Get permission for doctors with closed caseloads.
   4. Ask about special health care needs before selecting a doctor.
2. Choose your primary care provider online:

https://pcphhselection.appssd.sd.gov/

Pregnancy & Postpartum Changes

Pregnancy Coverage Changes

Pregnancy Coverage

- Current Coverage is limited to pregnancy related services including prenatal care, labor/delivery, hospitalization due to delivery, and treatment of medical issues caused by the pregnancy or that directly affect the health of the baby.
- **Effective July 1, pregnant women will have full Medicaid coverage.**
- Unborn Children coverage will not change.

Postpartum Coverage

- Current coverage is limited to the postpartum exam, family planning, and medical conditions directly related to the pregnancy and/or delivery. Coverage is limited to 60 days following delivery.
- **Effective July 1, postpartum women will have full Medicaid coverage.**
- **Effective July 1, postpartum coverage will extend to 12 months after delivery**

Customer Support & Online Resources

Customer Support

- Streamlining coverage;
- Reusing existing enrollment processes;
- Publishing income eligibility standards for the new Adult Group alongside other Medicaid Eligibility Information;
- Creating Fact Sheets for the stakeholders and the public about Eligibility, Covered Services, Benefits and Operational Costs, and Expansion Overview;
- Highlighting key resources on a single page on the dss.sd.gov website;

Customer Support Continued

- Hosting webinars for providers, stakeholders, and the public in May and June 2023;
- Providing education and resources to tribes at Medicaid Tribal Consultation and CMS In-Person trainings;
- Creating a FAQ of questions from providers, stakeholders and the public;
- Updating Medicaid eligibility and claims processing systems for Expansion;
- Updating Medicaid provider manuals and Recipient Handbook with Expansion information.
- Tracking individuals who interact with DSS who may be Expansion eligible and outreaching them to apply.

Where Can I Find More Info?

Check DSS's Website for Updates

DSS has created a Medicaid Expansion website with materials and resources for Medicaid recipients, providers and other stakeholders:

https://dss.sd.gov/economicassistance/expansion.aspx

Information Currently Available includes:

- Expansion Overview
- Eligibility Overview
- Covered Services Overview
- Benefit and Operational Cost Overview
- Monthly Income Limit
- Webinar Slides

Information Coming Soon:

- Frequently Asked Questions
- Application Link

Questions?

dss.sd.gov

605-773-4678

MedElig@state.sd.us

South Dakota Department of Social Services