Beneficiary Advisory Council (BAC) Introductions and Medicaid 101

South Dakota Department of Social Services

Agenda

- Introductions
- Medicaid Overview
- Medicaid Advisory Committee (MAC) Appointees
- BAC Term length
- Scheduled Beneficiary Advisory Council (BAC) Meetings
- Public Opt Out Form
- Travel reimbursement

- Introductions
  - Name
  - Where you live
  - Previous experiences with Medicaid (i.e., recipient, family member, caregiver, etc.)
  - Favorite place in South Dakota
  - Favorite season, and why

Medicaid Overview

South Dakota
Department of
Social Services

Our Vision and Mission

Strong families – South Dakota's foundation and our future

The South Dakota Department of Social Services is dedicated to strengthening families to foster health, wellbeing, and independence.

The South Dakota Department of Social Services

is one of the state's largest agencies with nearly 1,400 employees and 43 offices in communities across South Dakota.

Our Guiding Principles:

Focus on Impact – We focus on important issues and challenges to maximize impact.

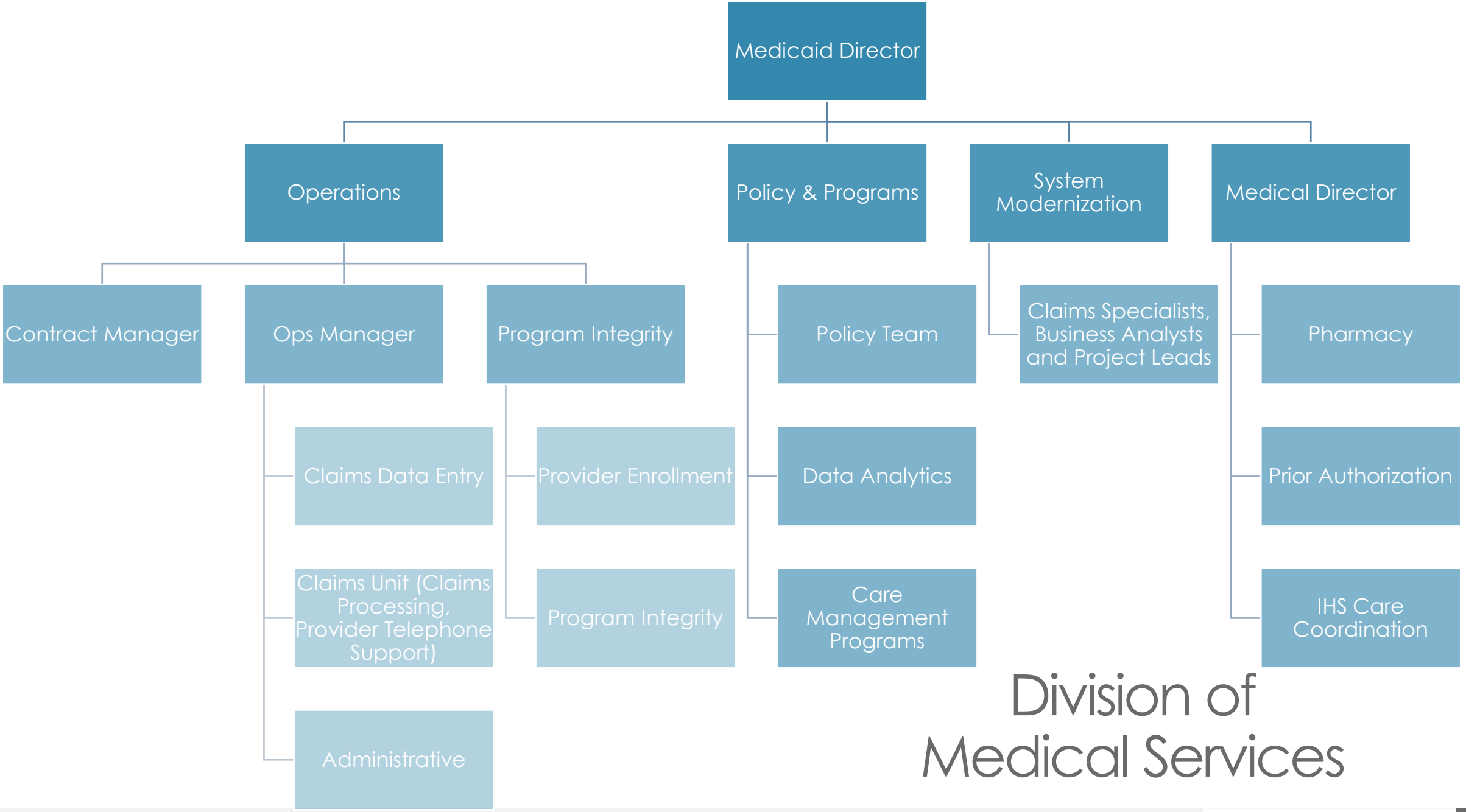
Customer Centric – We treat customers with respect and provide a "no wrong door" approach.

Build Partnerships to Maximize Results – We believe collaboration, teamwork, and partnerships are key to delivering results.

Develop Our People – We promote professional growth and development by empowering staff.

About DSS

We are here to help children, families, individuals, seniors and people with disabilities through some of the most difficult times in their lives with the programs and services we provide.



Division of Medical Services

Collaboration

Medicaid relies on close partnerships with other divisions across social services and other state departments.

- Department of Social Services
  - Division of Economic Assistance (makes eligibility determinations)
  - Division of Behavioral Health
  - Division of Child and Family Services
  - Office of Licensure and Accreditation
- Department of Human Services – administers the state's Home and Community Based Services (HCBS) waivers
- Department of Health – partner on public health initiatives

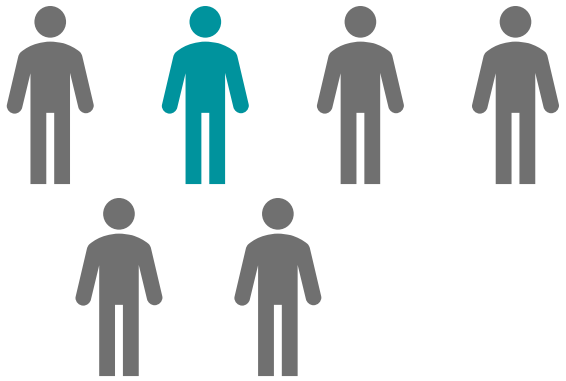
What is Medicaid?

- Medicaid is the nation's publicly financed health care coverage program for low-income people enacted in 1965 under Title XIX of the Social Security Act and Title XXI the Children's Health Insurance Program (CHIP) enacted in 1997
  - An entitlement program that requires all eligibles to receive services and is funded through federal and state dollars.
  - Provides health coverage for low-income children and families who lack access to private health insurance; and people with chronic illnesses or disabilities
  - It is a Federal – State partnership.
- States administer the Medicaid program
  - Each state plan is different due to optional services provided making it difficult to compare states side-by-side
- Medicaid is separate from Medicare
  - Medicare is for individuals 65 years and older for all incomes, and for people with disabilities
  - Medicare is a federally administered and funded program

Who is covered by Medicaid?

https://dss.sd.gov/keyresources/statistics.aspx

Who We Serve



Nearly 1 in 6 South Dakotans in any given month will have health coverage though Medicaid or CHIP

2 of every 5 children under the age of 19 in South Dakota has health coverage through Medicaid or CHIP

56% of children born in South Dakota will be on Medicaid or CHIP during their first year of life.

30% of births in SD are covered by Medicaid.

Medicaid Applications and Eligibility

South Dakota Department of Social Services

Application Process

The application process for Medicaid can be done entirely by mail or online. No interview is required.

An application for one Medicaid program is considered an application for all programs.

SSI recipients are automatically eligible for the South Dakota Medicaid program and do not need to apply.

Individuals can reapply at any time.

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**

Medicaid Eligibility

Eligibility will begin on the first day of the month in which the application was received.

Eligibility may also begin up to 3 months prior to application if the recipient met the eligibility criteria in those months *and* received covered services.

Medicaid applications ask the question "Do you have medical bills from the past 3 months?" If an applicant answers "yes", we will review eligibility in the prior 3 months. You do not have to be eligible in all 3 months. You could just be eligible in one of the three months and receive coverage.

Medicaid Eligibility Criteria

To be eligible for Medicaid, an individual must also be a member of a coverage group.

In South Dakota, most coverage groups consist of individuals who meet the following descriptions:

- Children under the age of 19;
- A parent or caretaker relative caring for a child under the age of 19;
- A pregnant woman;
- Blind or disabled individuals determined to be disabled by the Social Security Administration or the Department of Social Services; and
- Aged (65 and older).

To be eligible for Medicaid under expansion, applicants must:

- Be 19-64 years old
- Live in South Dakota
- Be a U.S. Citizen or qualified immigrant
- Have or have applied for a Social Security Number (SSN)

Medicaid Coverage and Funding

Medicaid Coverage

- **Full Coverage:** Most Medicaid recipients have full coverage and access to medically necessary services.
- **Limited Coverage Programs:** Some programs have a limited benefit package.
  - Qualified Medicare Beneficiary (QMB) Coverage
    - Coverage is limited to the recipient's Medicare Part B premium as well as co-payments and deductibles on Medicare A and B covered services.
  - Special Low-Income Beneficiary Program
    - Coverage is limited to the recipient's Medicare Part B premium.
  - Renal Program (State Funded Program)
    - Coverage is limited to outpatient dialysis, home dialysis, including supplies, equipment, and special water softeners, hospitalization related to renal failure, prescription drugs necessary for dialysis or transplants not covered by other sources and non-emergency medical travel reimbursement to renal failure related appointments.

Medicaid Service Requirements – ARSD 67:16:01:06.2

- 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
- Non-covered services include:
  - 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

Medicaid Coverage

Medicaid Mandatory Services

- Inpatient hospital services
- Outpatient hospital services
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
  - All Medically Necessary care for eligible children under age 21
- Nursing facility services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

South Dakota Optional Services

- Rehabilitation Services (CMHCs/SUD)
- Physician assistants
- Psychologists and independent mental health practitioners
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Podiatry
- Prescription Drugs
- Optometry
- Chiropractic services
- Durable medical equipment
- Dental services
- Physical, occupational, speech therapy, audiology
- Prosthetic devices and eyeglasses
- Hospice care, nursing services
- Personal care services and home health aides
- Community Health Workers
- Dietician/Nutrition Services
- Doulas

FMAP

Blended FMAP

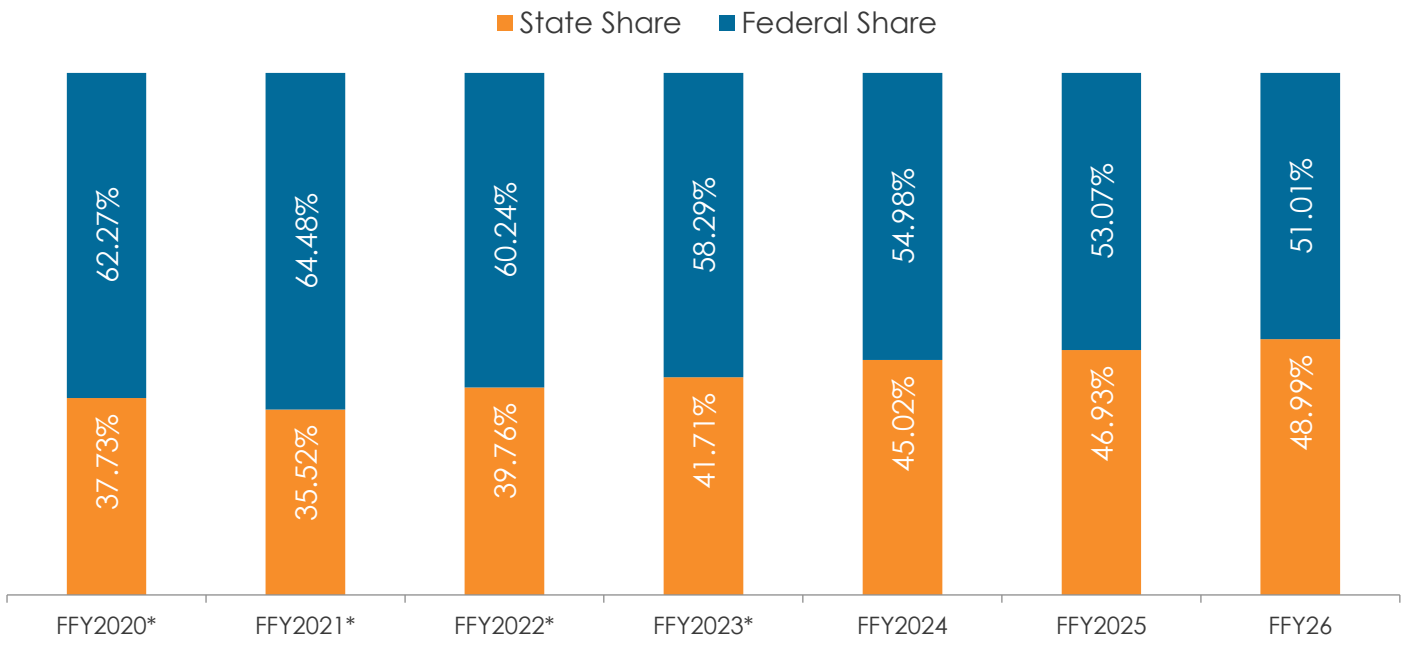
Because the state fiscal year runs from July 1 to June 30, South Dakota uses a blended FMAP to calculate the budget. The blended FMAP uses one quarter of the previous federal fiscal year and three quarters of the next federal fiscal year.

Enhanced FMAP

Some services and coverage groups have statutorily higher FMAPs than the state's regular FMAP.

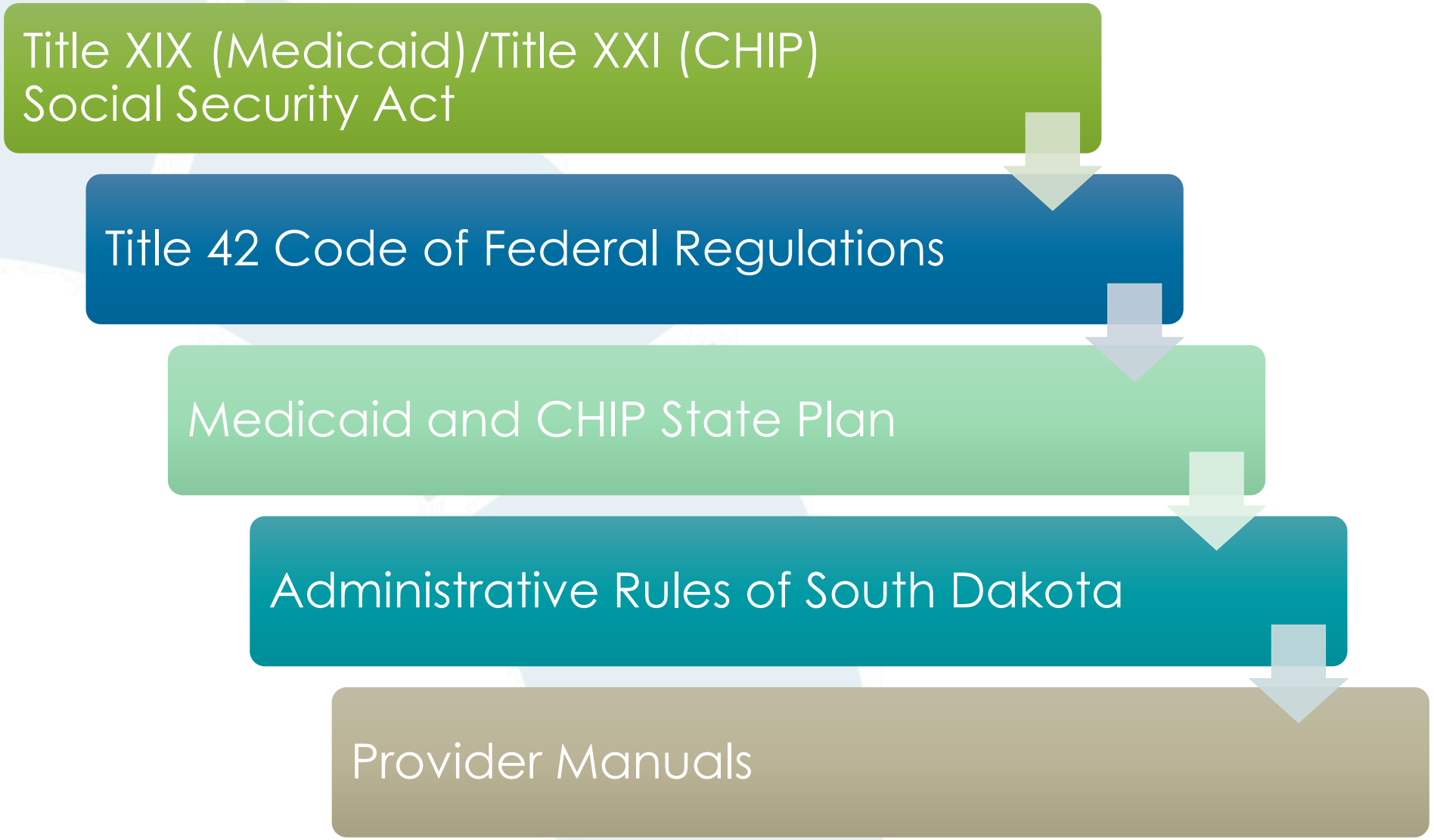
- Children's Health Insurance Program (CHIP) Recipients
- Medicaid Expansion Recipients
- Money Follows the Person (MFP) Services
- Family Planning Services
- Services Received through Indian Health Service or a Tribal 638 Provider

55 cents (Federal) 45 cents (State)



Medicaid Regulations

Medicaid Authorities

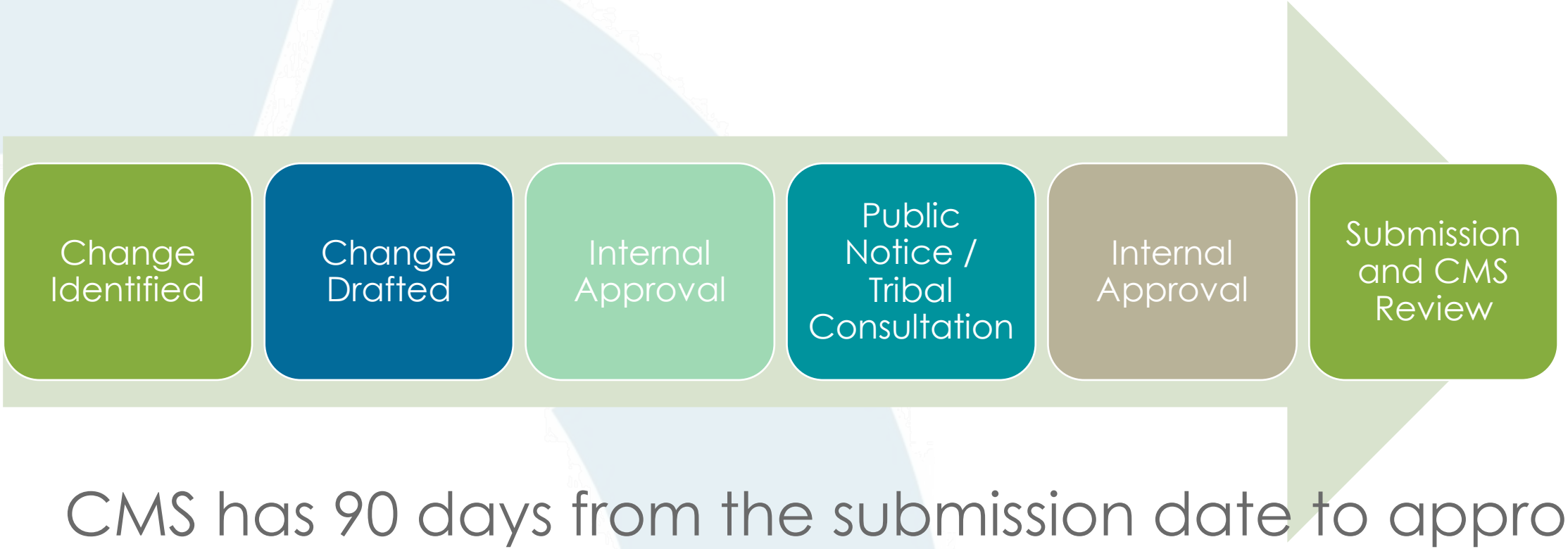


State Authorities and Guidance

- State Medicaid and CHIP Plans
  - An agreement between a state and the Federal government describing how the state administers its Medicaid and CHIP programs.
  - The Medicaid and CHIP state plans are separate documents.
- Administrative Rules of South Dakota
  - Provides additional details regarding the administration of Medicaid and CHIP.
- Additional Guidance
  - Includes provider manuals, bulletins, and the recipient handbook.

State Plan Amendments

- The SPA process includes the following steps:



- CMS has 90 days from the submission date to approve the SPA, deny it, or send the state a formal request for additional information.

Provider Manuals

- Provider manuals provide guidance for both providers and staff.
- Most new provider manuals include the following information:

Eligible Providers	• Who can provide the service
Eligible Recipients	• Who can receive services
Covered Services and Limits	• What is covered
Non-covered Services	• What is not covered
Documentation	• Documentation that must be maintained
Reimbursement and Claim Instructions	• Reimbursement methodology and billing instructions
Definitions	• Definitions of terms used in the manual
References	• Links to state plan and ARSD
Quick Answers	• Answers to frequently asked questions

Tying it all Together

- Example: Chiropractic Services

Social Security Act	• 1905(g) of Social Security Act – Limits coverage of chiropractic services
Code of Federal Regulations	• 42 CFR 440.60 – Federal rule regarding coverage of chiropractic services.
State Plan Coverage	• Attachment 3.1-A, Page 3 – South Dakota covers with limitations. • Supplement to Attachment 3.1-A, Page 10 – Describes limitations.
State Plan Reimbursement	• Attachment 4.19-B, Page 10 – Describes payment methodology.
Administrative Rules	• ARSD Ch. 67:16:09 – Includes coverage and reimbursement information.
Provider Manual	• Chiropractic manual

What is a waiver?

- A method for a state to test new or different ways to deliver and pay for health care services
  - Cannot waive the basic tenants of Medicaid
  - Cannot cap overall Medicaid enrollment
  - Must be cost/budget neutral
- Can vary from existing federal Medicaid requirements in certain areas
  - Access to services
  - Level of care requirements
  - Services Provided
  - Populations Served
- Specific process to obtain Waivers
  - Requires a series of detailed steps, including an application and public notice
  - Requires a series of negotiations between the state and the federal government regarding the terms and conditions of the state's proposal

Medicaid Recipient Handbook

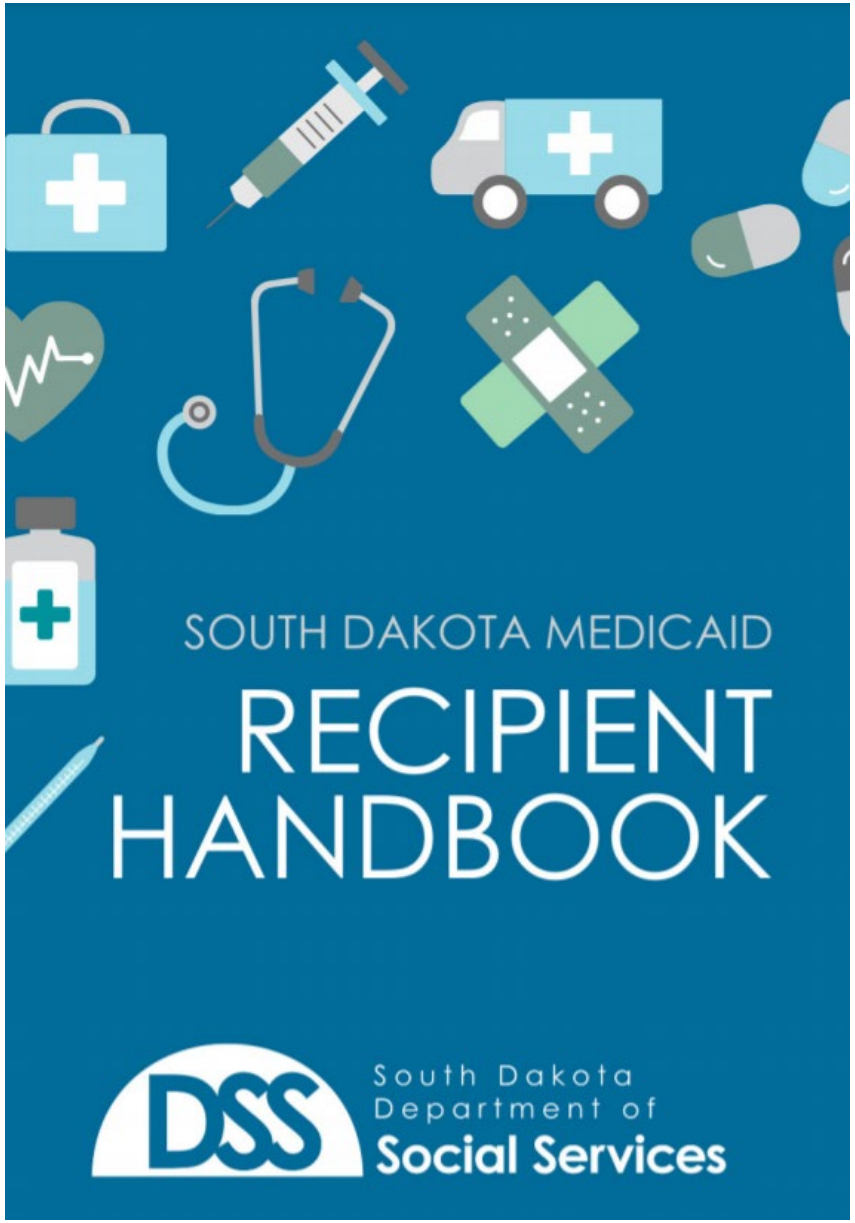
South Dakota Department of Social Services

Recipient Handbook

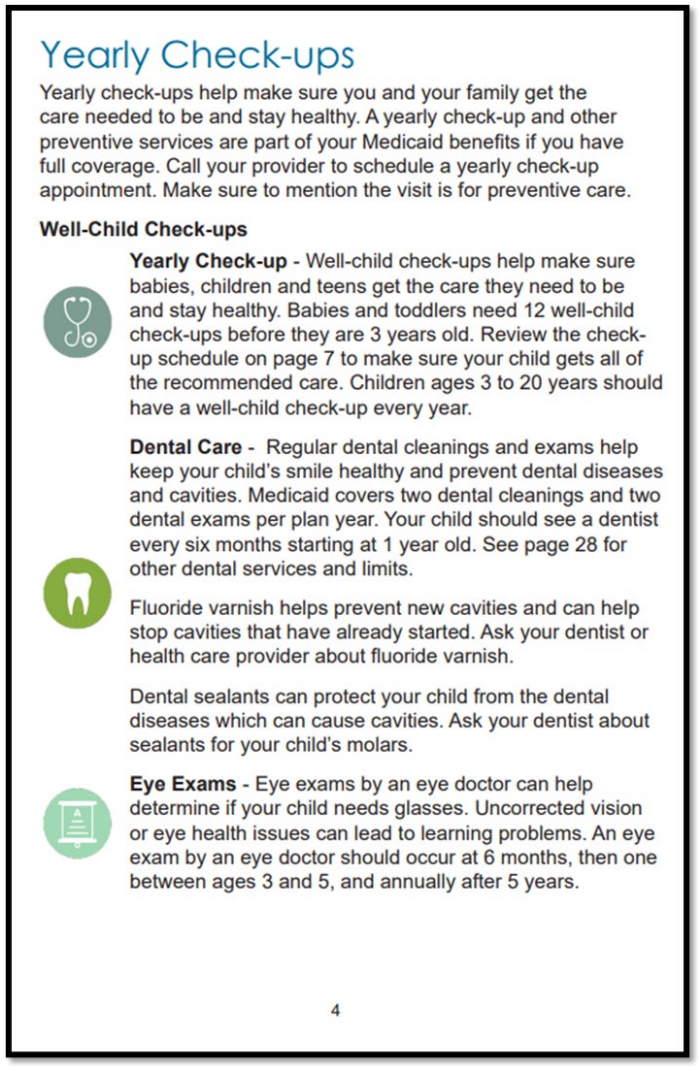
- The Medicaid Recipient Handbook provides a broad view of coverage, programs, and advice for Medicaid navigation, as well as resources to consult when questions remain unanswered.

- The handbook allows recipients to understand and control their healthcare.

- Reading and understanding the Medicaid Recipient Handbook allows both recipients and providers to utilize Medicaid services in the most effective manner.



Preventative Care



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.

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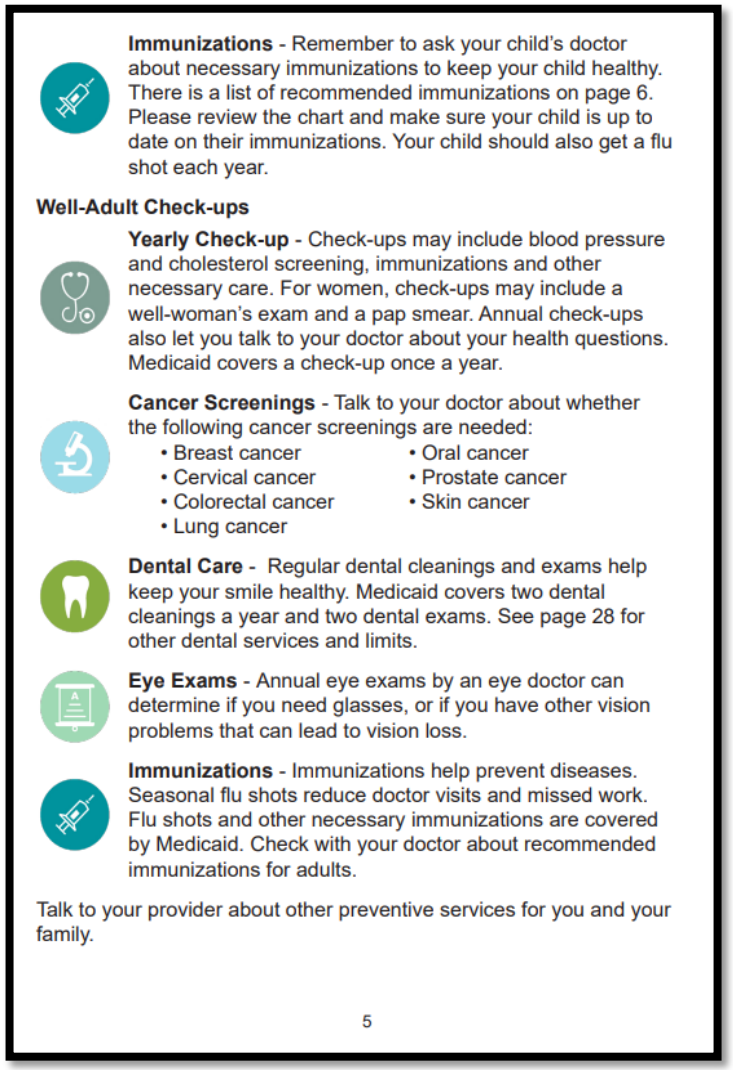

Immunizations - Remember to ask your child's doctor about necessary immunizations to keep your child healthy. There is a list of recommended immunizations on page 6. Please review the chart and make sure your child is up to date on their immunizations. Your child should also get a flu shot each year.

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.

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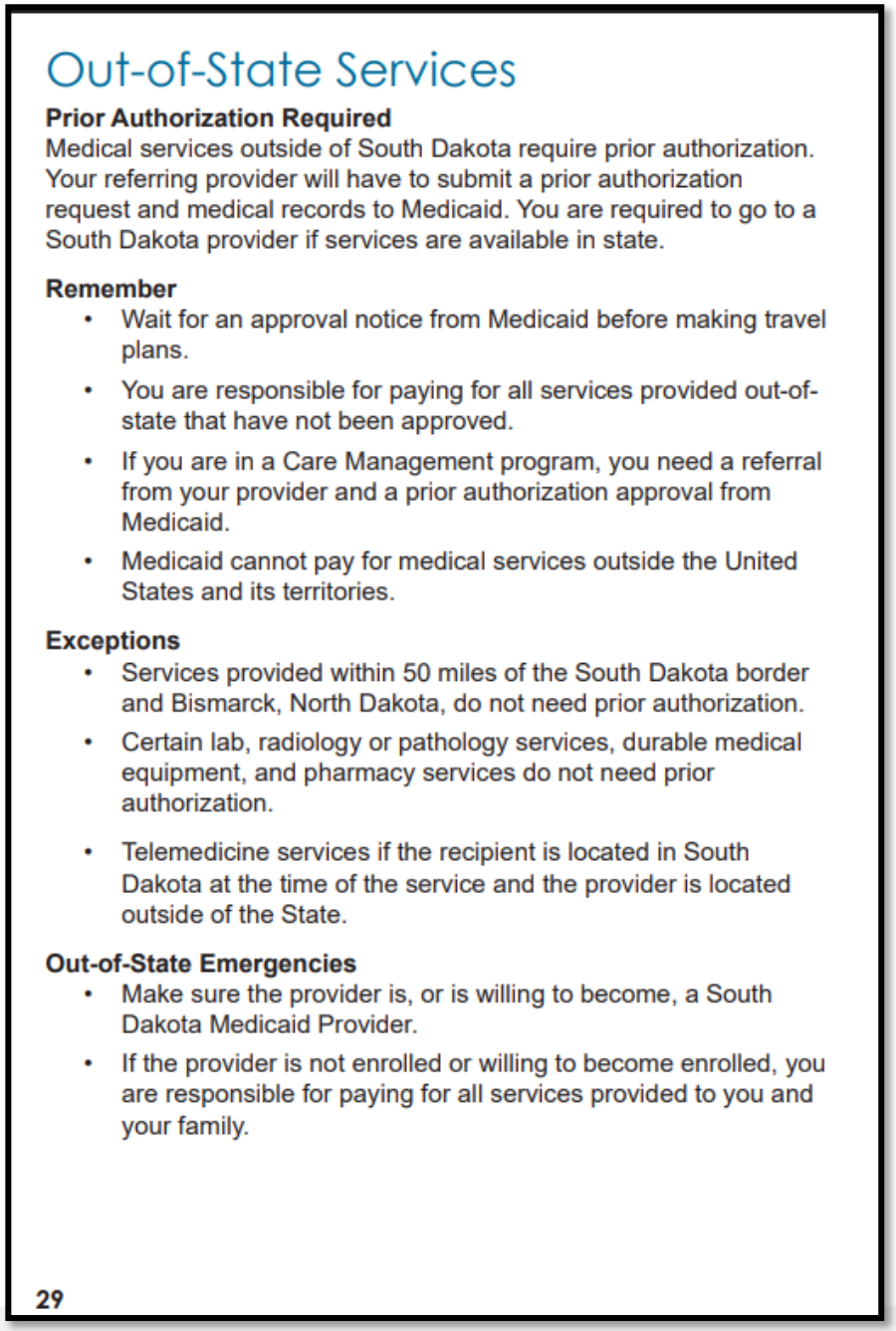
Most Medicaid recipients have some form of preventive care available to them. The type of care/coverage may differ by program.

Highlights:

- Full Coverage Adults: Yearly Check-Up & Screenings, Dental Exams & Cleanings, Eye Exam, Immunizations
- Children: Yearly Check-Up, Dental Exams & Cleanings, Eye Exam, Immunizations
- Pregnant Women: Perinatal Care



Out-of-State Services

Prior Authorization Required

Medical services outside of South Dakota require prior authorization. Your referring provider will have to submit a prior authorization request and medical records to Medicaid. You are required to go to a South Dakota provider if services are available in state.

Remember

- Wait for an approval notice from Medicaid before making travel plans.
- You are responsible for paying for all services provided out-of-state that have not been approved.
- If you are in a Care Management program, you need a referral from your provider and a prior authorization approval from Medicaid.
- Medicaid cannot pay for medical services outside the United States and its territories.

Exceptions

- Services provided within 50 miles of the South Dakota border and Bismarck, North Dakota, do not need prior authorization.
- Certain lab, radiology or pathology services, durable medical equipment, and pharmacy services do not need prior authorization.
- Telemedicine services if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State.

Out-of-State Emergencies

- Make sure the provider is, or is willing to become, a South Dakota Medicaid Provider.
- If the provider is not enrolled or willing to become enrolled, you are responsible for paying for all services provided to you and your family.

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Out- of- State Services

SD Medicaid requires recipients to get approval for services outside of a fifty-mile border around South Dakota.

Highlights:

Wait for approval before making travel plans.

Medicaid will not cover services that are not approved.

Care Management Programs

Most recipients are in one of the three care management programs.

Things to know:

Recipients can choose their own provider as long as that provider is enrolled with Medicaid and participating in the program.

If they don't select a provider, one will be selected for them.

They can change providers at any time either by calling, emailing, or using the online selection tool.

Primary Care Provider Program

Having a primary doctor or clinic where you receive services can improve the quality of care.

Health Home

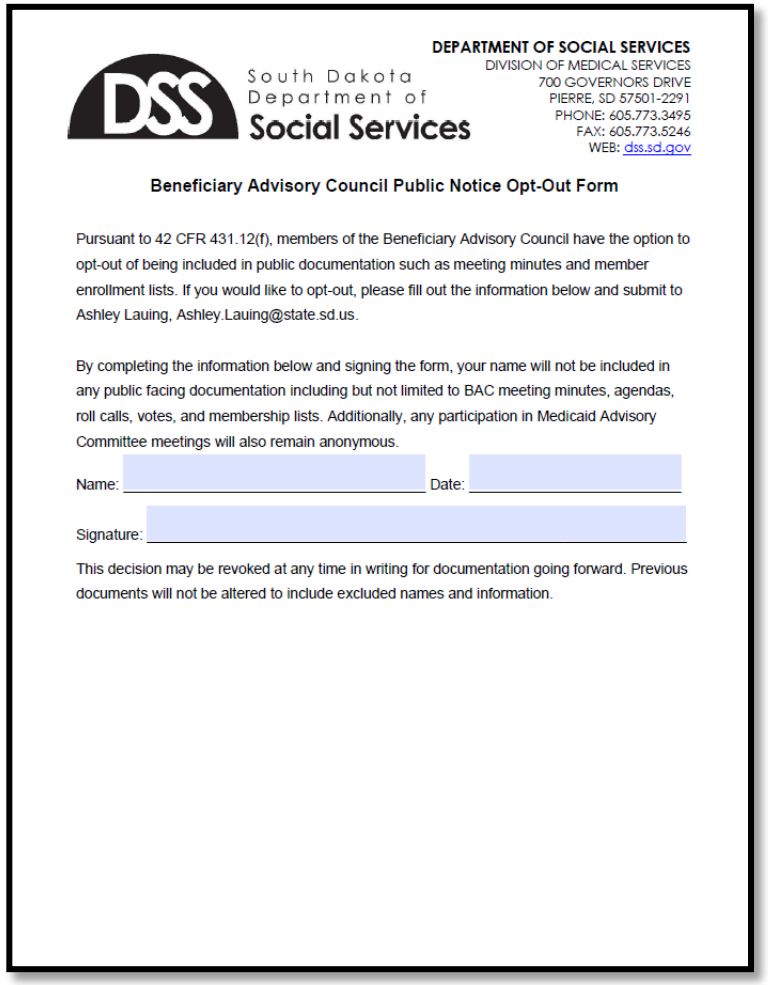
Enhanced health care services for Medicaid recipients with chronic conditions

Baby Ready

Enhanced services for expectant moms during the prenatal and postpartum (perinatal) period.

BAC and MAC Meetings

South Dakota
Department of
Social Services



South Dakota Department of Social Services

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Beneficiary Advisory Council Public Notice Opt-Out Form

Pursuant to 42 CFR 431.12(f), members of the Beneficiary Advisory Council have the option to opt-out of being included in public documentation such as meeting minutes and member enrollment lists. If you would like to opt-out, please fill out the information below and submit to Ashley Lauing, Ashley.Lauing@state.sd.us.

By completing the information below and signing the form, your name will not be included in any public facing documentation including but not limited to BAC meeting minutes, agendas, roll calls, votes, and membership lists. Additionally, any participation in Medicaid Advisory Committee meetings will also remain anonymous.

Name: _____ Date: _____

Signature: _____

This decision may be revoked at any time in writing for documentation going forward. Previous documents will not be altered to include excluded names and information.

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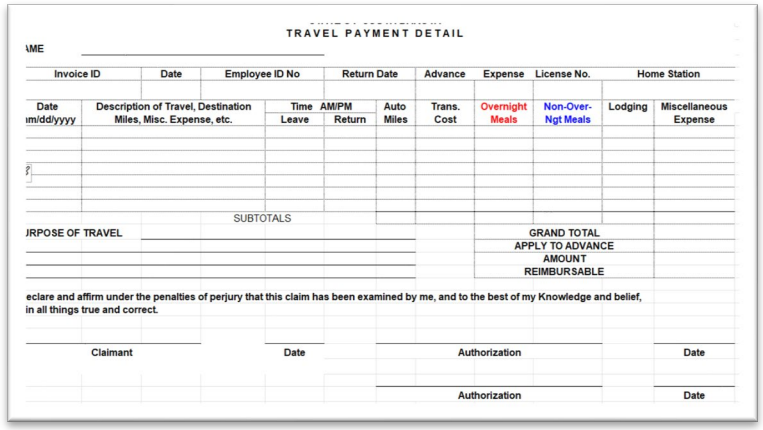
Beneficiary Advisory Council Travel Reimbursement



TRAVEL PAYMENT DETAIL

NAME

Invoice ID	Date	Employee ID No	Return Date	Advance	Expense	License No.	Home Station

Date mm/dd/yyyy	Description of Travel, Destination Miles, Misc. Expense, etc.	Time Leave	AM/PM Return	Auto Miles	Trans. Cost	Overnight Meals	Non-Over-Ngt Meals	Lodging	Miscellaneous Expense
	SUBTOTALS								

PURPOSE OF TRAVEL

GRAND TOTAL
APPLY TO ADVANCE
AMOUNT
REIMBURSABLE

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my Knowledge and belief, in all things true and correct.

Claimant | Date | Authorization | Date

Authorization | Date

- A reimbursement form is available to be reimbursed for travel. This form will be emailed out to all BAC members.
- Additionally, SD DSS, DMS will need:
  - A completed W9
  - Banking information (for direct deposit of reimbursement)

BAC and MAC

Beneficiary Advisory Council (BAC)

- The South Dakota Medicaid Beneficiary Advisory Council (BAC) is comprised of individuals who are current or former Medicaid recipients and individuals with direct experience supporting Medicaid recipients (family members and paid or unpaid caregivers of those enrolled in Medicaid), to advise the State regarding their experience with the Medicaid program on matters of concern related to policy development and matters related to the effective administration of the Medicaid program.
- Upcoming Meetings
  - **October 23, 2025** – 10:00-12:00 PM CT
  - **January 22, 2026** – 10:00-12:00 PM CT
  - **April 23, 2026** – 10:00-12:00 PM CT
  - **July 23, 2026** – 10:00-12:00 PM CT

Medicaid Advisory Committee (MAC)

- The South Dakota Medicaid Advisory Committee (MAC) is a cross-section of Medicaid providers and stakeholders established in accordance with federal regulations. The committee members provide the South Dakota Department of Social Services, Division of Medical Services with advice regarding Medicaid initiatives while representing the Medicaid stakeholder perspective.
  - Two BAC members will also serve on the Medicaid Advisory Committee

Questions

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