



March 15, 2023

Medicaid Unwinding and Return to Regular Operations FAQ

What is the current number of Medicaid enrollees that South Dakota estimates need redeterminations?

DSS will follow all federal requirements in place for renewals and redeterminations during the unwinding process, which requires redeterminations for all individuals enrolled. As of January 2023, there were 151,640 individuals eligible for Medicaid or CHIP in South Dakota.

Is there an estimate of how many individuals will be disenrolled during the unwinding?

There are currently over 22,000 individuals identified who appear ineligible for any available coverage groups. As each person will have a full eligibility determination, it is unknown how many at this time will be found ineligible or may be able to transition to expansion coverage.

Will DSS publish a report of data related to unwinding?

DSS publishes monthly enrollment data on the [DSS website](#). Data submitted to CMS will be published by CMS.

Is there any month of renewals or redeterminations that may have a higher volume of eligibility determinations than another?

Renewal volume varies minimally from month to month. DSS is following CMS' recommendation to work on no more than 1/9 of the total caseload per month to ensure renewals are distributed in a reasonable manner.

What is South Dakota's plan for Unwinding?

DSS will work through annual renewals as scheduled and will prioritize cases eligible due to continuous coverage requirements for review focusing first on cases most likely to be ineligible based on those who no longer meet a coverage group, aged out of a coverage group, a coverage group time limit has expired, or income has increased. More information about South Dakota's plan is available [here](#).

Does South Dakota need to wait for CMS to approve the State's Renewal Plan prior to starting the unwinding period?

South Dakota has had numerous calls with CMS to prepare for the unwinding. CMS has not indicated they will not approve plans that have been submitted and has not directed states to wait for approval prior to plans going into effect. DSS continues to engage with CMS about unwinding.

How are providers going to be notified about disenrollment of their patients?

DSS provided a list of recipients who are likely to lose coverage to Primary Care Providers and Health homes in March 2023. Lists were aggregated by provider system, with one list sent to one contact for all clinics and providers part of that provider system. Lists were only generated for providers with 10 or more recipients. Providers should monitor this group for coverage losses during the 9-month unwinding period as they are the

most likely to lose coverage. DSS will not send monthly lists of individuals who have had coverage changes. Providers should monitor for coverage changes through:

- [PCP and Health Home Caseload Reports](#)
- [Eligibility Verification Mechanisms](#)
 - [DSS Online Portal Eligibility Inquiry](#)
 - 270/271 Transactions
 - South Dakota Medicaid IVR System
 - 800.452.7691
 - South Dakota Medicaid Claims Unit
 - 800.452.7691 (In-State Providers)
 - 605.945.5006 (Out-of-State Providers)

If you are a provider with less than 10 recipients and would like a list, please contact Medical@state.sd.us.

How can stakeholders support Medicaid recipients and the state during unwinding?

Stakeholders can support beneficiaries by encouraging them to keep their information current, watching for important information from DSS in the mail, and referring beneficiaries to dss.sd.gov for updates and information. Stakeholders can help individuals update their information through the use of the [Change Report Form](#) and sending that to the individual's local office.

Beneficiaries can contact their local office directly by phone, fax, email, mail, or in person to update their information or report any changes in circumstances. They can find contact information for their local office by visiting dss.sd.gov/findyourlocaloffice.

Recipient Communications and Handouts

Our organization would like additional handouts added to notices mailed to recipients or added to DSS' website. Is this possible?

Notices are automatically generated and additional information in the form of brochures or handouts cannot be added. We can take information to give to our local offices as a resource for staff to provide to recipients if we determine items would be beneficial for DSS' customers.

Information you would like added to the website can be sent to MedElig@state.sd.us. We will take it back and determine if it is something we can publish.

What steps does DSS take to communicate with limited English proficient (LEP) beneficiaries?

DSS provides language assistance services through interpreters and translated documents. DSS' website has a translation feature and documents in Spanish can be located at dss.sd.gov/formsandpubs.

Is there a phone number that can be texted for questions on an application?

Individuals can text their specific Economic Assistance Benefits Specialist with questions on their application or case. They should contact their specialist if they do not already have a number to text. They can find their local office information at dss.sd.gov/findyourlocaloffice.

Does South Dakota anticipate texting Medicaid enrollees to update coverage?

DSS does not currently routinely text Medicaid recipients as an official form of communication. Individuals may engage in individual text conversations with their Economic Assistance Benefits Specialist.

DSS is leveraging other methods of communication to maximize contact with beneficiaries, such as mailers, social media posts, website updates, and partnership with providers, stakeholders, and other community resources. DSS uses multiple methods of contact with beneficiaries, including in person, mail, phone, text, fax, email, and through the online portal.

Federal Health Insurance Marketplace

What information does DSS provide individuals about the Marketplace if they are found ineligible for Medicaid or CHIP?

Notices from DSS include information on the Marketplace. Individuals who are found ineligible for Medicaid have their accounts automatically transferred to the Marketplace.

What happens next if a person is referred to the Marketplace?

Individuals who are determined ineligible for Medicaid in South Dakota will have their account automatically transferred to the Marketplace. They will then receive correspondence from the Marketplace, a preview of that can be found [here](#). They can visit [Healthcare.gov](https://www.healthcare.gov) and start a Marketplace account, if they do not already have one. After creating an account for logging in, they can select “Find my application” to complete and submit their Marketplace application.

Individuals with questions should contact the Marketplace at 1.800.318.2596 (TTY 1.855.889.4325) or visit [Healthcare.gov](https://www.healthcare.gov).

Information is not automatically sent to navigators. If individuals need to find a navigator, they can go to localhelp.healthcare.gov to locate assistance.

A slide deck has been made available by the Medicaid and CHIP Learning Collaboratives and can be found [here](#).

What is the current number of Medicaid enrollees that may have already obtained alternate health care coverage?

This data is not easily obtained in our current system and the exact number of Medicaid enrollees who have obtained alternate coverage is unknown. Individuals determined ineligible for coverage will have their accounts automatically transferred to the Federal Marketplace.

Medicaid Expansion

When can individuals apply for Medicaid expansion?

DSS encourages people to apply as soon as July 1, 2023. It's easy to apply! Individuals can apply online at dss.sd.gov/applyonline. They can also contact their nearest DSS office or call 1.877.999.5612 to request an application be sent to them through mail, fax, or email. Applications are available online at dss.sd.gov/formsandpubs.

In order to process an application as quickly as possible, individuals should complete the application as thoroughly as they can. If they need assistance completing an application, they can contact the DSS office closest to them. Individuals can find their local office's contact information by visiting dss.sd.gov/findyourlocaloffice.

What is South Dakota's process for individuals who may lose coverage prior to expansion but could be eligible for expansion?

DSS has been working closely with CMS to explore waivers and flexibilities during the period of the unwinding prior to expansion and will continue to do so.

At this time, individuals who are not eligible for a currently available category will be disenrolled with ten-day notice. If they appear potentially eligible for expansion in July, they will receive notice regarding Medicaid expansion at disenrollment and a reminder in June by mail with expansion and application information.

If an individual is on a Marketplace plan and could be eligible for expansion, does the Marketplace automatically transfer them to DSS to determine Medicaid eligibility after July 1, 2023?

No, the Marketplace does not automatically transfer accounts for individuals with ongoing Marketplace plans who may be eligible for expansion when states have expansion go into effect. The Marketplace will transfer the individual's account when Marketplace eligibility is redetermined.

If an individual believes they are eligible for expansion and has a Marketplace plan, they can apply for Medicaid with DSS. They should not end their Marketplace plan before they get a final decision of Medicaid eligibility.

If an individual is approved for Medicaid, the Marketplace will not automatically cancel the individual's coverage through the Marketplace. The Marketplace will send a notice to the individual if they do not cancel their coverage. If the individual does not act within 30 days, the Marketplace will end advance payments of the premium tax credit and any extra savings being paid on their behalf for their share of the Marketplace plan premium and covered services.

Individuals who have Marketplace coverage and are approved for Medicaid or CHIP should visit healthcare.gov/Medicaid-chip/cancelling-marketplace-plan for more information.

Since Medicaid coverage can be backdated three months, can individuals be backdated for expansion coverage prior to July 1, 2023?

Eligibility for expansion cannot start any sooner than July 1, 2023.

For other coverage groups, Medicaid or CHIP coverage may go back three months prior to the month the application is received by DSS if an individual has unpaid medical bills and meets the eligibility requirements during this time period.

Where can eligibility requirements for Medicaid expansion that will be available in July be found?

Eligibility requirements for medical programs available in South Dakota can be viewed online by going to https://dss.sd.gov/economicassistance/medical_programs.aspx and navigating to the link for South Dakota Medicaid Coverage Groups. DSS' site will be updated closer to July to reflect the new group available through Medicaid Expansion.