

**South Dakota Medicaid Indian Health Services and Tribal Medicaid Expenditures
Quarter 2 Report**

| Provider & Service | Calendar Year 2021 | | | | | | | | Total Paid (All Quarters) | Quarter 2 Summary (All Providers) | |
|-------------------------------------|--------------------|------------|-------------|------------|---------------|------------|--------------|------------|---------------------------|-----------------------------------|---|
| | Quarter One | | Quarter Two | | Quarter Three | | Quarter Four | | | | |
| | Total Paid | Recipients | Total Paid | Recipients | Total Paid | Recipients | Total Paid | Recipients | | | |
| CHEYENNE RIVER SIOUX TRIBE | | | | | | | | | | | |
| Outpatient | \$429,663 | 576 | | | | | | | | \$429,663 | Total Paid \$21,768,259 |
| Professional | \$340,069 | 469 | \$311,802 | 390 | | | | | | \$651,871 | |
| EAGLE BUTTE IHS | | | | | | | | | | | |
| Inpatient | \$184,651 | 14 | \$156,133 | 13 | | | | | | \$340,784 | Inpatient Total \$2,174,371 |
| Outpatient | \$555,184 | 737 | \$521,619 | 752 | | | | | | \$1,076,803 | |
| Pharmacy | \$550,455 | 561 | \$606,631 | 639 | | | | | | \$1,157,086 | |
| Professional | \$273,617 | 445 | \$823,084 | 967 | | | | | | \$1,096,701 | |
| Transportation | \$92,313 | 150 | \$93,835 | 170 | | | | | | \$186,148 | |
| FLANDREAU SANTEE SIOUX TRIBE | | | | | | | | | | | |
| Outpatient | \$28,740 | 44 | \$479 | 2 | | | | | | \$29,219 | Outpatient Total \$2,072,178 |
| Pharmacy | \$110,497 | 71 | \$148,488 | 98 | | | | | | \$258,985 | |
| Professional | \$76,707 | 101 | \$180,719 | 153 | | | | | | \$257,426 | |
| FORT THOMPSON IHS | | | | | | | | | | | |
| Outpatient | \$48,099 | 91 | \$3,380 | 8 | | | | | | \$51,479 | Pharmacy Total \$7,509,041 |
| Pharmacy | \$496,162 | 495 | \$541,077 | 528 | | | | | | \$1,037,239 | |
| Professional | \$460,527 | 594 | \$646,346 | 745 | | | | | | \$1,106,873 | |
| Transportation | \$12,357 | 28 | \$12,399 | 42 | | | | | | \$24,756 | |
| FORT YATES IHS | | | | | | | | | | | |
| Outpatient | \$40,122 | 82 | \$6,628 | 26 | | | | | | \$46,750 | Outpatient Total \$2,072,178 |
| Pharmacy | \$48,666 | 67 | \$69,506 | 86 | | | | | | \$118,172 | |
| Professional | \$1,081 | 5 | \$2,703 | 9 | | | | | | \$3,784 | |
| GPTCHB | | | | | | | | | | | |
| Outpatient | \$80,472 | 157 | | | | | | | | \$80,472 | Professional Total \$2,043,261 |
| Pharmacy | \$637,530 | 671 | \$730,686 | 780 | | | | | | \$1,368,216 | |
| Professional | \$417,056 | 737 | \$1,626,205 | 1830 | | | | | | \$2,043,261 | |

**South Dakota Medicaid Indian Health Services and Tribal Medicaid Expenditures
Quarter 2 Report**

| Provider & Service | Calendar Year 2021 | | | | | | | | Total Paid (All Quarters) | |
|--------------------------------|--------------------|------------|-------------|------------|---------------|------------|--------------|------------|---------------------------|---|
| | Quarter One | | Quarter Two | | Quarter Three | | Quarter Four | | | |
| | Total Paid | Recipients | Total Paid | Recipients | Total Paid | Recipients | Total Paid | Recipients | | |
| KYLE HEALTH CENTER | | | | | | | | | | |
| Pharmacy | \$439,036 | 439 | \$523,793 | 552 | | | | | \$962,829 | Professional Total \$8,746,045 |
| LOWER BRULE SIOUX TRIBE | | | | | | | | | | |
| Professional | | | \$21,620 | 16 | | | | | | \$27,568 |
| Transportation | \$19,745 | 56 | \$7,823 | 30 | | | | | | |
| MCLAUGHLIN IHS | | | | | | | | | | |
| Outpatient | \$6,628 | 25 | \$4,659 | 14 | | | | | \$11,287 | Assisted Living Total \$15,483 |
| Pharmacy | \$260,896 | 257 | \$284,645 | 272 | | | | | \$545,541 | |
| Professional | \$123,131 | 206 | \$126,656 | 221 | | | | | \$249,787 | |
| MEDICINE WHEEL VILLAGE | | | | | | | | | | |
| Assisted Living | \$30,473 | 4 | \$15,483 | 4 | | | | | \$45,956 | LTC Total \$743,704 |
| Nursing Facility | \$1,222,147 | 26 | | 23 | | | | | \$1,222,147 | |
| OGALAL SIOUX TRIBE | | | | | | | | | | |
| Professional | \$214,396 | 197 | \$82,241 | 120 | | | | | \$296,637 | LTC Total \$743,704 |
| Transportation | \$167,789 | 465 | \$167,601 | 429 | | | | | \$335,390 | |
| LOWER BRULE IHS | | | | | | | | | | |
| Outpatient | \$92,447 | 140 | \$78,556 | 120 | | | | | \$171,003 | Transportation Total \$507,437 |
| Pharmacy | \$204,126 | 207 | \$281,737 | 303 | | | | | \$485,863 | |
| Professional | \$95,933 | 50 | \$34,583 | 87 | | | | | \$44,176 | |
| PINE RIDGE IHS | | | | | | | | | | |
| Inpatient | \$2,661,689 | 246 | \$1,668,207 | 127 | | | | | \$4,329,896 | Transportation Total \$507,437 |
| Outpatient | \$2,230,434 | 2679 | \$1,001,373 | 1739 | | | | | \$3,231,807 | |
| Pharmacy | \$1,629,368 | 1529 | \$2,006,195 | 2011 | | | | | \$3,635,563 | |
| Professional | \$290,174 | 1040 | \$2,334,941 | 3083 | | | | | \$2,625,115 | |

**South Dakota Medicaid Indian Health Services and Tribal Medicaid Expenditures
Quarter 2 Report**

| Provider & Service | Calendar Year 2021 | | | | | | | | Total Paid (All Quarters) | |
|-----------------------------------|--------------------|------------|-------------|------------|---------------|------------|--------------|------------|------------------------------|-------------|
| | Quarter One | | Quarter Two | | Quarter Three | | Quarter Four | | | |
| | Total Paid | Recipients | Total Paid | Recipients | Total Paid | Recipients | Total Paid | Recipients | | |
| RAPID CITY IHS | | | | | | | | | | |
| Outpatient | \$10,538 | 23 | \$958 | 3 | | | | | | \$11,496 |
| Pharmacy | \$260,058 | 232 | | | | | | | | \$260,058 |
| Professional | \$62,197 | 213 | \$243,484 | 451 | | | | | | \$305,681 |
| ROSEBUD HEALTH CARE SYSTEM | | | | | | | | | | |
| Nursing Facility | \$762,865 | 31 | \$743,704 | 29 | | | | | | \$1,506,569 |
| ROSEBUD IHS | | | | | | | | | | |
| Inpatient | \$171,015 | 18 | \$350,031 | 35 | | | | | | \$521,046 |
| Outpatient | \$1,029,900 | 1433 | \$391,736 | 708 | | | | | | \$1,421,636 |
| Pharmacy | \$1,081,870 | 1018 | \$1,210,627 | 1223 | | | | | | \$2,292,497 |
| Professional | \$306,786 | 770 | \$981,198 | 1334 | | | | | | \$1,287,984 |
| ROSEBUD SIOUX TRIBE | | | | | | | | | | |
| Transportation | \$172,090 | 389 | \$214,792 | 454 | | | | | | \$386,882 |
| WAGNER IHS | | | | | | | | | | |
| Outpatient | \$483,790 | 582 | \$9,580 | 21 | | | | | | \$493,370 |
| Pharmacy | \$360,279 | 312 | \$399,078 | 403 | | | | | | \$759,357 |
| Professional | \$77,086 | 158 | \$571,282 | 624 | | | | | | \$648,368 |
| Transportation | | | \$10,987 | 46 | | | | | | |
| WANBLEE IHS | | | | | | | | | | |
| Outpatient | \$69,759 | 141 | \$50,532 | 107 | | | | | | \$120,291 |
| Pharmacy | \$221,151 | 211 | \$270,399 | 266 | | | | | | \$491,550 |
| Professional | \$150,632 | 237 | \$149,081 | 284 | | | | | | \$299,713 |
| WOODROW WILSON KEEBLE IHS | | | | | | | | | | |
| Outpatient | \$318,643 | 398 | \$2,678 | 4 | | | | | | \$321,321 |
| Pharmacy | \$366,971 | 339 | \$436,179 | 414 | | | | | | \$803,150 |
| Professional | \$198,525 | 380 | \$610,100 | 757 | | | | | | \$808,625 |

Medicaid Non-Emergency Medical Transportation (NEMT) Expenditures

04/01/2021 - 06/30/2021

As Of 07/01/2021

Cheyenne River Sioux Tribe

| Name of Provider | City | ** Total Paid | * # of Recipients |
|---------------------------------|-------------|---------------|-------------------|
| CHEYENNE RIVER SUPPORT SERVICES | EAGLE BUTTE | \$2,310.74 | 63 |
| TAKINI SCHOOL | HOWES | \$0.00 | 0 |
| Tribal Totals | | \$2,310.74 | 63 |

Crow Creek Sioux Tribe

| Name of Provider | City | ** Total Paid | * # of Recipients |
|---|-------------|---------------|-------------------|
| CROW CREEK TRIBAL HEALTH | FT THOMPSON | \$0.00 | 0 |
| CROW CREEK SIOUX TRIBE - FINANCE OFFICE | FT THOMPSON | \$0.00 | 0 |
| CROW CREEK DISTRICT BUSINESS COMMITTEE | PUKWANA | \$0.00 | 0 |
| Tribal Totals | | \$0.00 | 0 |

Lower Brule Sioux Tribe

| Name of Provider | City | ** Total Paid | * # of Recipients |
|------------------|-------------|---------------|-------------------|
| OKIYA FUND | LOWER BRULE | \$0.00 | 0 |
| Tribal Totals | | \$0.00 | 0 |

Oglala Sioux Tribe

| Name of Provider | City | ** Total Paid | * # of Recipients |
|---------------------------------------|--------------|---------------|-------------------|
| PASS CREEK DISTRICT | ALLEN | \$0.00 | 0 |
| OGLALA LAKOTA COUNTY SCHOOL DISTRICT | BATESLAND | \$0.00 | 0 |
| LAST CHILD SUNDANCE ASSN. | KYLE | \$0.00 | 0 |
| MEDICINE ROOT DISTRICT | KYLE | \$0.00 | 0 |
| WOUNDED KNEE DISTRICT | MANDERSON | \$0.00 | 0 |
| WOUNDED KNEE DISTRICT SCHOOL | MANDERSON | \$0.00 | 0 |
| LACREEK DISTRICT CAP OFFICE | MARTIN | \$36.00 | 0 |
| LONEMAN SCHOOL | OGLALA | \$0.00 | 0 |
| OGLALA DISTRICT SERVICE CENTER | OGLALA | \$0.00 | 0 |
| LAKOTA OYATE WAKANYEJA OWICAKIYAPI | PINE RIDGE | \$0.00 | 0 |
| OGLALA SIOUX TRIBE | PINE RIDGE | \$38,949.00 | 277 |
| OGLALA SIOUX TRIBE - HEALTH ADMIN | PINE RIDGE | \$0.00 | 0 |
| OST CSBG | PINE RIDGE | \$0.00 | 0 |
| PINE RIDGE VILLAGE DISTRICT | PINE RIDGE | \$0.00 | 0 |
| WAKPAMNI DISTRICT SERVICE CENTER | PINE RIDGE | \$0.00 | 0 |
| OGLALA SIOUX TRIBE - ENERGY & HOUSING | PINE RIDGE | \$0.00 | 0 |
| PORCUPINE DISTRICT | PORCUPINE | \$2,605.44 | 17 |
| PORCUPINE SCHOOL | PORCUPINE | \$0.00 | 0 |
| CRAZY HORSE SPEC ED DEPT | WANBLEE | \$0.00 | 0 |
| EAGLE NEST DISTRICT | WANBLEE | \$196.80 | 4 |
| HORSE CREEK COMMUNITY | WHITE RIVER | \$0.00 | 0 |
| WOUNDED KNEE COMMUNITY | WOUNDED KNEE | \$0.00 | 0 |
| Tribal Totals | | \$41,787.24 | 298 |

Medicaid Non-Emergency Medical Transportation (NEMT) Expenditures

04/01/2021 - 06/30/2021

As Of 07/01/2021

Rosebud Sioux Tribe

| Name of Provider | City | ** Total Paid | * # of Recipients |
|--|------------|---------------|-------------------|
| ANTELOPE COMMUNITY | MISSION | \$0.00 | 0 |
| SGU TIWAHE GLU KINI PI | MISSION | \$0.00 | 0 |
| SICANGU CHILD AND FAMILY SERVICES | MISSION | \$0.00 | 0 |
| SINTE GLESKA UNIVERSITY TIWAHE GLU KINI PI | MISSION | \$0.00 | 0 |
| SPOTTED TAIL CHILDREN'S HOME | MISSION | \$0.00 | 0 |
| BLACK PIPE COMMUNITY | NORRIS | \$0.00 | 0 |
| PARMELEE COMMUNITY | PARMELEE | \$0.00 | 0 |
| ROSEBUD SIOUX TRIBE - COMMUNITY SERVICES | ROSEBUD | \$16,590.40 | 207 |
| ROSEBUD SIOUX TRIBE - EDUCATION DEPT | ROSEBUD | \$4,461.32 | 15 |
| ROSEBUD SIOUX TRIBE HEAD START PROGRAM | ROSEBUD | \$0.00 | 0 |
| SINTE GLESKA OYATE TRANSPORTATION | ROSEBUD | \$0.00 | 0 |
| SAINT FRANCIS INDIAN SCHOOL | ST FRANCIS | \$0.00 | 0 |

Tribal Totals \$21,051.72 222

Sisseton Wahpeton Oyate

| Name of Provider | City | ** Total Paid | * # of Recipients |
|------------------------------|----------------|---------------|-------------------|
| BIG COULEE DISTRICT | AGENCY VILLAGE | \$0.00 | 0 |
| BUFFALO LAKE DISTRICT | AGENCY VILLAGE | \$0.00 | 0 |
| EARLY CHILDHOOD INTERVENTION | AGENCY VILLAGE | \$0.00 | 0 |
| OLD AGENCY DISTRICT | AGENCY VILLAGE | \$0.00 | 0 |
| SWO ELDERLY AFFAIRS PROGRAM | AGENCY VILLAGE | \$0.00 | 0 |
| LAKE TRAVERSE DISTRICT | SISSETON | \$0.00 | 0 |

Tribal Totals \$0.00 0

Standing Rock Sioux Tribe

| Name of Provider | City | ** Total Paid | * # of Recipients |
|--|------------|---------------|-------------------|
| BEAR SOLDIER DISTRICT | | \$0.00 | 0 |
| ROCK CREEK GRANT SCHOOL | BULLHEAD | \$0.00 | 0 |
| STANDING ROCK EARLY CHILDHOOD | FORT YATES | \$0.00 | 0 |
| STANDING ROCK SIOUX TRIBE - 0-5 HEAD START | FT YATES | \$0.00 | 0 |
| STANDING ROCK SIOUX TRIBE - HEALTH | FT YATES | \$0.00 | 0 |

Tribal Totals \$0.00 0

Yankton Sioux tribe

| Name of Provider | City | ** Total Paid | * # of Recipients |
|---------------------------------|--------|---------------|-------------------|
| ST PAUL'S CHURCH | MARTY | \$0.00 | 0 |
| SOUTH CENTRAL CHILD DEVELOPMENT | WAGNER | \$0.00 | 0 |
| YANKTON SIOUX TRIBE | WAGNER | \$0.00 | 0 |
| YANKTON SIOUX TRIBE | WAGNER | \$0.00 | 0 |

Tribal Totals \$0.00 0

Medicaid Non-Emergency Medical Transportation (NEMT) Expenditures

04/01/2021 - 06/30/2021

As Of 07/01/2021

Flandreau Santee Sioux Tribe

| Name of Provider | City | ** Total Paid | * # of Recipients |
|--------------------------------------|-----------|---------------|-------------------|
| FLANDREAU SANTEE SIOUX TRIBAL CLINIC | FLANDREAU | \$0.00 | 0 |
| Tribal Totals | | \$0.00 | 0 |
| Report Totals | | 65149.7 | 583 |

** Total Amount of payments initiated during the above referenced calendar quarter.

* Number of recipient(s) for claims entered (pending, paid, or denied) during the above referenced calendar quarter.