

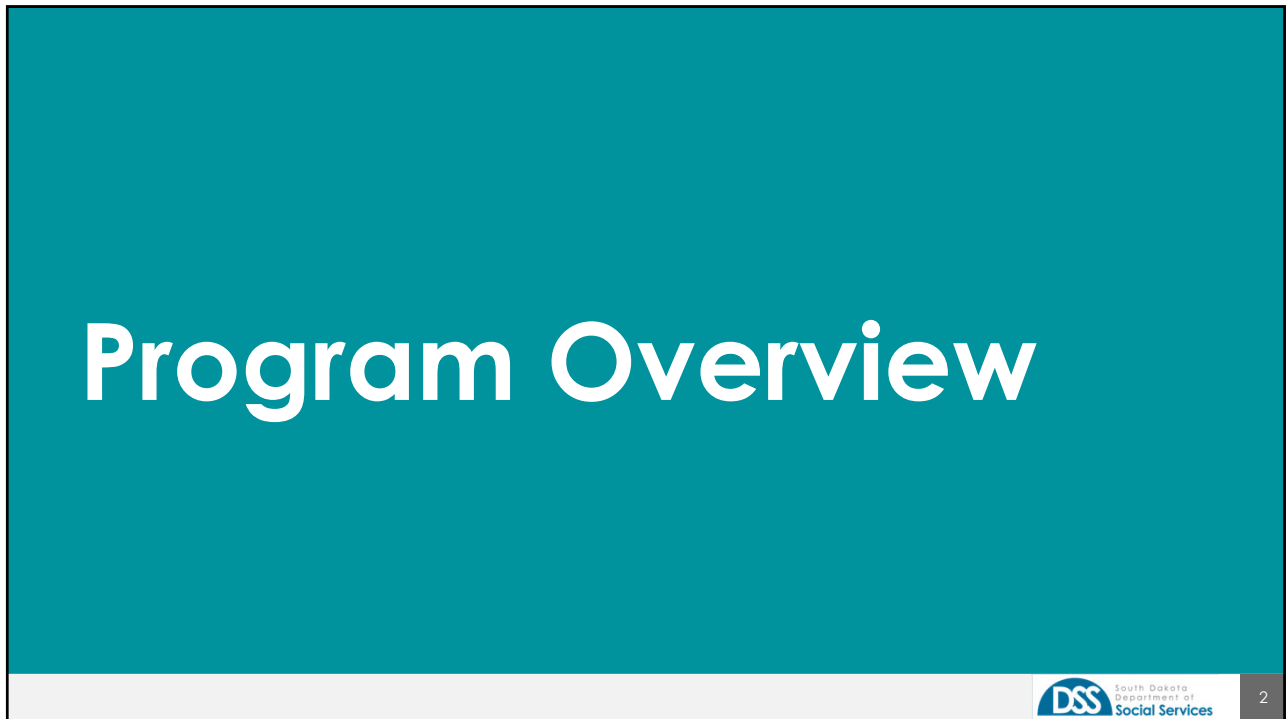


Tribal Consultation Pregnancy Program Update

January 23, 2024



1



Program Overview



2

2

Care coordination And DOH Collaboration

Care Coordination

Care coordination is crucial to optimize maternal and child health outcomes. Care coordination includes:

- Person-Centered Care Plan
- Health Education and Promotion
- Health System and Resource Navigation
- Transitional Care Coordination

DOH Collaboration

Referring active program participants to other DOH programs such as:

- Bright Start
- Pregnancy care
- Women, Infants, & Children (WIC) program

DOH will assign a nurse to each participating clinic to facilitate collaboration with the DOH programs.

3

Barriers to Care Initiatives

Barriers to Care Initiatives

To reduce barriers to care for recipients participating providers will implement barriers to care initiatives:

- Implementation and support at least one initiative to reduce barriers to care impacting the Medicaid population served under the Pregnancy Program within 6 months of receiving their first caseload.
 - Examples of initiatives include:
- Development of metrics to measure and track the progress of the initiative.
- Data and information sharing regarding the initiatives with DSS upon request.

4

Provider Reimbursement

The PMPM rate is \$49.80.

- \$10 of the PMPM is specifically allocated to help fund the clinic's implementation of the Barriers to Care Initiatives.

The following services can be billed fee-for-service:

- Social Determinants of Health Risk Assessment (96160) - \$2.66
- Person-centered care plan (S0280) - \$100
- Transitional Care Plan (S0281) - \$50
- Prenatal Care Enhanced Payment (G9151) - \$200
- Postpartum Visit Enhanced Payment (G9152) - \$100

Billing guidance will be provided via the Pregnancy Program provider manual.

Provider Enrollment and Attribution

Provider Enrollment

- Pregnancy Program provider enrollment is now open https://dss.sd.gov/medicaid/care_management/provider_pregnancy.aspx
 - Clinics must complete an Application and a Barriers to Care Initiative form.
 - Each participating provider, must complete and sign an Addendum.
- The Pregnancy Program is set to begin April 1, 2024

7

Recipient Attribution

- South Dakota Medicaid will begin assigning recipients to enrolled providers in March.
- Providers will receive their first caseloads by April 1.
- Recipients will be transitioned from the program to the PCP program 3 months after the end of their pregnancy.

8

Questions



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9



Thank you

Valerie Kelly
605-773-3495
Valerie.Kelly@state.sd.us



DSS South Dakota Department of Social Services 10

10