STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State/Territory: SOUTH DAKOTA

SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation 4.19 Payment for Services

42 CFR 447.252
1902(a)(13) and 1923 of the Act
1902(e)(7) of the Act

(a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

__X__ Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

_____ Inappropriate level of care days are not covered.

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SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation 4.19 Payment for Services (continued)

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E),
1903(a)(1) and (n),
1920, and 1926 of the
Act

(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

(1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA Pub. 45-6) regarding payment for FQHC services. **ATTACHMENT 4.19-B** describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost reports, cost of budget reviews, or sample surveys).

(2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services, and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and
1902(a)(30) of the Act

SUPPLEMENT 1 TO ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

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SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation 4.19 Payment for Services (continued)

42 CFR 447.40
AT-78-90

(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

__X__ Yes. The State's policy is described in **ATTACHMENT 4.19-C.**

_____ No.

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SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation 4.19 Payment for Services (continued)

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

(d)

(1) __**X**__ The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart c, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

(2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

__**X**__ At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

_____ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

_____ Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

(3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

__**X**__ At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

_____ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

_____ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

(4) _____ Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

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Citation 4.19 Payment for Services (continued)

42 CFR 447.45(c)
AT-79-50

(e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

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Citation

4.19 Payment for Services (continued)

42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

(f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

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Citation 4.19 Payment for Services (continued)

42 CFR 447.201
42 CFR 447.202
AT-78-90

(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

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Citation 4.19 Payment for Services (continued)

42 CFR 447.201
42 CFR 447.203
AT-78-90

(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

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Citation 4.19 Payment for Services (continued)

42 CFR 447.201
42 CFR 447.204
AT-78-90

(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

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Citation	4.19 Payment for Services (continued)
42 CFR 447.201 42 CFR 447.205	(j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in statewide method or standards for setting payment rates.
Section 1903(v) of the Act	(k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

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Citation 4.19 Payment for Services (continued)

Section 1903(i)(14) of the Act	(l)	The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

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Citation 4.19 Payment for Services (continued)

Section 1928(c)(2)(C)(ii) of the Act

A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursements to providers will be administered as follows:

(a) The State:

_____ sets a payment rate at the level of the regional maximum established by the DHHS secretary.
_____ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
_____ sets a payment rate below the level of the regional maximum established by the DHHS secretary.
__X__ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

Beginning in Federal fiscal year 2006 (July 1, 2006), the State rate paid for the administration of a vaccine will be $9.00. Any adjustment to the rate thereafter will be published on the agency's website.

(b) Medicaid beneficiary access to immunizations is assured through the following methodology:

1926 of the Act

The State Medicaid agency will perform the following measures:

--Assure 90 percent of public providers including local health department clinics, Federally Qualified Health Centers, Rural health Clinics, and Indian Health Services providers have enrolled and are receiving VFC vaccine.
--Assure 75 percent of private providers have enrolled and are receiving VFC vaccine.
--Assure providers have been informed of VFC requirements.
--Communicate regularly with the State Public Health Agency to monitor provider participation and pursue any provider group that has a significant decline in enrollment.

Current provider enrollment in the VFC program is as follows:

--100 percent of public and Indian Health Services facilities enrolled and participating.
--98 percent of RHCs and FQHCs enrolled and participating.
--91 percent of pediatricians enrolled and participating.
--80 percent of individual practitioners enrolled and participating.