



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
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March 24, 2025

RE: South Dakota Medicaid State Plan Amendment # SD-25-0009

The South Dakota Department of Social Services intends to update the South Dakota Medicaid State Plan to clarify provider screening and enrollment processes. Specifically, the proposed state plan amendment (SPA) adds the current process used to determine if it is appropriate to approve an enrollment with a retroactive billing eligibility date. The state plan is being updated based on recent Center for Medicare & Medicaid Services (CMS) guidance that this information should be included in the Medicaid State Plan.

The proposed State Plan Amendment (SPA) has an effective date of April 1, 2025. The amendment supersedes pages 79ad-79ae of Section 4.46 of the Medicaid State Plan. The department estimates there will be no fiscal impact associated with this SPA in Federal Fiscal Year 2025 and Federal Fiscal Year 2026 as the amendment allows for alignment with current practice.

The SPAs are available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

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DEPARTMENT OF SOCIAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

The public comment period will start March 24, 2025, and end April 23, 2025.

Sincerely,

Matthew Ballard

Matthew Ballard
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Matt Althoff, Cabinet Secretary
Heather Petermann, Director

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-25-0009

Effective Date: 04/01/2025

Brief Description: Updates the state plan to include the current process used to determine if it is appropriate to approve an enrollment with a retroactive billing eligibility date.

Area of State Plan Affected: Section 4.46

Page(s) of State Plan Affected: 79ad-79ae

Estimate of Fiscal Impact, if Any: FFY25: \$0
 FFY26: \$0

Reason for Amendment: CMS provided updated guidance related to retrospective billing dates including that the process must be in accordance with their state plan.

Anticipated Impact to Tribes: None, as the amendment allows for alignment with current practice.

Comment Period: March 24, 2025 to April 23, 2025.

PUBLIC NOTICE

South Dakota Medicaid Program

Notice is hereby given that the South Dakota Department of Social Services intends to update the South Dakota Medicaid State Plan to clarify provider screening and enrollment processes. Specifically, the proposed state plan amendment (SPA) adds the current process used to determine if it is appropriate to approve an enrollment with a retroactive billing eligibility date. The state plan is being updated based on recent Center for Medicare & Medicaid Services (CMS) guidance that this information should be included in the Medicaid State Plan.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

<u>Citation</u>	<u>4.46 Provider Screening and Enrollment</u>
1902(a)(77) 1902(a)(39) of of the Act adds 1902(kk); P.L. 111-148 and P.L. 111-152	The State Medicaid agency gives the following assurances:
42 CFR 455 Subpart E	Provider Screening <u>X</u> Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act. (The State will implement this provision by April 1, 2013.)
42 CFR 455.410	Enrollment and Screening of Providers <u>X</u> Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq. (The State will implement this provision by April 1, 2013.) <u>X</u> Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as participating providers. (The State will implement this provision by April 1, 2013.) <i>The State Medicaid agency allows for enrollment with a retroactive billing eligibility date for claims that meet timely filing requirements or Medicare's retroactive enrollment dates. The process to determine whether and when it is appropriate to approve an enrollment with a retroactive billing date takes into consideration survey or certification requirements that supersedes a state's ability to determine prior compliance. To mitigate risk, additional considerations may include, but are not limited to:</i> <ul style="list-style-type: none"> • <i>Emergency access</i> • <i>Pre-authorization</i> • <i>Whether a provider is enrolled in Medicare or another state's Medicaid Program.</i>
42 CFR 455.412	Verification of Provider Licenses <u>X</u> Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers' licenses have not expired or have no current limitations at the time of enrollment or recertification. (The State will implement this provision by April 1, 2013.)
42 CFR 455.414	Revalidation of Enrollment <u>X</u> Assures that providers will be revalidated regardless of provider type at least every 5 years. (The State will implement this provision by April 1, 2013.)
42 CFR 455.416	Termination or Denial of Enrollment <u>X</u> Assures that the State Medicaid agency will comply with 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment. (The State will implement this provision by April 1, 2013.)

TN No. 25-0009
Supersedes TN
No. 12-1

Approval Date

Effective Date 4/01/25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

- 42 CFR 455.420 **Reactivation of Provider Enrollment**
X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.422 **Appeal Rights**
X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.432 **Site Visits**
X Assures that pre-enrollment and post enrollment site visits of providers who are in “moderate” or “high risk” categories will occur. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.434 **Criminal Background Checks**
X Assures that providers as a condition of enrollment will be required to consent to criminal background checks including fingerprints if required to do so under State law or by the level of screening based on risk of fraud, waste or abuse for that category of provider. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.436 **Federal Database Checks**
X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.440 **National Provider Identifier**
X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.450 **Screening Levels for Medicaid Providers**
X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.470 **Temporary Moratorium on Enrollment of New Providers or Suppliers**
X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance. (The State will implement this provision by April 1, 2013.)