

SFY25 Reimbursement Rate Updates

South Dakota Medicaid implemented the inflationary rate increases effective July 1, 2024 for services provided in State Fiscal Year 2025. Targeted rate increases were applied to select services for private duty nursing, home health, personal care, nursing facility, DRG exempt pediatric medically complex rehabilitation units, pediatric rehabilitation transition units, and dental. Other services including prosthetics, orthotics, and supplies, anesthesia, physician services, preventative service EM visits, physician administered drugs, and independent mental health services were rebased. All remaining services received a 4 percent increase. For more information, please refer to the <u>bulletin</u> on the topic. Updated <u>fee schedules</u> are available online.

Recipient Cost Sharing Removed

In order to comply with federal regulations, South Dakota Medicaid has removed copays and cost sharing for all recipients and medical services including prescription drugs, dental services, durable medical equipment, hospital services, physician services, and clinic services. Providers should no longer request or attempt to collect Medicaid cost sharing from recipients for claims that are processed after July 1, 2024. Medicaid reimbursement no longer deducts a cost share amount. For more information, please refer to the <u>bulletin</u> on the topic.

PCP Scorecard Released

Access and quality of care is a key priority for South Dakota Medicaid. In furtherance of this objective, South Dakota Medicaid recently emailed a Primary Care Provider Scorecard to a designated point of contact with each PCP clinic. The scorecard is an informational tool intended to be used by clinics and PCPs to improve the quality of care for Medicaid recipients. The scorecard includes performance information for preventative service visits, emergency department utilization, and colorectal screenings. For more information, please refer to the <u>bulletin</u> on the topic.

Care Management Programs Reminders and Changes

Ensuring that individual provider records are current and accurate is a top priority for both recipient experience and claims processing. Please pay close attention to the following details in your provider enrollment records:

- Program Participation: Selecting "YES" in the PCP Status field on a Medicaid enrollment application and signing a PCP Addendum indicates that the provider understands and agrees to the PCP program <u>requirements</u>. Providers that see urgent care/acute care or walk-ins exclusively, or do not provide PCP services on a regular basis are not be eligible for the PCP program and should select "NO" on their enrollment application.
- Servicing Address and BNPI Associations: Previously, Medicaid accepted a referring provider on a claim that
 was someone other than a recipient's PCP as long as the clinician's address was the same as the PCPs (also
 known as an 'in house' referral or designated covering provider). Medicaid is now using the provider/group billing
 NPI to determine whether the referral source is from a designated covering provider. This change is intended to
 make it easier for patients and providers to see affiliated providers. It is essential to keep provider records current
 and up to date regarding their primary servicing address and the associated BNPI. Please ensure that any
 location changes and/or BNPI changes are entered into the SD Medicaid Provider Enrollment Portal as soon as
 the information is available. In addition to ensure timeliness and accuracy of information available to Medicaid
 recipients, please email any location changes and/or BNPI changes entered in the SD Medicaid Provider
 Enrollment Portal to the Care Management staff via an email to <u>cmforms@state.sd.us</u>.



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