

South Dakota Medicaid Provider News

Winter 2022



Care Management - Retired Providers

Did you know that you must inform South Dakota Medicaid Care Management team when providers participating in either the Primary Care Provider (PCP) program or Health Home (HH) program leave or retire? If the Care Management team is not notified of the change, recipients get assigned through the auto assignment process to providers that are no longer in the clinic. Recipients may also have issues with claims and referrals. If the provider leaves and the caseload is not closed prior to payment of the next per member per month, overpayments must be recouped. This often requires a manual paper check because the provider is no longer providing services from which we can deduct the amount owed.

Status updates must be communicated in writing to Dawn Schnabel at Dawn.Schnabel@state.sd.us or via fax to 605.773.5246. The communication should include the provider's name, provider's NPI, date of departure, and what should be done with the caseloads currently attributed to the provider. Options when a provider retires include:

- Closing the provider and sending a letter to all recipients asking them to pick a new provider; or
- Flipping the caseload to another participating provider and sending a letter to each recipient identifying their new provider and allowing them to switch if they would like a different provider.

If the provider is part of both Care Management programs, the caseloads can be handled differently.

Provider Enrollment - Checking Statuses

Did you know that you can see the real-time status of your enrollment record at any time? Unlike prior enrollment systems, the PE Portal has numerous statuses that change as the record is picked up for review and as it progresses to completion. Providers wondering about the status of their application or updates should use the PE Portal to check the status. Requests should not be made by phone or email.

New Enrollments should look at the "Business Status" field. Revalidations/modifications to providers already enrolled should click the "+" button next to their record and view the Modification Status fields. The table below provides the most common statuses:

Types of actions	Revalidation/ Modifications (See Modification Status)	New Enrollments (See Business status)
Awaiting review by DSS	In Review	Submitted
Actively being reviewed by DSS	State Review	In Review
Provider needs to take action - see email from DSS	Provider Action Required	Provider Action Required
Federal screening requirements in process	Pending Screening Results	Pending Screening Results
Provider changes complete - see email from DSS	Approved	Approved/Active/Open or Denied

The PE Team continues to have staff dedicated to working both applications and revalidation/modifications in the order received. All enrolled providers were required to review their records, so the volume of records to be reviewed and screened to meet federal compliance is high. We thank providers for their continued patience as DSS staff continue their review. Emails will be sent upon approvals and will include any applicable special instructions for claims that have become untimely or record changes that have occurred while the record was being reviewed.



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