RECIPIENT ELIGIBILITY

OVERVIEW

Medicaid Coverage

Individuals may apply for South Dakota Medicaid/CHIP online through http://dss.sd.gov/applyonline, in person at their local DSS office, or by mailing an application to any Department of Social Services (DSS) Division of Economic Assistance office. Applications are available for download here.

Individuals approved are eligible beginning the first day of the month in which they are eligible. An individual may request retroactive coverage for the three months immediately preceding the application month if the individual had health care expenses in those months and met the South Dakota Medicaid eligibility criteria in those months.

Applications for coverage which require a disability determination to be made will be processed within 90 days. All other applications will be processed within 45 days.

South Dakota Medicaid Card

The South Dakota Medicaid Identification Card is issued by the Department of Social Services on behalf of eligible South Dakota Medicaid recipients. The magnetic stripe card has the same background as the Supplemental Nutrition Assistance Program (SNAP) EBT card.
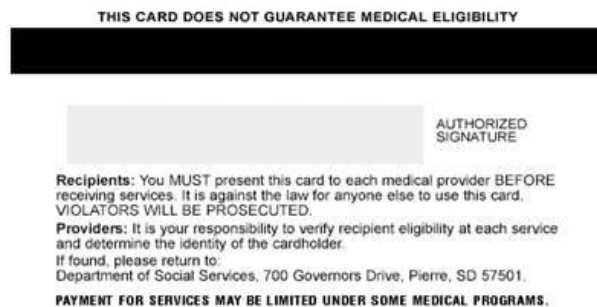
Recipients must present a South Dakota Medicaid identification card to a South Dakota Medicaid provider each time before obtaining a South Dakota Medicaid covered service as stated in the Medicaid Recipient Handbook. Failure to present the South Dakota Medicaid identification card or notify providers of Medicaid eligibility may be cause for payment denial. Payment for non-covered services is the responsibility of the recipient per ARSD 67:16:01:07.

The information on the face of the card includes the recipient's complete name (first, middle initial and last), the nine-digit recipient ID number, a three-digit generation number, and the recipient's date of birth and sex. Information entered on a claim submitted to South Dakota Medicaid must match the information on the card exactly. Do not use nicknames or different spelling from the name on the Medicaid ID card. The three-digit generation number is not part of the recipient's ID number and should not be entered on a claim. Each card has an individual name on it. There are no family cards.

The Medicaid ID card does not guarantee Medicaid eligibility. South Dakota Medicaid recommends providers verify current eligibility before providing services using the South Dakota Medicaid online portal or via another mechanism.

VERIFYING ELIGIBILITY

Medicaid Online Portal
South Dakota Medicaid recommends using the Medicaid Portal (Portal) to verify Medicaid eligibility. Providers who have access to the Online Provider Portal can use this system to determine if a recipient currently has a provider in either the Primary Care Provider or Health Home Provider program.

Information about how to sign-up or login to the Portal is available here: https://dss.sd.gov/medicaid/portal.aspx.

Medicaid Portal Recipient Eligibility Inquiry
Determine if you have access to the eligibility inquiry functionality in the portal. If you see that you have the Recipient Info half-moon tab as shown below, you can access the information. If you do not see the half-moon tab you will need to request access to that functionality from the individual within your clinic or Health System who has Provider Admin permission in the portal.
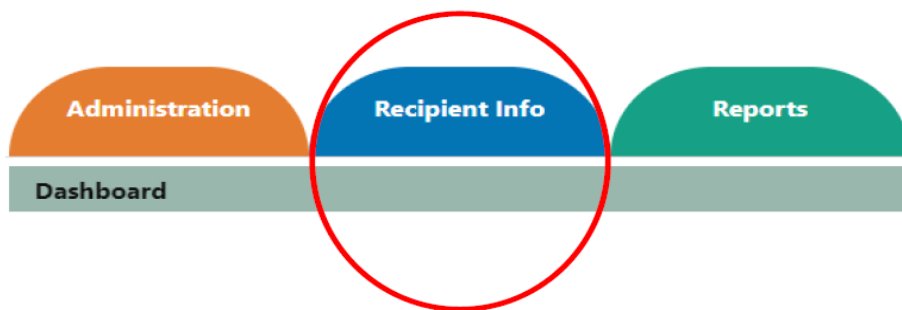
1. Click on the Recipient Info half-moon.
2. Click on Eligibility.
   - The following screen will populate:

3. Complete the information requested:
   - Enter the Cost Share or Service Type.
   - Enter the Dates of Service.
   - Enter recipient information using either:
     - Search Option 1 - Recipient ID and click the green Add button; or
     - Search Option 2 - First Name, Last Name, and Last 4 of SSN or Date of Birth and click the green Add button.
   - The following screen will populate:

Recipient Eligibility Inquiry										
IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
			123456789	Jane	Doe			06/01/2023	06/30/2023	🗑

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services. **Check Eligibility**

4. Click on the Check Eligibility button.
   - The following screen will populate:

Recipient Eligibility Inquiry										
IHS	Eligibility	Coverage	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
N	ACTIVE	Full	123456789	Jane	Doe		09/04/1969	06/01/2023	06/30/2023	👁 View

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services. **Check Eligibility**

5. The recipient/recipients will appear below the search options. Select View on the recipient you wish to verify.
   - The following Recipient Eligibility Inquiry screen will populate:

06/05/2023	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
		Page 1 of 1

Insured Information

Recipient ID: 001234567

Gender: F

Date of Birth: 09/26/1975

Recipient Name: JANE DOE

1234 RIVER RUN AVE,

SIOUX FALLS, SD, 571101234

Case Number: 123456789

Eligibility   **Dates are valid for current query.**

40-Active Coverage: Medicaid - Full Coverage

Eligibility :   6/1/2023 - 6/30/2023

Primary Care Provider/Health Home Provider

Primary Care Location	Primary Care Provider	Eligibility : 6/1/2023 - 6/30/2023
AVERA MEDICAL GROUP INTERAL ME	MILLER, RYAN	Primary Care Co-pay: $0.00
1301 S CLIFF AVE STE 400		
SIOUX FALLS, SD 57105-1023		
(605) 322-5750		

* Cost share amounts exceeding $0.00 apply to non-PCP/HH provider visitis only.

Providers should use this screen to verify active eligibility. Providers may review the Primary Care Provider/Health Home Provider section to see if a recipient has or had a provider for the time span for which the search is completed. If there is a provider in this section and a referral is required, make sure a referral is obtained prior to seeing the recipient.

If the recipient would like to change their Primary Care Provider/Health Home Provider:
- Document their request in the Electronic Health Record (EHR).
- Make the requested change using the online selection tool https://pcphhselection.appssd.sd.gov/.

Suspension of Benefits

When the Medicaid Portal Recipient Eligibility Inquiry indicates possible suspension of benefits, eligibility for the specific date of service must be verified by contacting the South Dakota Medicaid Claims Advice and Processing (CAP) unit at 1-800-452-7691, option 2.

Interactive Voice Response / Telephone Service Unit

Providers may call South Dakota Medicaid's CAP unit at 1-800-452-7691 to verify eligibility through the Interactive Voice Response System (IVR). Your provider NPI number and the recipient's Medicaid ID number are required to check eligibility using the IVR. Each call takes approximately one minute to complete.
Information is limited to current eligibility and PCP/Health Home information.

Medicaid Eligibility Verification System

South Dakota Medicaid also provides the option of verifying eligibility through the Medicaid Eligibility Verification System (MEVS). All three MEVS options provide prompt response times, printable receipts, and can verify eligibility status for prior dates of service. There is a nominal fee for verifications obtained through these Emdeon products.

MEVS offers the following ways to verify recipient eligibility:
- <u>Point of Sale (POS) Device</u>: Through the magnetic strip, the provider can swipe the card and have an accurate return of eligibility information in approximately 10 seconds. The POS is typically used at a pharmacy.
- <u>PC Software</u>: The provider can enter the Medicaid recipient ID number into PC software and in about 10 seconds have an accurate return of eligibility information.
- <u>Secure web-based site</u>.

For more information about the MEVS system, contact Emdeon at 1-866-369-8805 for new customers and 1-877-469-3263 for existing customers or visit Emdeon's website at www.emdeon.com.

MEDICAID COVERAGE PROGRAMS

Full Coverage

South Dakota Medicaid covers medically necessary health care services. Review the eligibility table for a brief snapshot of covered services. Specific coverage criteria and limits are noted in each section of the Provider Manual.

Limited Medicaid Coverage Programs

Not all South Dakota Medicaid recipients have full Medicaid coverage. Some recipients only have coverage for certain services. Below is a description of what is covered under the limited coverage programs.

(79) Unborn Children Prenatal Care Program

This program covers pregnancy related services only; Coverage is limited to prenatal care, labor/delivery, hospitalization due to delivery, and pregnancy related ambulance services.

Coverage may also include medically necessary hospitalizations and treatment for medical issues caused by the pregnancy or that directly affect the health of the baby or the pregnancy outcome. Medical or surgical conditions or management of pre-existing conditions that if not managed/controlled could potentially interfere with a healthy outcome of the pregnancy may be covered. Documentation must be included to determine medical necessity for medical issues caused by the pregnancy or that directly affect the baby or the pregnancy outcome including but not limited to the following examples:

- Cardiac conditions;
- Thyroid disease;
- Rheumatologic diseases;
- Chronic GI conditions;
- Onset or worsening of gallbladder conditions;
- Kidney stones; and
- Ovarian cysts.

(80) Renal Program

Coverage is limited to outpatient dialysis, home dialysis, including supplies, equipment, and special water softeners, hospitalization related to renal failure, prescription drugs necessary for dialysis or transplants not covered by other sources and non-emergency medical travel reimbursement to renal failure related appointments. The program's maximum coverage is $5,000 per state fiscal year from July 1 to June 30.

(71 & 73) Qualified Medicare Beneficiary (QMB)

This program covers the recipient's Medicare Part B premium as well as co-payments and deductibles on Medicare A and B covered services.

(72 & 74) Special Low-Income Beneficiary Program (SLMB)

The program only pays the recipient's Medicare Part B premium. The recipient will not receive a Medicaid ID card for this program.

HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER PROGRAMS

Home and Community Based Services (HCBS) Waiver programs are designed to provide services to meet the needs of individuals who prefer to receive long-term services and supports in their home or community instead of an institutional setting. Individuals must meet financial and additional eligibility requirements to qualify for a waiver program.

South Dakota has four HCBS waiver programs operated by the Department of Human Services. Each waiver program targets a specific population and provides services to meet the needs of the target population.

- Home and Community-Based Options and Person-Centered Excellence (HOPE)
- CHOICES
- Family Support 360
- Assistive Daily Living Services (ADLS)

HCBS coverage is in addition to other Medicaid coverage. If the service is covered under an individual's Medicaid coverage program, those benefits must be used prior to any HCBS benefits.

INCARCERATED RECIPIENTS

South Dakota Medicaid is prohibited from paying claims when a recipient is involuntarily held in a "public institution." A public institution is defined as an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Examples of public institutions include prisons, jails, juvenile detention centers, and other penal settings. Claims paid for dates of service when an individual is held in a public institution are subject to recoupment. South Dakota Medicaid is not always aware that a recipient is being held in a "public institution" and a recipient may appear eligible when verifying eligibility. Claims payment is allowable for individuals on home confinement, parole, or probation as well as those residing in community facilities such as group care centers.

Federal regulations provide a medical institution exception that permits payment for incarcerated individuals who are eligible for Medicaid and are admitted inpatient in a medical institution for a duration of 24 hours or more. Qualifying inpatient stays include hospitals, nursing homes, psychiatric residential treatment facilities, or other medical institutions.

QUICK ANSWERS

1. **A recipient provided me with a letter of retroactive coverage for South Dakota Medicaid. How do I bill Medicaid?**

   Claims must be submitted to South Dakota Medicaid within the timeframe stated on the letter of retroactive coverage. A copy of the letter must accompany the claim.

2. **Can I verify retroactive coverage on the Online Portal?**

   Yes, the dates of retro-eligibility will appear at the bottom of the Recipient Eligibility Inquiry screen.

On 11/29/2018 this individual became retroactively eligible for services on or after 04/01/2018.

You may submit claims with dates of service on or after 04/01/2018 through the end of 05/31/2019.

Print this page and submit with claim as proof of timely filing.

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

3. **I have a recipient who is eligible for both Qualified Medicare Beneficiary (QMB) and Renal, which is the primary aid category?**

   The claim would first be submitted to Medicare, after which it is billed as a cross-over to SD Medicaid. If the service is a Medicare covered services, SD Medicaid will pay the copayment and deductible. The Renal coverage will not have a balance to pay in these situations.

4. **How do providers know if a recipient has a PCP?**

   Providers can determine a recipient's Primary Care Provider using the Medicaid Online Portal Eligibility Inquiry as provided in this manual.

   Primary Care Providers can review Medicaid Expansion recipients on their caseload in the Medicaid Online Portal. More information about accessing a caseload is available in the Primary Care Provider Program Manual.

ELIGIBILITY TABLE

The following table provides a breakdown of recipient eligibility by service type and recipient aid category. The table indicates whether there are coverage restrictions based on recipient aid category. Providers should refer to the applicable provider manual for service limitations.

Services	Full Coverage (10-13, 15-16, 21-23, 30-33, 35-38, 40, 41, 43-47, 53, 54, 57, 67, 75, 76, 78, 90, & 92-95)	Unborn Children Prenatal Care Program (79)	Qualified Medicare Beneficiary (71 & 73)	Special Low-Income Beneficiary Program (72 & 74)	Renal Coverage (80)	Qualified Medicare Individual (86 & 87)
Air and Ground Ambulance	Y	L	X	N	N	N
Allergy Testing and Immunotherapy	Y	L	X	N	N	N
Ambulatory Surgical Centers	Y	L	X	N	N	N
Anesthesia Services	Y	N	X	N	N	N
Applied Behavioral Analysis	Y	N	X	N	N	N
Audiology and Speech Therapy	Y	N	X	N	N	N
Chiropractic	Y	L	X	N	N	N
Community Health Worker Services	Y	L	N	N	N	N
Community Mental Health Centers	Y	Y	X	N	N	N
Dental	Y	Y	N	N	N	N
Diabetes Self-Management Training Services	Y	L	X	N	N	N
DME	Y	L	X	N	N	N
Emergency Services	Y	Y	X	N	R	N
Family Planning and Sterilizations	Y	Y	X	N	N	N
FQHC and RHC Services	Y	L	X	N	R	N
Health Department Clinics	Y	L	X	N	N	N
Home Health	Y	N	X	N	R	N

Hospice	Y	N	X	N	N	N
Hysterectomy	Y	N	X	N	N	N
IHS and Tribal 638 Facilities	Y	L	X	N	R	N
Independent Mental Health Practitioners	Y	Y	X	N	N	N
Inpatient Hospital	Y	L	X	N	R	N
Laboratory Services	Y	L	X	N	R	N
Nutritional Therapy	Y	L	X	N	N	N
Obstetrical Services	Y	Y	X	N	N	N
Optometric Services	Y	N	X	N	N	N
Outpatient Hospital	Y	L	X	N	R	N
Personal Care Agency Services	Y	N	N	N	N	N
Physician Administered Drugs	Y	L	X	N	N	N
Vaccines and Immunizations	Y	Y	X	N	N	N
Physician Services	Y	L	X	N	R	N
Podiatry	Y	N	X	N	N	N
Private Duty Nursing	Y	N	N	N	N	N
Psychiatric Residential Treatment Facilities	Y	Y	N	N	N	N
Radiology Services	Y	L	X	N	N	N
Renal Dialysis	Y	Y	X	N	R	N
Pharmacy	Y	L	X	N	R	N
School Districts	Y	N	N	N	N	N
Skilled Nursing Facilities	Y	N	X	N	N	N
Substance Use Disorder Treatment	Y	Y	X	N	N	N
Surgical Services	Y	L	X	N	N	N
Telemedicine and Audio-Only Services	Y	L	X	N	R	N
Therapy Services	Y	L	X	N	N	N
Secure and Community Transportation	Y	L	N	N	N	N