South Dakota Department of Social Services

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

Federally Qualified Health Centers (FQHCs)
Alternative Payment Methodology Agreement

Instructions

By signing this form, the provider elects to be reimbursed under the enhanced alternative payment methodology for each Federally Qualified Health Center listed on page 2 of the agreement. This agreement is in effect unless terminated by either party. Providers without signed APM agreements will be reimbursed at the PPS rate. The APM is subject to CMS approval. Payments may be adjusted or recouped if CMS approval is denied or if CMS requires modifications to the methodology.

Payment Methodology Agreement

The FQHC accepts the alternative payment methodology. Effective July 1, 2026, the FQHC agrees to the new reimbursement rates of $336.71 per medical encounter and $390.36 per dental encounter. Rates will subsequently be updated by the Medicare Economic Index (MEI) annually on July 1 of each calendar year.

Signature by FQHC Officer or Administrator

☐ Check if signing electronically.

My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. I affirm I have the legal authority to bind the provider.

Provider/Organization Name: _____

Name of Authorized Signer: _____

Title of Authorized Signer: _____

Signature: _____

Email Address: _____

Date: _____

Complete the following page and submit both agreement pages 1 and 2 to DSSFinancePRA@state.sd.us.

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	Facility Name:	Facility Location:	Facility Billing NPI:	Medical:	Dental:
1.				☐	☐
2.				☐	☐
3.				☐	☐
4.				☐	☐
5.				☐	☐
6.				☐	☐
7.				☐	☐
8.				☐	☐
9.				☐	☐
10.				☐	☐
11.				☐	☐
12.				☐	☐
13.				☐	☐
14.				☐	☐
15.				☐	☐
16.				☐	☐
17.				☐	☐
18.				☐	☐
19.				☐	☐