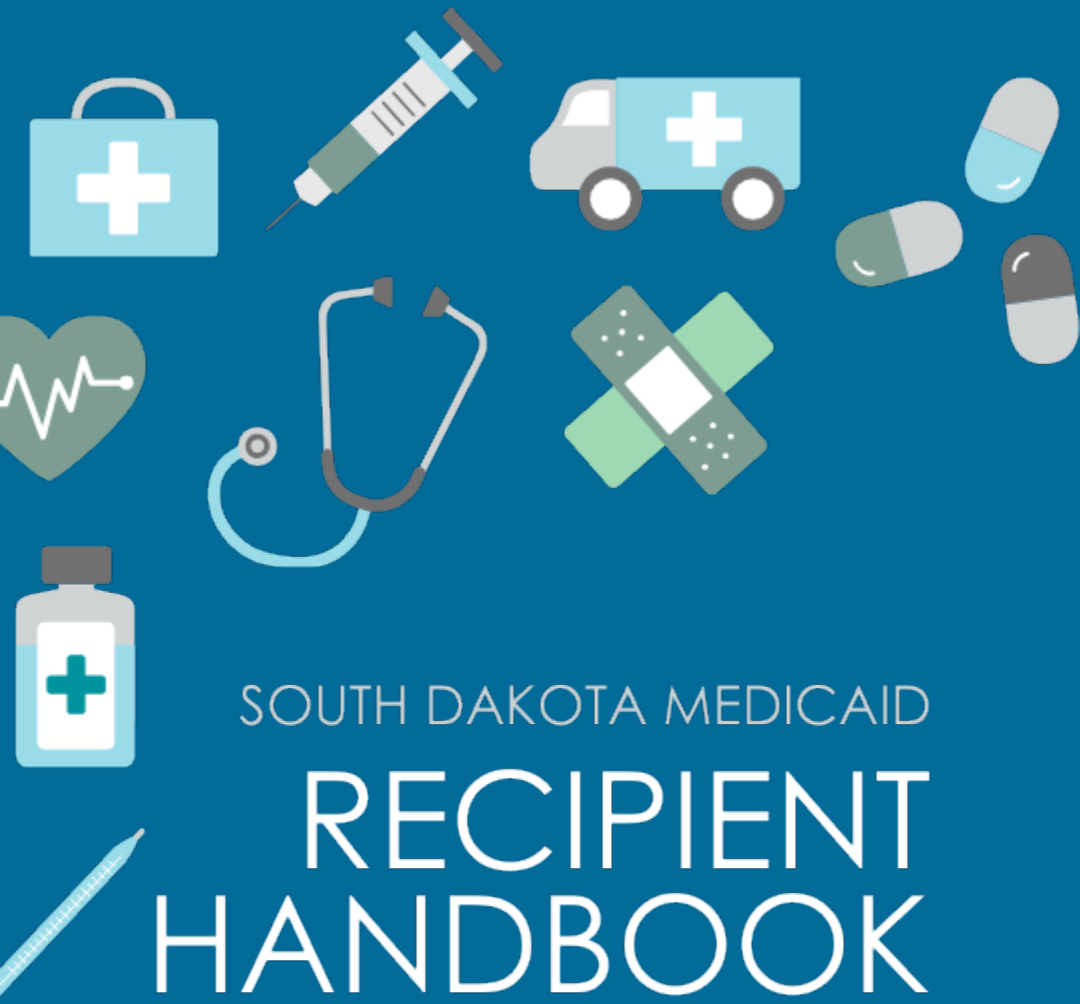

SOUTH DAKOTA MEDICAID

RECIPIENT HANDBOOK

South Dakota Department of Social Services

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View this handbook online at dss.sd.gov/medicaid/recipients

Things to Know about Medicaid

1. Medicaid covers a yearly preventative check-up at no cost to you.

2. Smile! Your Medicaid coverage includes dental coverage. Twice yearly appointments are recommended.

3. Make sure your provider's office is aware that you have Medicaid coverage. You may be responsible for the bill if you do not inform your provider.

4. Transportation is available to help you get to your appointments. See pages 25-27 for more information.

5. Medicaid has three Care Management programs. Most recipients are in one of the three programs and have a designated Care Management provide. See page 11 for more information.

6. A list of services requiring a referralfrom your Care Management provider is on pages 17-18.

7. Most services outside of South Dakota require prior authorization by South Dakota Medicaid. See page 29.

8. Only go to an emergency room when appropriate. For more information, see page 16.

Rights & Responsibilities

You have the right to:

- Be treated with dignity and respect.
- Choose your provider and be given the information and time to do so.
- Receive written material from your provider in a way you understand.
- Get information from your provider about treatment options.
- Be involved in all decisions about your health and say “no” to any treatment offered.
- Ask for and get a copy of your medical records.
- Keep your Medicaid information private. Information about your care and coverage can only be used for Medicaid purposes. Use of your Medicaid ID card allows for the sharing of information between DSS and Medicaid providers.

You have the responsibility to:

- Show your Medicaid ID card to providers.
- Go to the same provider for most of your medical care.
- Obtain a referral from your provider before you receive services requiring a referral. Refer to page 17 for a list of these services.
- Pick or change your provider, if applicable.
- Pay for services not covered by Medicaid including services exceeding a limit or without a required referral.
- Pay for cost of printed medical records.
- Use the emergency room (ER) only for life-threatening emergencies.
- Follow instructions in the handbook.
- Call your benefits specialist about changes in your case or if you need help.
- Call the doctor’s office ahead of time if you will be late or need to reschedule your appointment.
- Be polite and treat providers with respect.

For more information on rights and responsibilities, please visit dss.sd.gov/medicaid/rr.aspx.

Strong Families | Healthy Families

You can make healthy choices every day for you and your family, staying active and eating right is an important step.

Get moving. Walking, playing sports, hiking and biking are ways you and your family can get moving. Children and teens should play or be active for 60 minutes every day. Adults should do at least 150 minutes of moderate activity or 75 minutes of vigorous activity each week.

Make healthy food choices. The USDA's MyPlate (shown below) shows the right mix of foods on a healthy plate. Try to fill half your plate with fruits and vegetables.

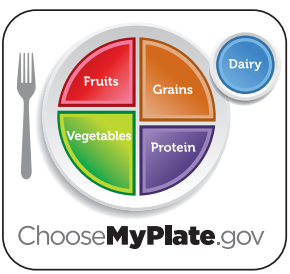
Brush and floss every day. Brush twice a day for two minutes with fluoride toothpaste.

Be tobacco free. Call the South Dakota QuitLine at 866.SD.QUITS (737.8487) to talk to someone about how to quit. Visit sdquitline.com for helpful tips.

Drink alcohol in moderation or not at all. If you or someone you know has concerns about Substance Use Disorder contact the Division of Behavioral Health at 605.773.3123.

Make sure to talk to your provider about things you can do to stay healthy. For more information about eating healthy and staying active, visit healthysd.gov.

HEALTHYSD.GOV
Live better. Grow stronger.



Yearly Preventative Check-ups

Yearly preventative check-ups help make sure you and your family get the care needed to be and stay healthy. Call your provider to schedule an appointment. Make sure to mention the visit is for preventive care.

Well-Child Check-ups



Routine Check-up - Babies and toddlers need 12 well-child check-ups before they are 3-years-old. Review the check-up schedule on page 7 to make sure your child gets all of the recommended care. Children ages 3 to 20 years should have a well-child check-up every year.



Dental Care - Regular dental cleanings and exams help prevent dental diseases and cavities. Medicaid covers two dental cleanings and two dental exams per plan year. Your child should see a dentist every six months starting at 1 year old. See Dental section under Health Coverage for other dental services and limits.

Fluoride varnish helps prevent new cavities and can help stop cavities that have already started. Ask your dentist or health care provider about fluoride varnish.

Dental sealants can protect your child from the dental diseases which can cause cavities. Ask your dentist about sealants for your child's molars.



Eye Exams - Eye exams can help determine if your child needs glasses. Uncorrected vision or eye health issues can lead to learning problems. An eye exam by an eye doctor should occur at 6 months, then one between ages 3 and 5, and yearly after 5 years.



Immunizations - Remember to ask your child's doctor about necessary immunizations to keep your child healthy. There is a list of recommended immunizations on page 6. Your child should also get a flu shot each year.

Well-Adult Check-ups



Yearly Check-up - Check-ups may include blood pressure and cholesterol screening, immunizations, and other necessary care. For women, check-ups may include a well-woman's exam and a pap smear. Yearly check-ups also allow you the opportunity to discuss your health with your doctor. Medicaid covers a routine check-up once a year.



Cancer Screenings - Talk to your doctor about whether the following cancer screenings are needed:

- Breast cancer
- Cervical cancer
- Colorectal cancer
- Lung cancer
- Oral cancer
- Prostate cancer
- Skin cancer



Dental Care - Regular dental cleanings and exams help keep your teeth healthy. Medicaid covers two dental cleanings a year and two dental exams. See the Dental section under Health Coverage for other dental services and limits.



Eye Exams - Yearly eye exams by an eye doctor can determine if you need glasses, or if you have other vision problems that can lead to vision loss.



Immunizations - Immunizations help prevent diseases. Seasonal flu shots reduce doctor visits and missed work. Flu shots and other necessary immunizations are covered by Medicaid. Check with your doctor about recommended immunizations.

Talk to your provider about other preventive services for you and your family.

RECOMMENDED IMMUNIZATION SCHEDULE

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7 -10 years	11 - 18 years
HepB (Hepatitis B)	1st dose	2nd dose			3rd dose								
RV* (Rotavirus)			1st dose	2nd dose	3rd dose*								
DTap (Tetanus, diphtheria, pertussis)			1st dose	2nd dose	3rd dose		4th dose				5th dose		
Hib* (Haemophilus influenzae type b)			1st dose	2nd dose	3rd dose*	Booster							
PCV (Pneumococcal)			1st dose	2nd dose	3rd dose	4th dose							
IPV (Polio)			1st dose	2nd dose	3rd dose						4th dose		
COVID 19* (Coronavirus disease)					2 or 3 dose series and booster*								
Flu (Influenza)					1 or 2 doses yearly								
MMR (Measles, Mumps, Rubella)						1 dose					2nd dose		
Varicella (Chickenpox)						1 dose					2nd dose		
HepA (Hepatitis A)						1st dose		2nd dose					
Tdap (Tetanus, diphtheria, pertussis)													1 dose
HPV* (Human Papillomavirus)												2 or 3 dose series*	
MenACWY/MenB (Meningococcal disease - MenACWY/MenB*)												MenACWY/MenB	

If your child is behind on immunizations speak with your provider about a modified schedule.

* Not all manufacturers require this dose, speak with your provider about your child's needed immunizations

Well Visit & Immunization ROAD MAP

0-18+ Years

NEWBORN
(3-5 DAYS OLD)
Well Visit
Immunizations
Blood Screen if needed

1 MONTH
Monitoring
Growth/Development
additional hearing tests if needed

2 MONTHS
Well Visit
Immunizations

4 MONTHS
Well Visit
Immunizations

6 MONTHS
Well Visit
Immunizations

9 MONTHS
Well Visit
Developmental
Screening

12 MONTHS
Lead and Anemia screening/Immunizations
Dental checkup recommended by age 1
and dental checkups twice a year after the first checkup

15 MONTHS
Well Visit
Immunizations

18 MONTHS
Developmental Screening
Immunizations

24 MONTHS
Well Visit Immunizations
Lead Screening

30 MONTHS
Developmental
Screening

3 YEARS
Well Visit/Immunization
Vision check-up between ages 3-5
and vision checkups yearly after first checkup

4 YEARS
Well Visit
Immunizations

5 YEARS
Well Visit
Immunizations

6 YEARS
Well Visit
Immunizations

7 YEARS
Well Visit
Immunizations

8 YEARS
Well Visit
Immunizations

9 YEARS
Well Visit
Immunizations

10 YEARS
Well Visit
Immunizations

11 YEARS
Well Visit
Immunizations

12 YEARS
Well Visit/Immunizations
Major Depressive Disorder Screening
and major depressive disorder screening yearly after the first initial screening.

13 YEARS
Well Visit
Immunizations

14 YEARS
Well Visit
Immunizations

15 YEARS
Well Visit
Immunizations

16 YEARS
Well Visit
Immunizations

17 YEARS
Well Visit
Immunizations

18+ YEARS
Well Visit
Immunizations

South Dakota Department of Social Services
Strong Families - South Dakota's Foundation and Our Future

SOUTH DAKOTA DEPARTMENT OF HEALTH

Immunizations vary by age. Please check with your child's primary care provider about which immunizations are recommended for your child.

Pregnancy Coverage

Prenatal care is important for the health of your baby. Prenatal visits are once a month through the seventh month, every two weeks in the eighth month and weekly in the ninth month. Schedule prenatal care with your provider. Ask for a referral if your provider does not provide.



Pregnancy and Postpartum Coverage

Pregnancy coverage includes full Medicaid benefits while you are pregnant. After your pregnancy ends, contact your benefits specialist and you will be switched to postpartum coverage which includes full Medicaid benefits for an additional 12 months of continuous coverage.



Prenatal Care for Unborn Children Coverage

If you are on this program, your services are restricted to services for medical or dental conditions caused by or directly affecting your baby including medically necessary dental services. This does not include services such as most broken bones, cuts, vision, etc. Once you have your baby, your coverage ends.



Covering your Newborn

Once your baby is born, please contact your benefits specialist right away to get your child covered by Medicaid. Make sure to give your provider your baby's Medicaid ID number so they can bill Medicaid.



Doula Services

Medicaid covers doula services during the prenatal period and postpartum period. A doula is a trained professional who provides emotional, physical, and informational support. Doulas are non-clinical and do not provide medical care. Doula services may help support you, but should be utilized in conjunction with prenatal or postpartum care from a medical provider. Women in the Unborn Children Prenatal Care program are not eligible for postpartum doula services as their coverage ends upon delivery.

Pregnancy Loss

The loss of a baby during pregnancy can be a sad reality for many families and takes a serious toll on health and well-being. South Dakota Medicaid covers services related to the end of the pregnancy. Covered services include:

- Services associated with miscarriage, stillbirth, or a non-viable pregnancy, such as a molar pregnancy, ectopic pregnancy, or fetal death in utero.
- Postpartum services including behavioral health services.

Your medical providers, Bright Start nurse, or Women, Infants and Children (WIC) office can assist with providing local and community support options after loss. Grief after loss is normal. If your feelings start to interfere with your ability to get along in daily life, or if your sadness doesn't lessen after a couple of months, talk with your healthcare provider.

Other Pregnancy-Related Programs

The For Baby's Sake program provides information and resources to help women have healthy pregnancies and healthy babies. For more information, please visit doh.sd.gov/programs/for-babys-sake/

The WIC program, administered by the South Dakota Department of Health, offers:

- Personalized nutrition education and guidance
- Breastfeeding education and support
- Referral information for other services
- Guidance on purchasing healthy foods
- Guidance on healthy lifestyle activities
- Healthy foods to help supplement diets

For more information please visit doh.sd.gov/programs/wic or call 800.738.2301.

Baby Ready
MEDICAID WHOLE PREGNANCY CARE

BabyReady is for Medicaid-qualifying moms who are less than 21 weeks pregnant.

See page 15 for more information.

Care Management Programs

Medicaid has three Care Management programs:

1. Primary Care Provider program
2. Health Home program
3. BabyReady program

Most Medicaid recipients are enrolled in one of the three programs. These programs provide you a single provider (doctor, physician assistant, or nurse practitioner) who helps coordinate your care. A recipient can only be in one Care Management program at a time. Most individuals are in the Primary Care program.

Tips for choosing a Provider:

- Know Your Provider Type: Pediatricians usually only see children. OB/GYN providers only see women for pregnancy and gynecology services. Internal Medicine doctors usually only see adults.
- Choose a Location Close to Home: Consider how far you must travel to your provider. Keep in mind, travel will only be paid to the doctor or clinic closest to your home. See page 30 about getting travel paid.
- Get Permission for Closed Doctors: Some providers are not seeing new patients. An asterisk "*" next to the Provider's name on the list shows they are full, and you need a written letter from the provider to pick them.
- Ask About Special Needs: If you or your family have special health care needs, you should call the Provider's office before you pick them to make sure the provider can meet your needs.

South Dakota Medicaid will send you a letter with the name of your provider and the start date when you must begin to use your provider. Usually, it will start on the first day of the month after you choose or are assigned a provider.

Choosing Your Provider

1. Choose a provider for each eligible family member.
2. If you do not choose a provider, one will be chosen for you.
3. Choose your provider online at pcphhselection.appssd.sd.gov/.
4. A list of providers can be found online at dss.sd.gov/medicaid/care_management/.
5. If you have questions or need help, call 800.597.1603.

American Indians
American Indians can choose Indian Health Services (IHS) or a tribal provider as their Care Management provider or they can choose another provider. American Indians can still get services from IHS or a tribal provider without a referral regardless of who their Care Management provider is.

Changing Your Provider

You may change your Care Management provider at any time.

- Change your provider online at pcphhselection.appssd.sd.gov/.
- A list of providers can be found online at dss.sd.gov/medicaid/care_management/.
- Your new provider will begin the first day of the next month after your change request is processed.
- You will receive a letter stating your change was approved.

REMEMBER:
If you change your provider, your current referral is no longer valid. Make sure to obtain a new referral from your new provider.

Change of Address
If you move to a new area, call your local DSS office and give them your new address and phone number. Choose a new provider in your new area if possible.

Primary Care Provider (PCP) Program

The Primary Care Provider (PCP) program is designed to improve your access to medical care. Having a primary doctor or clinic where you receive most of your services can improve the quality of care.

The majority of recipients who qualify for Medicaid are required to be in the PCP program. This handbook will serve as your guide to the PCP program policies and requirements. If you have questions about policies outlined in the handbook, please call 800.597.1603.

Two Things to Do

1. If you have not already, make an appointment for a check- up with your new provider. See pages 4-5 for more information about preventive check-ups.
2. Ask your provider how to access services needed after hours. Providers should be accessible by phone 24/7.

Care Management Program Reminders

- A referral or permission is required for most specialty and hospital services.
- Some services require a referral and must be obtained prior to your appointment. See pages 17-18 for details.
- Before you seek emergency care, call your provider's 24/7 line and have them help you make a decision about how to proceed.
- If you change your provider, remember to also obtain an updated referral.

Health Home Program

South Dakota's health home program offers enhanced health care services to Medicaid recipients with chronic conditions such as mental conditions, substance use disorder, diabetes, obesity, and hypertension.

The health home program can help you with the following:



Keeping You Healthy

- Teaching you how to manage your condition and providing healthy living resources.
- Helping you stay healthy to avoid hospitalizations or ER visits.



Planning Your Care

- Setting health goals and making a plan to achieve them.
- Building a support care team for you.

Supporting You and Your Family

- Supporting you and your family or caregiver to make sure you can focus on your health.
- Helping you understand test results and diagnoses.



Connecting Your Care

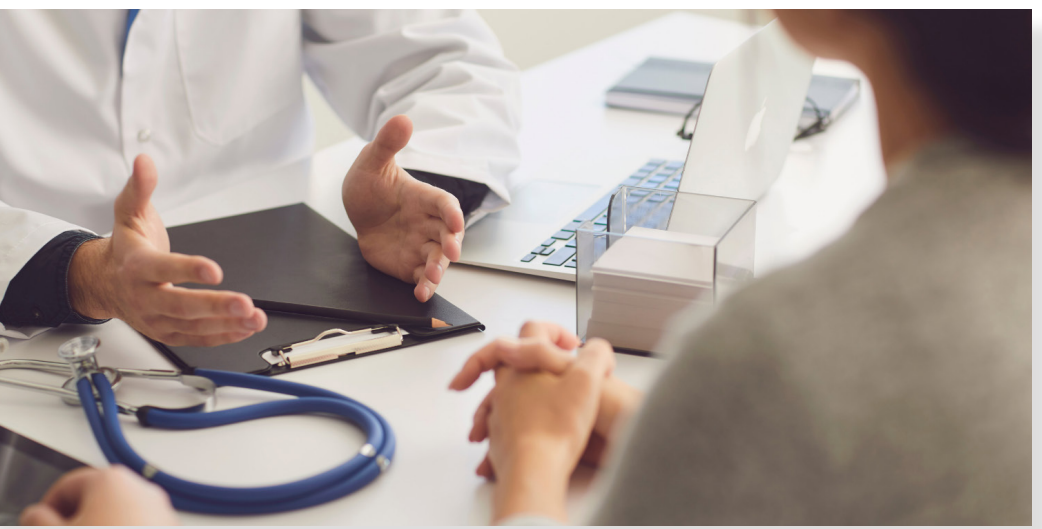
- Coordinating your care with other medical providers.
- Helping you schedule screenings and appointments.
- Helping you get needed community services and supports.

BabyReady

You may be eligible for the BabyReady program. In addition to your routine pregnancy care, the program provides you enhanced services. Enhanced services include access to a provider support team and connecting you to needed supports including Department of Health pregnancy programs. If you are eligible for the program, you will receive a letter in the mail asking you to select a BabyReady provider. Visit dss.sd.gov/medicaid/care_management/babyready.aspx for additional information.

Urgent Care Referrals

Acute and urgent care clinics offer instant care for acute illnesses and minor injuries on a walk-in basis. If you are enrolled in a Care Management program, four visits per plan year do not require a referral. It is still recommended you notify your Care Management provider of any acute or urgent care visits. A plan year starts July 1 and ends June 30. After those four visits have been used, you need to call your provider before going to an acute or urgent care clinic. Your provider will contact the acute or urgent care clinic and give the referring information if they determine the services are needed. You will be responsible for paying the bill if you get services at an acute or urgent care clinic without a referral.



Emergency Care



- For a serious health problem that may cause lasting injury or death, such as severe bleeding, chest pain, shortness of breath, severe pain, severe allergic reaction or loss of consciousness.
- If the problem is not a life-threatening emergency, you may have to pay the bill.



- For treatment of a cold, cough or other minor illness or injury.
- Do not go to the ER because it is easier or more convenient for you.
- You will be responsible to pay the bill for non-referred, non-emergency services.

Be Ready for an Emergency
Ask your provider's office for a number to call after clinic hours and write it down on page 40. Use this number if your problem is serious but not life-threatening.

Life-threatening Emergency
Life-threatening emergency care does not require a referral. The medical provider who sees the patient determines if a life-threatening emergency exists based on federal and state rules.

Follow-up Care
Follow-up care after the emergency needs to be given or referred by your provider.

Care Management Referrals

The following list of services will have a ✓ to identify if a referral is needed from your Care Management provider.

Services	Required	Not Required
Acute care/urgent care clinics (initial four visits per plan year from July 1 - June 30 are exempt for referrals)	✓	
Ambulance (ground and air)		✓
Chiropractic		✓
Clinic	✓	
Community Health Workers		✓
Community transportation		✓
Dental		✓
Diabetes self-management training	✓	
Dietician/nutritionist	✓	
Doulas	✓	
Durable medical equipment	✓	
Eye specialist	✓	
Family planning & testing for STDs		✓
Home health	✓	
Immunizations		✓
Inpatient/outpatient hospital	✓	
Lab/x-ray (at another facility)	✓	
Life threatening emergency		✓
Mental health services for recipients diagnosed with serious emotional disturbance or serious mental illness		✓

Services	Required	Not Required
Nursing facility		✓
Outpatient Community Mental Health Center	✓	
Personal care services		✓
Physician	✓	
Physician assistants, nurse practitioners and nurse midwives	✓	
Podiatry		✓
Pregnancy related services	✓	
Psychiatry/psychology	✓	
Prescription drugs		✓
Rehabilitation hospital	✓	
Residential treatment facilities	✓	
Same-day surgery centers (includes oral and eye surgery)	✓	
School district services (always requires a referral)	✓	
Secure medical transportation		✓
Substance use disorder outpatient treatment		✓
Therapy (physical, speech, occupational, audiology)	✓	
Vision services (routine eye care, glass-es)		✓
Well-child and well-adult exams	✓	

Health Coverage

South Dakota Medicaid covers three basic kinds of health benefits:

1. Physical health
2. Behavioral health
3. Dental

Services must be medically necessary and provided by an enrolled Medicaid provider. Before you get a service, ask your provider if the service is covered. You have to pay for services not covered by Medicaid.

A service may be medically necessary when the service is:

- Appropriate for your medical needs or condition
- Considered to be standard medical care
- Reasonably expected to prevent or treat pain, injury, illness or infection
- Does not cost more than other types of effective treatment

Non-covered services include:

- Treatments that are untested or still being tested
- Services that are not proven to be effective
- Services done for the convenience of the recipient or provider
- Services that are considered cosmetic
- Services outside the normal course and length of treatment

You may need prior authorization from South Dakota Medicaid before receiving some services. Your doctor will work with South Dakota Medicaid to obtain approval.

You may request a second opinion. You need to talk to your Care Management provider to get a referral and coordinate your appointment. Second opinion requests for doctors located outside of South Dakota need prior authorization. See page 28 for out-of-state services.

Telemedicine

Some services are covered via telemedicine. Examples include mental health visits and primary care visits. Telemedicine services are real time communication with the provider using audio and video.

Care Management provider referral requirements still apply. If you are interested in having a visit via telemedicine, ask your provider if the service is covered by Medicaid.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

For children age 20 and younger, medically necessary services to treat or help address an illnesses or medical conditions may be covered even if the medical service is not generally covered by Medicaid. Your medical provider may submit a prior authorization request to receive a coverage determination.

Physical Health

Chiropractic

Only manual manipulations of the spine are covered. Medicaid will pay for 30 manipulations during a plan year starting July 1 and ending June 30.

Community Health Worker

Community Health Workers (CHW) may help recipients navigate the health system and promote healthy living. Recipients must have a chronic condition or at risk for a chronic condition and be unable to self-manage the condition. Recipients with a documented barrier may also qualify for services. Services limits apply. Verify with your CHW agency that you have not exceeded the services limit.

Diabetes Education

A maximum of 10 hours of diabetes self-management education is covered for a recipient when he or she is first diagnosed. The 10 hours of education may be received over a year. Two hours of follow-up education is allowed per year. Diabetes education must be ordered by your doctor.

Dietician and Nutritionist

Dietician and nutritionist services are covered for select conditions. Services are limited to one hour of services a day and five hours of services per year. Recipients under 21 may exceed these limits if approved as medically necessary through a prior authorization.

Family Planning
Family planning services are covered. Covered services include office visits, testing and treatment for STDs, and birth control. Sterilization such as tubal ligations and vasectomies are covered for adults age 21 and older. A consent form must be completed 30 days prior to sterilization.

Home Health
Home health care provides nursing and therapy services in your home when you are recovering from an illness or injury. Home health services must be ordered by a doctor.

Hospice
Hospice care focuses on comfort and support for people in the end stage of life. Hospice services for terminally ill recipients are covered when ordered by a doctor.

Hospital
Both inpatient and outpatient hospital services are covered. Inpatient services are provided when you have been admitted to a hospital and stay in the hospital 24 hours or more. Self-administered drugs are not covered.

Medical and Surgical Services
Most medical and surgical services performed by a doctor (physician, nurse practitioner or physician assistant) are covered. Covered services include routine examinations, drugs given at the doctor's office, x-rays, and laboratory tests needed for diagnosis and treatment. Most specialty doctors are covered with a referral from your provider.

Medical Equipment and Supplies
Medical equipment that is reusable and needed due to an illness or injury is covered. Examples include wheelchairs, walkers, and crutches. A prescription from your doctor is required. Medical supplies are also covered. These are disposable health care items that are required for a medical condition. Some equipment or supplies may need prior authorization.

Nursing Home
Nursing home services are covered for people who cannot be cared for safely at home. Coverage includes room and board, nursing care, therapy care, and meals. Medical equipment is not covered for nursing home residents, except for hearing aids.

Personal Care
Personal care may include things such as bathing, toileting, and assistance with medications. Personal care is covered through a care plan based on an evaluation. Call Dakota at Home at 833.663.9673 to learn more.

Many people can live at home instead of a nursing facility. Supports are available to help people regardless of age or disability.



Podiatry
Covered podiatry services include office visits, x-rays, blood sugar checks, tests to check for a foot infection, and limited surgical procedures.

Pregnancy, Postpartum and Newborn Care
Please refer to Pregnancy Coverage information on pages 9 and 10 of this handbook.

Prescription Drugs
Most prescription drugs are covered. Some drugs require prior authorization. Most over-the-counter medications and products are not covered. Daily amounts of controlled pain prescriptions are limited.

Private Duty Nursing
Private duty nursing services are provided to a recipient requiring more patient care than can be provided by a home health agency or professional daycare when a condition or illness would result in institutionalization if not cared for at home. Services are covered for recipients under age 20 when medically necessary if certain eligibility requirements are met and the service is prior authorized by South Dakota Medicaid. Services are limited to hours that guardian(s) are at work and school.

Vision
Vision services include exams, lenses, and frames. The provider may offer a selection of frames to choose from based on Medicaid's allowed payment. Contact lenses are only covered when necessary or lead to the correction of certain conditions. Replacement frames and/or both lenses are covered if certain criteria are met.

Dental

Dental services are covered for both children and adults. Some services are limited by plan year starting July 1 and ending June 30.

Children's Coverage

South Dakota Medicaid covers the following dental services for children:

- Two exams per plan year
- Two cleanings per plan year
- Two fluoride treatments per plan year
- Dental sealants for permanent molars
- Silver diamine fluoride
- X-rays
- Fillings
- Removal of teeth
- Crowns
- Root canals



Braces are only covered when the child has an extreme need due to difficulty eating, chewing, speaking or breathing. All braces must be pre-approved.

Adult Coverage
South Dakota Medicaid covers the following dental services for adults:

- Two exams per plan year
- Two cleanings per plan year
- Two fluoride varnish applications for adults at moderate or high risk for cavities
- Dental sealants for permanent molars
- Silver diamine fluoride
- Fillings
- X-rays
- Removal of teeth
- Crowns
- Root canals on front teeth
- Partial dentures and full dentures (no more than once every 5 years)

Adult dental coverage is limited to $2,000 each plan year. Recipients must pay for services over the $2,000 yearly limit. Medically necessary emergency services, preventive services, dentures, and partials are exempt from the $2,000 yearly limit. Ask your dentist or Delta Dental of South Dakota if the $2,000 yearly limit has been or will be reached.

For more information about dental benefit or the $2,000 limit, contact Delta Dental of South Dakota from 8 a.m. – 5 p.m. (CT) weekdays at 877.841.1478.

For a list of dentists who accept Medicaid, visit insurekidsnow.gov/find-a-dentist.

Transportation Coverage

South Dakota Medicaid covers transportation for Medicaid recipients to medical appointments that are medically necessary and in some instances to pick-up prescription drugs, durable medical equipment, and optical supplies. For out-of-state services, this means that the service has been prior authorized by South Dakota Medicaid. See page 20 for more information.

- The transportation provider must be enrolled with South Dakota Medicaid. Before booking travel, remember to ask if the provider is enrolled in South Dakota Medicaid and if the trip will be covered by Medicaid. Remember to give the transportation provider your Medicaid ID card. Note: This does not apply to the Non-Emergency Medical Travel program.
- Transportation is to the closest medical provider capable of providing the services. An exception to this requirement is allowed if you have a written referral from a medical provider.
- Delivery or mailing is not an option for obtaining the prescription, equipment, or supply.

South Dakota Medicaid also covers transportation services for an accompanying adult to a medical service for a recipient who is a child age 20 or younger if an accompanying adult is necessary for the transportation service or medical service to occur.

Non-Emergency Medical Travel

The Non-Emergency Medical Travel (NEMT) program reimburses travel to medical appointments outside your city of residence. NEMT reimburses you for mileage and may reimburse you for meals and lodging if overnight travel is necessary and the provider you are seeing is at least 150 miles from your city of residence.

Example: Jane lives in Pierre and has an appointment with a specialist in Sioux Falls. She drives herself to Sioux Falls for the appointment. She submits her completed NEMT Reimbursement form to obtain reimbursement.

Limits

- Mileage is limited to the actual miles between two cities, and does not include miles driven within the departure or arrival city.
- Trips to providers other than your Care Management provider require a referral.
- Lodging and meals are reimbursable for overnight travel when the provider is at least 150 miles from the city where the recipient lives and travel is to obtain specialty care or treatment resulting in an overnight stay.
- If you are receiving medical services more than 50 miles outside of South Dakota, except Bismarck, North Dakota, prior authorization by Medicaid must be approved before travel expenses can be approved or paid.

NEMT Reimbursement

- The NEMT Reimbursement Form must be filled out and signed by the recipient, parent, or guardian.
- The Medical Provider section of the form must be filled out and signed by the medical provider, or his or her receptionist or nurse.
- The form must be submitted within six months after the services were provided.
- The form can be found online at dss.sd.gov/formsandpubs/ or dss.sd.gov/medicaid/recipients/title19transportation.aspx.
- Reimbursement rates are available online on the Transportation Services fee schedule at dss.sd.gov/medicaid/providers/feeschedules/dss/.

Trips prior to your eligibility date are not covered. We reserve the right to deny coverage for any requests made outside the general coverage rules for non-emergency medical travel.

For more information, please call 866.403.1433 or visit: dss.sd.gov/medicaid/recipients/title19transportation.aspx.

Community Transportation



Community transportation providers can transport you to medical services. Transportation must be from your home or school to a medical provider, between medical providers or from a medical provider to your home or school. A list of community transportation providers is available at dss.sd.gov/medicaid/recipients/communitytransportation.aspx.

Example: Jane has an appointment with her dentist. She takes a city bus that is an enrolled Medicaid provider to the appointment. The city bus bills South Dakota Medicaid.

Secure Medical Transportation



Secure medical transportation is non-emergency transportation for individuals who rely on a wheelchair or stretcher to move around. It is not covered for individuals who do not need a stretcher or wheelchair for mobility purposes. Transportation must be from your home to a medical provider, between medical providers or from the medical provider to your home. A list of secure medical transportation providers is available at dss.sd.gov/medicaid/recipients/securemedtransportation.aspx.

Example: Jack needs a wheelchair to move around. A wheelchair van takes him to an appointment with his HHP. The wheelchair van bills South Dakota Medicaid.

Ambulance



Transportation by an ambulance is only covered for life threatening emergencies. South Dakota Medicaid covers ground ambulance and air ambulance, if necessary. Do not call an ambulance for non-emergency transportation.

Example: John is in a car accident and suffers life threatening injuries. He is transported to a hospital by ambulance. The ambulance bills South Dakota Medicaid.

Behavioral Health

Mental Health

Therapy for individuals with mental illness is covered. Services are limited to 40 hours of therapy in a plan year starting July 1 and ending June 30. The diagnosed individual must be present for services to be covered. Community Mental Health Center services are also covered. For adults with serious mental illness and adolescents with serious emotional disturbance, Community Mental Health Centers are able to provide specialized outpatient services.

Substance Use Disorder

Treatment for substance use disorder such as a drug or alcohol problem is covered. Covered services include screenings and assessments and outpatient and inpatient treatment services. Substance use disorder treatment is covered for all Medicaid recipients that need the service.



Out-of-State Services

Prior Authorization Required

Medical services outside of South Dakota require prior authorization. Your referring provider will have to submit a prior authorization request and medical records to Medicaid. You are required to go to a South Dakota provider if services are available in state.

Remember

- Wait for an approval notice from Medicaid before making travel plans.
- You are responsible for paying for all services provided out-of-state that have not been approved.
- If you are in a Care Management program, you need a referral from your provider and a prior authorization approval from Medicaid.
- Medicaid cannot pay for medical services outside the United States and its territories.

Exceptions

- Services provided within 50 miles of the South Dakota border and Bismarck, North Dakota, do not need prior authorization.
- Certain lab, radiology or pathology services, durable medical equipment, and pharmacy services do not need prior authorization.
- Telemedicine services if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State.

Out-of-State Emergencies

- Make sure the provider is, or is willing to become, a South Dakota Medicaid Provider.
- If the provider is not enrolled or willing to become enrolled, you are responsible for paying for all services provided to you and your family.

Payment of Medical Bills

Most medical services are covered by South Dakota Medicaid. A payment from Medicaid for covered services is considered full payment. The payment may be less than the amount the provider charged. However, a Medicaid provider is not allowed to bill the remaining amount to you or anyone else.

Providers can only bill you for non-covered services. This includes services Medicaid never covers and services that do not meet Medicaid program requirements. You are responsible for paying for non-covered services. If the service is non-covered due to a provider error, the provider should not bill you. If you do not timely notify your provider of your Medicaid coverage, this may result a service being non-covered and you being responsible for the bill.

Medical Bills

If you receive a bill for a covered service, follow these steps:

1. Call your provider and make sure they have your Medicaid coverage information and ask if Medicaid was billed.

2. If Medicaid was not billed, ask them to submit a claim.

3. If Medicaid was billed, ask them why they are billing you.

4. If your provider continues to bill you and you believe it is inappropriate, you may call Medicaid at 800.597.1603 to ask for assistance.

Retroactive Eligibility

If your eligibility was approved after you received services, you may receive a retroactive eligibility letter in the mail. Provide a copy of the letter to each provider you saw during that time. Failure to inform a provider of your Medicaid eligibility may result in you being responsible for the bill.

Other Health Insurance
If you have other insurance, you must report it to your benefits specialist and to any provider you get care from. Medicare and private health insurance must be billed by the provider prior to billing Medicaid. Any income you get as a result of medical care, such as an AFLAC supplemental insurance payment or a settlement, should be paid to the Office of Recoveries and Fraud, 700 Governors Drive, Pierre, SD 57501.

Grievances, Appeals & Fair Hearings

What is a grievance?
A grievance is a complaint you file when you feel you have been wronged by Medicaid or a medical provider. Grievances may be made in writing or by phone. All grievances will be investigated.

What is an appeal?
An appeal asks the state to look at a decision that was made. You will have to submit your concern and any supporting information.

Where do I send my grievances or appeals?
Send all grievances and appeals to the Division of Medical Services, 700 Governors Drive, Pierre, SD 57501. If you have additional questions, please call 800.597.1603, or send an email to Medical@state.sd.us.

How can I request a fair hearing?
If you feel DSS has made an improper decision determining your medical eligibility or payment, please write down your concerns and send them to:

Department of Social Services
Office of Administrative Hearings
700 Governors Drive
Pierre, SD 57501
605.773.6851
admhrngs@dss.state.sd.us

A fair hearing is a meeting involving you, a hearings officer and someone from DSS. At the hearing, you will have a chance to explain your concern(s). If you are currently getting benefits and request a

hearing, you have the right to continue to get benefits if you appeal within 10 days.

Fraud & Abuse

Recipient Fraud
Giving false information to become eligible for Medicaid is fraud. Failing to give all required information, including other insurance coverage, may also be considered fraud. You may be prosecuted under state criminal laws and federal fraud and abuse laws if you commit fraud.

Provider Fraud
Please contact South Dakota Medicaid at 800.597.1603 if you suspect provider fraud. Provider fraud includes charging you for medical care you did not receive and billing you for services paid by Medicaid.

Fraud Tip Hotline
Please call the fraud tip hotline at 800.765.7867 to report possible fraud.

IRS Form 1095-B

IRS Form 1095-B is a tax document used to report the months an individual had minimum essential health coverage to the IRS for income tax purposes.

You may request a copy of Form 1095-B for the previous year by contacting the Division of Economic Assistance at 877.999.5612

SDCareerLink

Medicaid is a member of SDCareerLink. SDCareerLink is designed to connect South Dakotans with the training, guidance, and support they need to improve their lives through stable, meaningful employment. It offers assistance to develop an individualized plan and pathway forward to help people identify, land, and excel in new jobs and careers. SDCareerLink offers:

Personal Support: One-on-one guidance with an Employment Specialist to explore and connect to career and educational opportunities.

Opportunities: Job placement, skill development, training, and education to enhance qualifications.

Assistance: Support with expenses related to securing meaningful employment.

Website dss.sd.gov/economicassistance/SDCareerLink.aspx
Call 605.367.5444
Email dss.medelig@state.sd.us



Contact Information

Phone Numbers

Department of Social Services

- South Dakota Medicaid at 800.597.1603
- NEMT Information at 866.403.1433
- Office of Administrative Hearings at 605.773.6851
- Office of Recoveries and Fraud Investigations at 605.773.3653
- Health Home program at 605.773.3495
- Premium Assistance program at 888.828.0059

Department of Health at 800.738.2301

Department of Human Services at 800.265.9684

- Long Term Services and Supports (LTSS) at 866.854.5465

Delta Dental of South Dakota at 877.841.1478

Websites

Department of Social Services: dss.sd.gov

Department of Health: doh.sd.gov

Department of Human Services: dhs.sd.gov

HIPAA Privacy Practices: dss.sd.gov/keyresources/hipaa

Other Important Numbers

Doctor _____

Office: _____ After Hours: _____

Doctor _____

Office: _____ After Hours: _____

Doctor _____

Office: _____ After Hours: _____

Dentist _____

Office: _____ After Hours: _____

Eye Doctor _____

Office: _____ After Hours: _____

Hospital _____

Office: _____ After Hours: _____

Clinic _____

Office: _____ After Hours: _____

Pharmacy _____

Office: _____ After Hours: _____

Other _____

Office: _____ After Hours: _____

Other _____

Office: _____ After Hours: _____

Other _____

Office: _____ After Hours: _____

Other Important Numbers

Doctor _____

Office: _____ After Hours: _____

Doctor _____

Office: _____ After Hours: _____

Doctor _____

Office: _____ After Hours: _____

Dentist _____

Office: _____ After Hours: _____

Eye Doctor _____

Office: _____ After Hours: _____

Hospital _____

Office: _____ After Hours: _____

Clinic _____

Office: _____ After Hours: _____

Pharmacy _____

Office: _____ After Hours: _____

Other _____

Office: _____ After Hours: _____

Other _____

Office: _____ After Hours: _____

Other _____

Office: _____ After Hours: _____

Appointment Record

Name	Type of appointment	Date (mm/dd/yy)	Name of Provider

Notice of Nondiscrimination

As a recipient of Federal financial assistance and a State or local governmental agency, the Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission or access to, or treatment or employment in, its programs, activities, or services, whether carried out by the Department of Social Services directly or through a contractor or any other entity with which the Department of Social Services arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in, its programs, activities, or services when carried out by the Department of Social Services directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office on Violence against Women.

The Department of Social Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact your local DSS office.

If you believe that DSS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a discrimination complaint or grievance with: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governors Drive, Pierre, SD 57501. Phone: 605.773.3305, Fax: 605.773.7223, DSSInfo@state.sd.us . You can file a discrimination complaint or grievance in person or by mail, fax, or email. If you need help filing a discrimination complaint or grievance, the Discrimination Coordinator, Director of DSS Division of Legal Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1.800.368.1019, 1.800.537.7697 (TDD) Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, and 28 CFR Part 35, the Omnibus Crime Control and Safe Streets Act of 1968, Title IX of the Education Amendments of 1972, Equal Treatment for Faith-based Religions at 28 CFR Part 38, the Violence Against Women Reauthorization Act of 2013, and Section 1557 of the Affordable Care Act.

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.305.9673 (TTY: 711).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.305.9673 (TTY: 711).

繁體中文 (Chinese) - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請 致電 1.800.305.9673 (TTY: 711)

ကညီ (Karen) - ဟ်သူဉ်ဟ်သး-နမ့်ကတိၤကညီကျိာ်အယိ,နမၤန့်ကျိာ်အတ်မၤစၤလၢတလၢာ်ဘူဉ်လၢာ်စ့ၤနီတမံၤဘဉ်သ့နှဉ်လီၤ.ကိး 1.800.305.9673 (TTY: 711).

Tiếng Việt (Vietnamese) - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.305.9673 (TTY: 711).

नेपाली (Nepali) - यान दनुहोस:् तपाइ ले नेपाल बो नह छ भन तपाइ को नि त भाषा सहायता सवाह नश क पमा उपल ध छ । फोन गनुहोसर् ्1.800.305.9673 (ट टवाइ: 711)

Srpsko-hrvatski (Serbo-Croatian) - OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1.800.305.9673 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

አማርኛ (Amharic) - ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.305.9673 (መስማት ለተሳናቸው: 711).

Sudanic Adamawa (Fulfulde) MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1.800.305.9673 (TTY: 711).

Tagalog (Tagalog – Filipino) - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.305.9673 (TTY: 711).

한국어 (Korean) - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.305.9673 (TTY: 711) 번으로 전화해 주십시오.

Русский (Russian) - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.305.9673 (телетайп: 711).

Cushite Oroomiffa (Oromo) - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.305.9673 (TTY: 711).

Український (Ukrainian) - УВАГА: Якщо ви говорити українською мовою, перекладацькі послуги, безкоштовно, доступні для вас. Телефонуйте. Телефонуйте 1.800.305.9643 (TTY: 711).

Français (French) - ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1.800.305.9673 (ATS : 711).



South Dakota
Department of
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