

South Dakota

ACCESS MONITORING REVIEW PLAN 2016

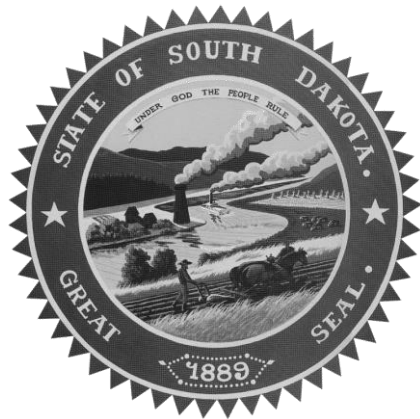


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INTRODUCTION

BACKGROUND

Section 1902(a)(30)(A) of the Social Security Act has always required states to assure that Medicaid payments are consistent with efficiency, economy, and quality of care and sufficient to enlist enough providers so that care and services are available to at least the extent that care and services are available to the general population in the same geographic area. The process for assuring to these requirements has been an informal part of the State Plan Amendment process. CMS proposed a rule in 2011 to formalize the process for monitoring access to care for Medicaid recipients. CMS released a final rule in 2015 requiring all states to develop an Access Monitoring Review Plan by October 1, 2016. The new federal regulations require states to analyze access to care through data and information from recipients and providers. In accordance with 42 CFR 447.203, South Dakota will review access to care for:

- Primary care services including Federally Qualified Health Centers, Rural Health Clinics and Physician, and Dental Services.
- Physician specialist services
- Behavioral health services
- Pre- and post-natal obstetric services, including labor and delivery
- Home health services

Plans are required to be updated every three years. States must add services to Access Monitoring Review Plans that make changes to reimbursement methodology policies to show that policies continue to support access to care.

SOUTH DAKOTA MEDICAID

South Dakota's Medicaid program plays a vital role in the health care of many South Dakotans. South Dakota Medicaid provides healthcare coverage for 118,000 low-income individuals, including children, pregnant women, and individuals with disabilities, elderly, parents and other adults. South Dakota's program has high rates of provider participation and engages key stakeholders regularly relative to program development and implementation. At the end of State Fiscal Year 2015, South Dakota Medicaid had over 15,000 providers enrolled and an average of 5,000 providing services each month.

South Dakota Medicaid measures and monitors indicators of healthcare access to ensure that its Medicaid recipients have access to care that is comparable to the general population. Key data elements including recipient data, provider enrollment data, and survey data are used to monitor and measure access.

ACCESS IN SOUTH DAKOTA

South Dakota's Access Monitoring Review Plan is one measure of recipient access and formalizes the review of access to care in accordance with 42 CFR 447.203. This plan

establishes a baseline for use in evaluating access today and over time. Prior to the development of this plan and the federal regulation, South Dakota Medicaid already had processes in place to facilitate access to care for South Dakota Medicaid recipients and engage in open and transparent public notice processes regarding rate methodologies. South Dakota utilizes a variety of metrics and tools to measure and monitor access to Medicaid services. Monthly recipient enrollment, provider enrollment data and provider feedback, recipient surveys and call data, and rates in relation to other health payers all inform the monitoring process.

OVERVIEW OF FINDINGS

Based on review of available data, the Department of Social Services (DSS) concludes that South Dakota Medicaid's FFS reimbursement methodologies are sufficient to ensure access to healthcare that is similar to the general population in South Dakota for primary care, physician specialist, maternity, behavioral health, home health and dental services.

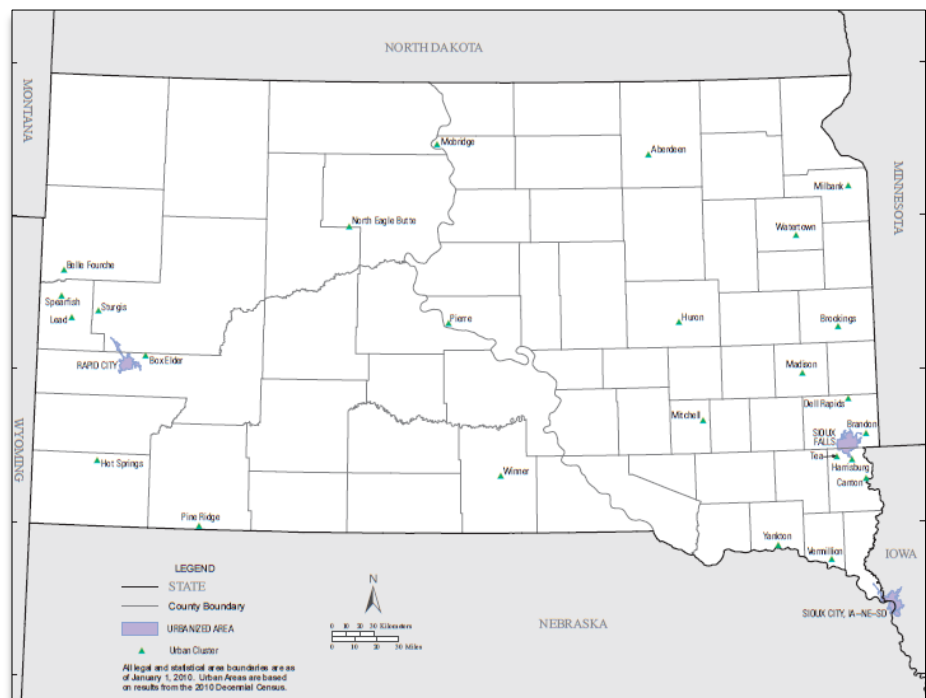
South Dakota Medicaid's Access Monitoring Review Plan was available for public comment from September 6, 2016 to October 28, 2016. South Dakota Medicaid engaged key stakeholders to ensure understanding of the purpose of the monitoring plan and incorporate meaningful stakeholder input. Further information is contained in the [Public Comment](#) section of the plan.

GEOGRAPHIC CHARACTERISTICS OF SOUTH DAKOTA

South Dakota is designated as a frontier state by the Affordable Care Act. A frontier state is a state in which at least 50 percent of the counties are frontier counties; a frontier county is a county where the population per square mile is less than 6. Frontier counties are best described as sparsely populated rural areas that are geographically isolated from population centers and services. Over half of South Dakotans live in a county that has been classified as a rural non-metro county by the Office of Management and Budget.¹ Of the 311 incorporated towns and cities in South Dakota, only 27 have populations greater than 2,500 people.² South Dakota has two Metropolitan Statistical Areas (MSA), Sioux Falls and Rapid City, and one county that is part of the Sioux City, Iowa MSA in southeastern South Dakota.

South Dakota has nine federally recognized tribes within its boundaries, which each have independent, sovereign relationships with the federal government. The

majority of South Dakota's reservations are geographically isolated in frontier locations and medically underserved areas. American Indians in South Dakota are affected by a multitude of adverse health related issues at rates that exceed the white population in South Dakota.³ IHS-eligible in South Dakota are served by the Great Plains Indian Health Service and Tribal 638 Facilities. South Dakota is served by 9 IHS Service Units: Cheyenne River Service Unit, Standing Rock Service Unit, Fort Thompson Service Unit, Lower Brule Service Unit, Pine Ridge Service Unit, Rosebud Service Unit, Woodrow Wilson Keeble Memorial Health Care Center at Sisseton, Yankton Service Unit, and the Rapid City Service Unit.



¹ United State Department of Agriculture Economic Research Service. *State Fact Sheets*. (2014). Retrieved from [http://www.ers.usda.gov/data-products/state-fact-sheets/state-data.aspx?StateFIPS=46&StateName=South Dakota](http://www.ers.usda.gov/data-products/state-fact-sheets/state-data.aspx?StateFIPS=46&StateName=South%20Dakota)

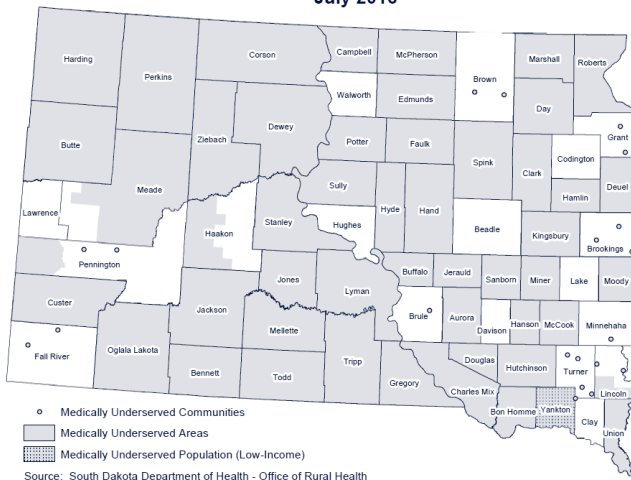
² United States Census Bureau Population Division. (2014). *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2012*. Retrieved from <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>

³ The Health Behaviors of South Dakotans, 2013. A report of the South Dakota Behavioral Risk Factor Surveillance System, South Dakota Department of Health; <http://doh.sd.gov/statistics/2013BRFSS/default.aspx>

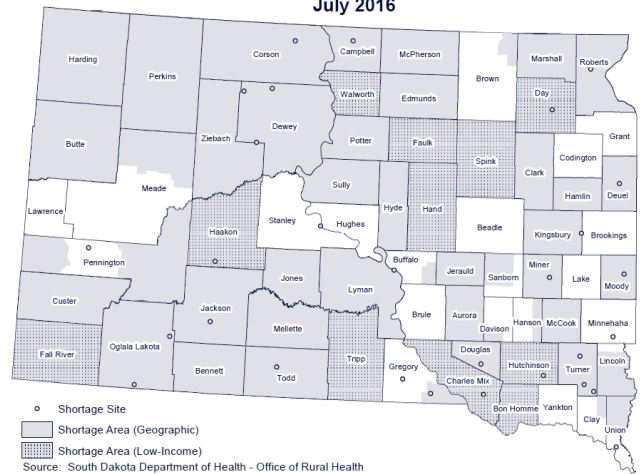
⁴ South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators (2014); <https://doh.sd.gov/statistics/>

South Dakota's frontier landscape presents unique challenges for service delivery regardless of health payer. Rural and frontier communities face difficulties maintaining a healthcare workforce. Rural regions cannot easily compete with wages and amenities available to physicians and other professionals in more urban areas. South Dakota has shortages of certain health care providers; as of February 2016, all or parts of 51 of South Dakota's 66 counties are classified as a medically underserved area or population by the South Dakota Department of Health.⁵ The maps below show shortage areas in South Dakota. The challenges associated with health care provider shortages are not unique to Medicaid and affect all health care payers. The Department of Social Services assists Medicaid Recipients in accessing health care services and finding and locating enrolled Medicaid providers.

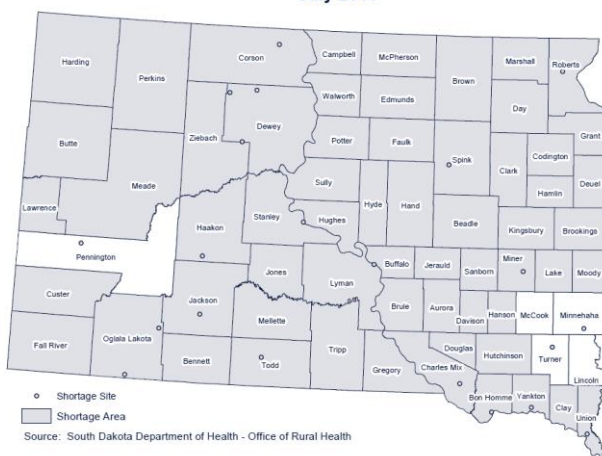
SOUTH DAKOTA MEDICALLY UNDERSERVED AREAS/POPULATIONS
July 2016



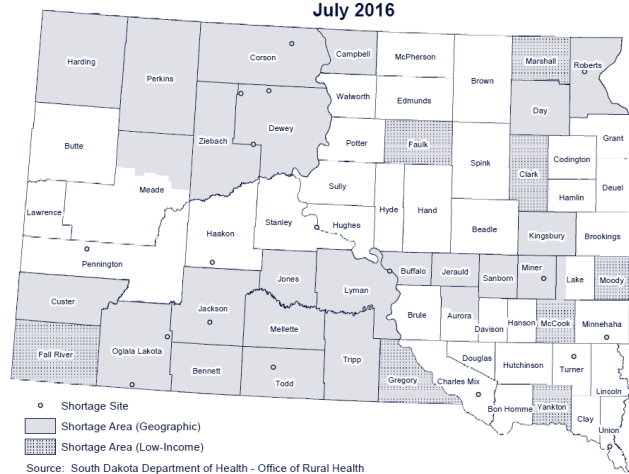
SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS
PRIMARY MEDICAL CARE
July 2016



SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS
MENTAL HEALTHCARE
July 2016



SOUTH DAKOTA HEALTH PROFESSIONAL SHORTAGE AREAS
DENTAL HEALTHCARE
July 2016



⁵ South Dakota Department of Health Office of Rural Health. (2016). *South Dakota Medically Underserved Areas/Populations*. Retrieved from <https://doh.sd.gov/documents/Providers/RuralHealth/MUA.pdf>

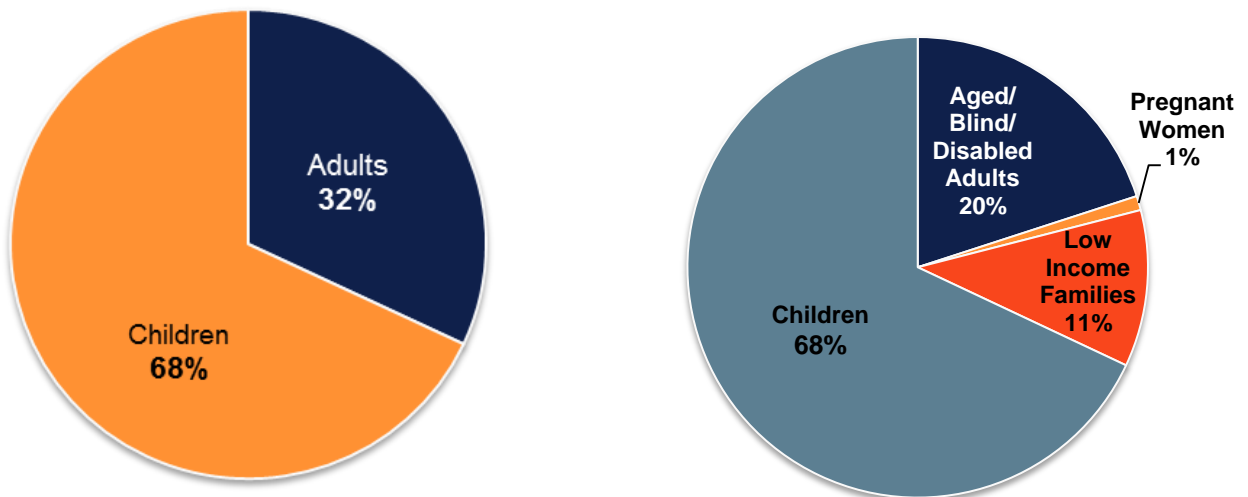
MEDICAID RECIPIENT CHARACTERISTICS AND ACCESS

PROGRAM OVERVIEW

South Dakota's Medicaid program plays a vital role in the health care of many individuals. The Medicaid program is much more than a vehicle for financing acute care in hospitals or care provided by physicians, dentists, optometrists and other medical providers.

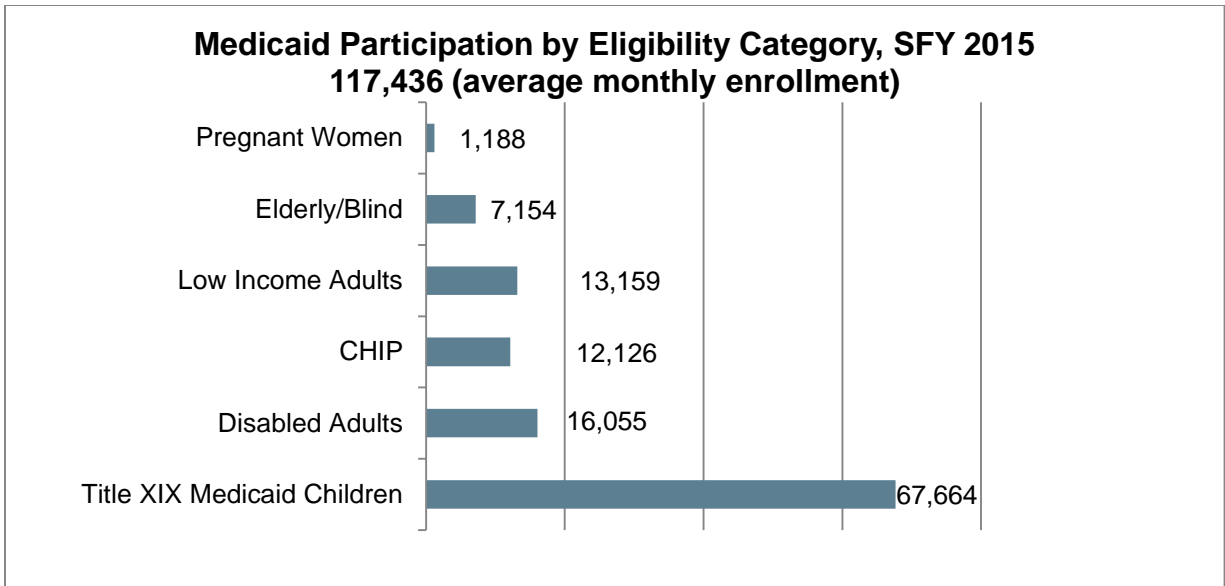
Currently, Medicaid provides health care coverage to about 14% of all South Dakotans. About 118,000 individuals are covered by South Dakota Medicaid during an average month. Children make up the largest group of individuals receiving coverage. Half of all children born in South Dakota will receive Medicaid or CHIP coverage in their first year of life. Across South Dakota, one third of children under age 19 receive coverage from South Dakota Medicaid annually. American Indians account for 35.5% of Medicaid eligibles.

Population Characteristics (SFY15: 117,346 Average Monthly Enrollments)

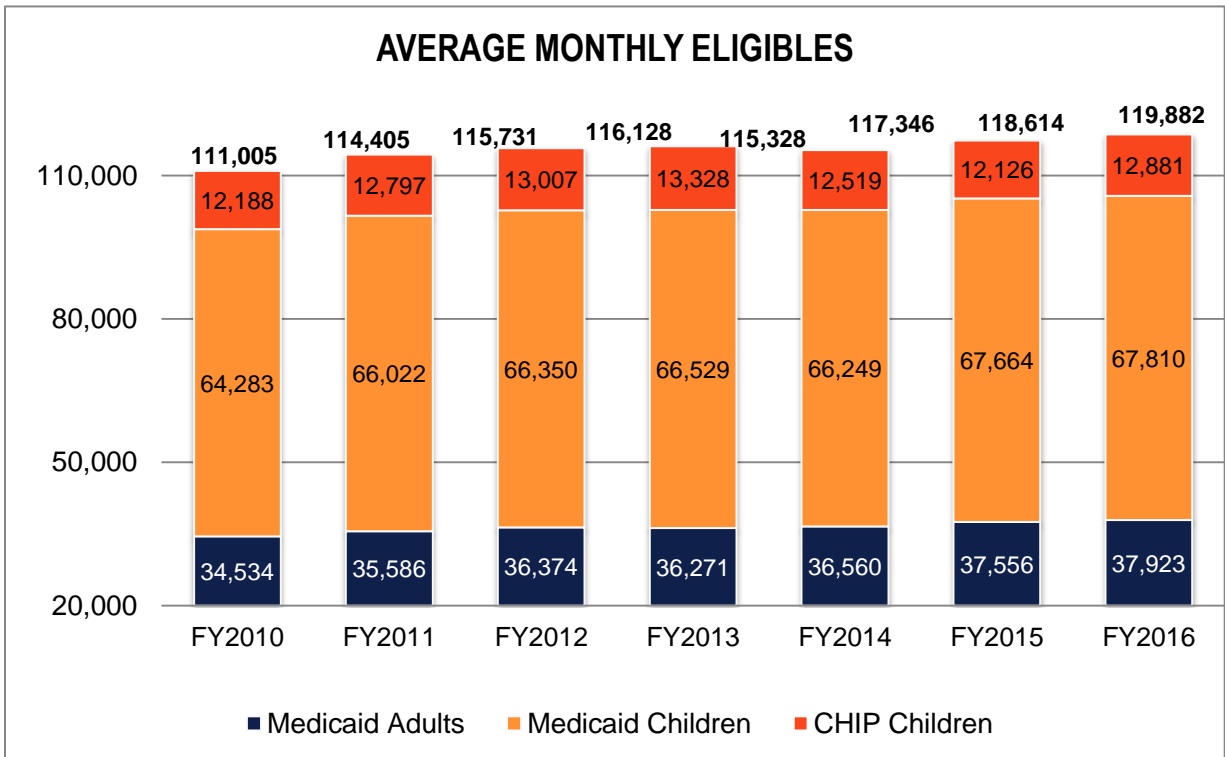


Eligibility depends on several factors including age, financial criteria, citizenship status and residency. Traditional Medicaid recipients may be low-income children, people with disabilities, low income older adults, and very low-income parents of children. Income and resource limits vary by coverage group: South Dakota covers:

- Children up to 209% of the FPL (\$50,683 annually for a family of four);
- Pregnant women up to 138% FPL (\$33,465 annually for a family of four);
- Parents of children up to 53% of the FPL (\$10,670 annually for a family of four); and
- Elderly and disabled adults.



Medicaid is naturally counter-cyclical, when the economy weakens, revenues decline, and the number of Medicaid Eligible increases. National experts indicate that every 1% increase in unemployment results in an increase of 1 million Medicaid and CHIP Eligible nationwide. Enrollment data is collected and monitored closely each month to inform access to services.

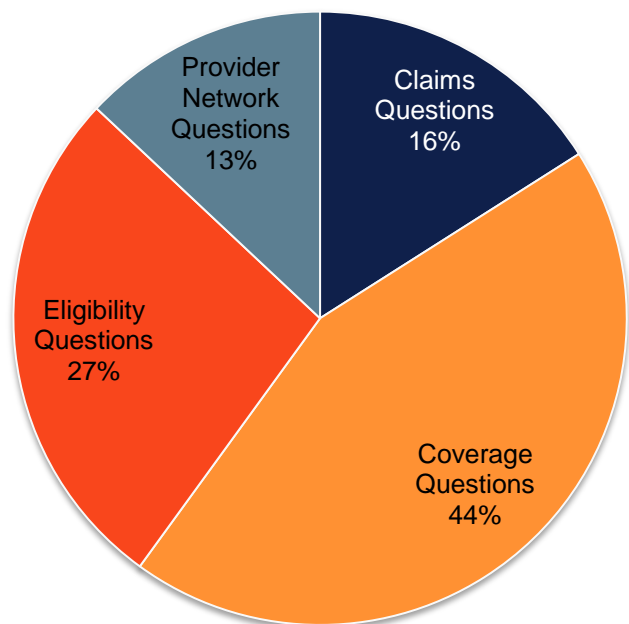


RECIPIENT FEEDBACK REGARDING ACCESS

The Department of Social Services has a constituent liaison dedicated to providing information to the public about services offered by DSS. The constituent liaison receives and investigates complaints and ensures that they are responded to in a comprehensive and timely manner. Each recipient receives contact information for the constituent liaison when they become eligible for Medicaid, including a toll-free number to call with questions and concerns. Information about contacting the constituent liaison is also located in the Medicaid Recipient Handbook and posted on the DSS website. The call center operates daily from 8am – 5pm and utilizes a messaging service after hours. Calls to the constituent liaison are logged detailing the issues raised and the resolution. The majority of calls are questions regarding coverage of services, like pharmacy, dental, vision, and other services.

As the graph below shows about 12,000 calls are received yearly from Medicaid recipients. On average, 44% of calls are related to coverage questions regarding prescriptions, dental, and vision services. 43% of the calls are questions regarding customer claims, eligibility, and access. A very small number of the calls, roughly 13% (Provider Network Questions), are related to provider network questions. Of those calls, the majority are recipients looking for a list of providers or for information about who they can see in their area.

2015 MEDICAID RECIPIENT CALLS

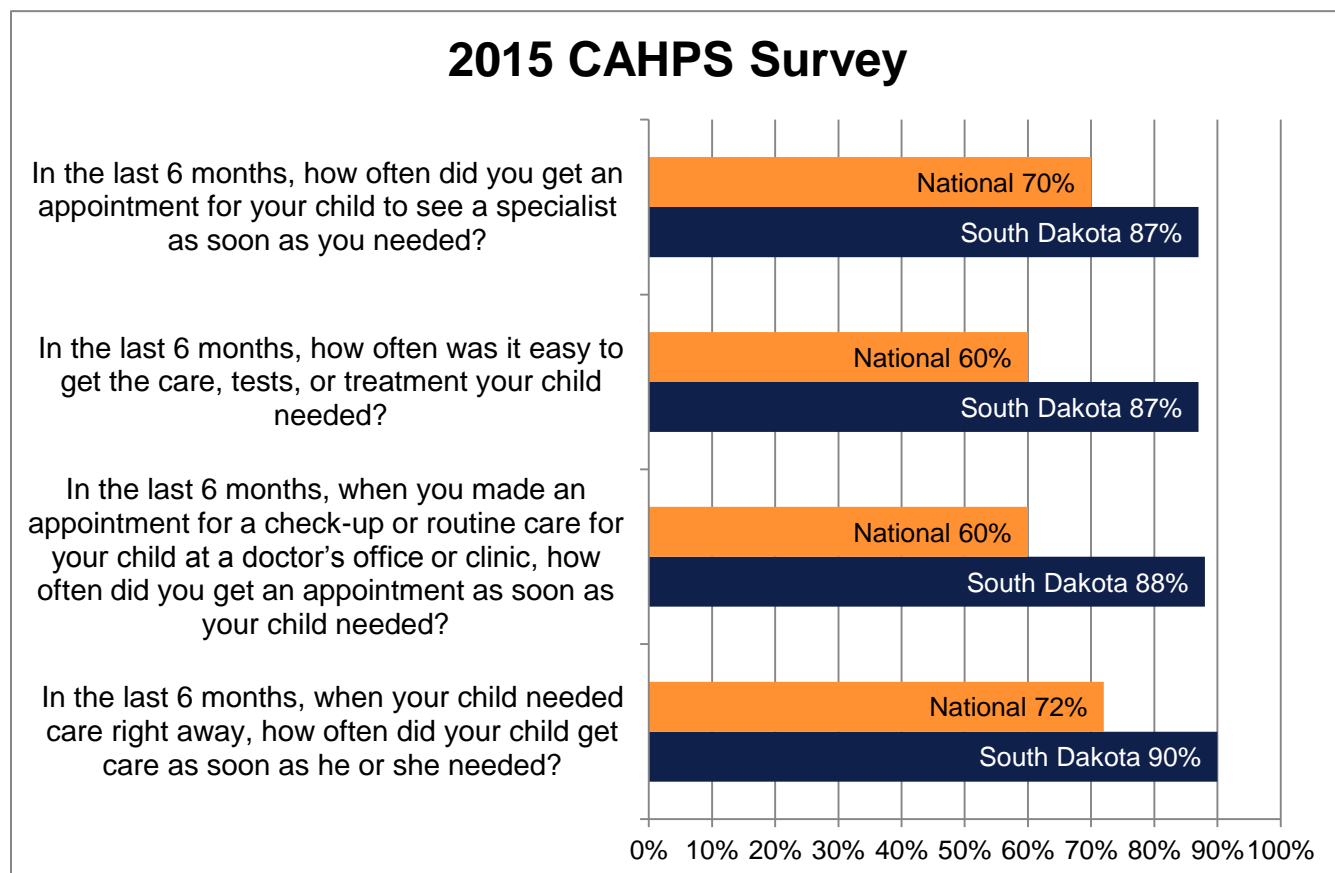


Total Calls	12,027
Coverage Questions	5,307
Claims Questions	1,952
Eligibility Questions	3,255
Provider Network Questions	1,513

RECIPIENT SURVEYS

South Dakota collects and analyzes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. The data is an indicator for whether or not recipients are able to access medical services when they are needed.

South Dakota’s data shows recipients were able to access needed care in a timely manner and that those recipients were highly satisfied with their child’s personal doctor at a rate that exceeded the national averages. As shown in the graphs above and below for the call center and CAHPS surveys, South Dakota’s Medicaid recipients are able to access care when and where they need it.

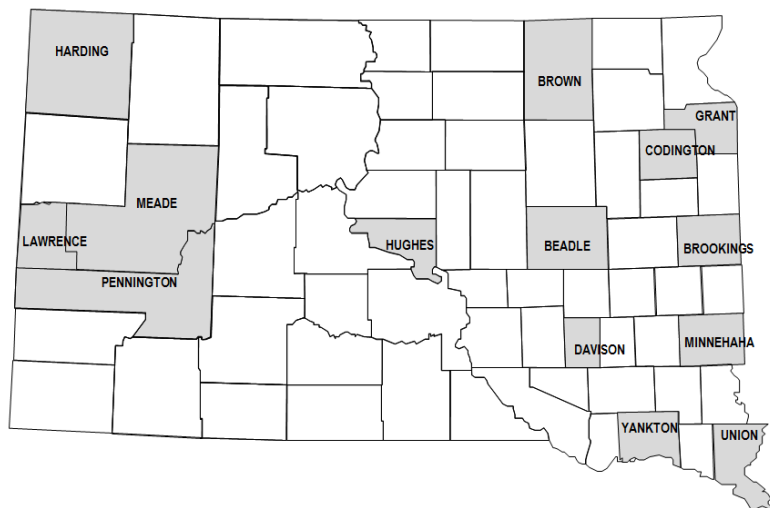


PROVIDER AND RECIPIENT IN MEDICAID EFFICIENCY PROGRAM (PRIME)

South Dakota has a primary care case management program (PCCM), which consists of Primary Care Providers who render primary care and are responsible for managing the enrollees' health care in preauthorizing, locating, coordinating and referring visits to other Medicaid providers. Approximately 80% of South Dakota Medicaid consumers, including children, low-income families, pregnant women, and disabled recipients over age 19 are required to enroll in the program and choose one primary care provider (PCP).

Participating primary care physicians (PCPs) are responsible for directing designated services, providing referrals for specified non-emergent specialty and hospital services, and for guaranteeing 24 hours a day, 7 days a week access to medical care. The PCPs are reimbursed under the usual fee-for-service system. In addition, PCPs receive a monthly case management fee of \$3.00 per member per month. This program is designed to improve access, availability,

and continuation of care while reducing inappropriate utilization, over-utilization, and duplication of Medicaid covered services while operating a cost-effective program. Participating providers can choose between two different statuses when taking on new recipients: Open with no restrictions, or restricted which requires the recipient to obtain prior written authorization before being added to their caseload. The map below shows counties with providers that have a restricted caseload.



Recipients who are required to be in the program are sent a letter asking them to pick a PCP from a list of participating providers. If the recipient does not select a provider within the allotted 10 day time period, the PCCM program staff chooses a PCP for the recipient. The recipient has the option to change their provider at any time. South Dakota Medicaid staff assist recipients in selecting or finding a PCP as needed.

HEALTH HOMES PROGRAM

To improve patient outcomes and experiences, the Department implemented the Health Home program in July 2013. It delivers customized and enhanced health care services to meet the specific needs of Medicaid recipients with chronic medical or behavioral health conditions.

More specifically, the initiative provides six core services:

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Patient and Family Support
- Referral to community and support services

By utilizing these core services, the Health Home initiative aims to reduce inpatient hospitalization and emergency room visits, increase the integration between physical and behavioral health services, and enhance transitional care between institutions and the community.

Health Home services are available through more than 100 primary care clinics including 11 Indian Health Service facilities and 23 Federally Qualified Health Care Centers. There are also

11 Community Mental Health Centers that are also participating. In total, there are 555 Health Home providers serving over 100 locations.

TELEHEALTH

Telehealth is one of South Dakota's strengths; a strong telehealth presence already exists as a way for individuals in rural areas to access high quality health care in South Dakota. Several platforms for telehealth exist in South Dakota and each offers a unique way to connect individuals in remote locations to high quality health care. South Dakota Medicaid is working with Indian Health Service (IHS) in South Dakota to expand access to telehealth services at IHS facilities to support specialty and primary physician care and emergency department care through partnerships with non-IHS providers.

PROVIDER PARTICIPATION

PROVIDER PARTICIPATION RATES

Eligible providers render covered services under their scope of licensure/certification and Administrative Rule of South Dakota. Services must be medically necessary and physician directed; examples of individual practitioners eligible to enroll include physicians, dentists, psychologists, and optometrists. Similarly, the following examples of facilities may also be eligible: hospitals, nursing homes, assisted living facilities, community mental health centers, clinics, and federally qualified health centers (FQHCs).

South Dakota Medicaid has high rates of provider participation. High rates of provider participation support access to needed healthcare services. In State Fiscal Year 2015, South Dakota Medicaid had participation from approximately:

- 100% of all acute care hospitals
- 100% of all Federally Qualified Health Centers/Rural Health Clinics
- 100% of all pharmacies
- 99% of all nursing homes
- 100% of all community mental health centers
- 95% of all home health agencies
- 73% of all dentists
- 65% of all physicians⁶

South Dakota Medicaid will continue to monitor the percent of enrolled providers compared to available providers to ensure Medicaid recipients have access to a high number of Medicaid providers. While South Dakota Medicaid is able to measure the percent of participating providers to evaluate and monitor access, data is limited relative to the payer mix for participating providers and the percentage of Medicaid patients in a provider's caseload. South Dakota will be conducting surveys of targeted provider groups in the future to determine payer mix for some provider groups.

⁶ South Dakota Medicaid used enrolled provider data to compare to licensed provider data from the South Dakota Board of Medical and Osteopathic Examiners; data was required to be matched on self-supplied NPI numbers to the Board; not all licensure records have an NPI to match against Medicaid enrollment records. Additionally, note that licensed provider data includes providers who may be licensed but not actively practicing or who are not located in South Dakota, but may be licensed in South Dakota for other purposes. South Dakota believes this makes this number appear lower than actual practicing physician participation in Medicaid.

MEDICAID REIMBURSEMENT

Majority of Expenses by Provider Type, SFY 2015

Provider	SFY 2015 Expense (Millions)	% of Total
Hospital	\$191.3	23.9%
Nursing Homes/Assisted Living Providers/Hospice	\$150.5	18.8%
Community Support Providers	\$120.1	15.0%
Physicians, Independent Practitioners and Clinics	\$103.9	13.0%
Indian Health Services	\$70.3	8.8%
Pharmacies	\$35.1	4.4%
South Dakota Developmental Center and Human Services Center	\$35.3	4.4%
Substance Abuse, Mental Health and Other Community Support Providers	\$23.3	2.9%
Psychiatric Residential Youth Care Providers	\$28.9	3.6%
Dentists	\$20.9	2.6%
Durable Medical Equipment Providers	\$10.4	1.3%
In-Home Service Providers for the Elderly and Skilled Home Health	\$ 10.3	1.3%
Total for Majority of Expenses	\$800.3	

RATE SETTING

The Department of Social Services is also responsible for setting payment rates for a large number of Medicaid providers, including hospitals, outpatient facilities, nursing homes, federally-qualified health clinics, and behavioral health providers, among many others.

Rates are set utilizing two primary sources; Medicare or other commercial health plans and cost reports submitted by providers.

Categories of providers where fee for service rates are set based on other payers (private pay/Medicare/other) fee schedules include:

- Clinics/Independent Practitioners
- Physicians, CNP/PA - fee schedule for most services
- Optometrists, Chiropractors, Dentists
- Durable Medical Equipment and Ambulance Services
- Pharmacies
- Hospitals

Medicare and commercial fee schedules are evaluated to establish reimbursement rates for similar services paid for through Medicaid. Where applicable, Upper Payment Limit calculations are completed as required through federal regulations.

Categories of providers where rates are set utilizing cost report information submitted by the providers include:

- Nursing Homes
- Community Based Providers
- Assisted Living
- Behavioral Health
- Home and Community Based Waiver Services (HCBS)

Providers submit cost reports to the State that represent the actual cost of providing services. Allowable costs reported are utilized to develop rates based on the methodology outlined and approved in the South Dakota Medicaid State Plan.

SOUTH DAKOTA MEDICAID RATE COMPARISON

The table below compares South Dakota Medicaid reimbursement to Medicare and other Health Plan reimbursement for the following services; Primary Care, Physician Specialist, Behavioral Health, Home Health, Dental, and FQHC's. South Dakota's Upper Payment Limit (UPL) calculation is about 63%, but on a rate-to-rate comparison, South Dakota's reimbursement ranges from 75% up to 95% of Medicare as shown in the table below.

REIMBURSEMENT COMPARISON	
Service	% Comparison
Primary Care	76% of Medicare ⁷
Physician Specialist Services including Obstetric Services	75.8% of Medicare
Behavioral Health Services ⁸	78% of Medicare
Home Health Services (HCBS in home & State Plan services)	98.9% of Fees charged by SD Providers ⁹
Dental Services	69% Fees charged by SD Dentists ¹⁰
FQHC	95% of Medicare

PROVIDER ENGAGEMENT AND TRANSPARENCY

Rate methodologies are developed in collaboration with providers and associations with representation from provider groups including the Assisted Living Association of South Dakota, the South Dakota Association of Healthcare Organizations, the South Dakota Dental Association, and the South Dakota Health Care Association and other targeted workgroups as applicable. These broad stakeholder groups are utilized to ensure collaboration, feedback, and transparency into the rate setting process. Workgroup members provide specific input into the

⁷ Centers for Medicare and Medicaid Services, Medicare Physician Fee Schedule: <https://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

⁸ Note: These figures compare the [South Dakota Medicaid Independent Mental Health Practitioner Fee Schedule](#) to [Medicare Reimbursement Rates](#).

⁹ 2016 Genworth Annual Cost of Care Study

¹⁰ American Dental Association, Health Policy Institute, 2013 Survey of Dental Fees. Copyright © 2014 American Dental Association

rate setting methodology and make recommendations. The Medicaid Advisory Committee is also consulted on substantive rate methodology changes.

The payment methodologies for services covered through the South Dakota Medicaid State Plan published on-line at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Changes to the payment methodologies in the South Dakota Medicaid State Plan are published for public notice in accordance with the requirements of 42 CFR 447.205 and are also distributed for tribal consultation.

Rate methodology changes and annual inflationary increases are also discussed during South Dakota's annual legislative session. Rate methodology information is also outlined in Administrative Rules of South Dakota (ARSD) and any changes require public notice, comment, and hearing. Interested parties including providers, provider representatives, advocacy groups, and consumers attend and testify in support of or opposition of the proposed changes.

Rate methodology changes and any appropriated annual rate increases require updates to the Medicaid State Plan. Those changes require also require public input, comment, and formal Tribal Consultation. Changes to the payment methodologies in the South Dakota Medicaid State Plan are published for public notice in accordance with the requirements of 42 CFR 447.205 and are also distributed for tribal consultation. DSS publishes all State Plan Amendments on its website and through the Legislative Research Council Register.

Actual rates are also published on-line on the Department of Social Services website at: <http://dss.sd.gov/medicaid/providers/feeschedules/>.

South Dakota Medicaid utilizes a variety of methods to communicate program changes and gather stakeholder feedback. Several advisory groups including the Department of Social Services Advisory Board, Medicaid Advisory Committee, Medicaid Tribal Consultation, and numerous Provider Workgroups and Task Forces provide a forum for stakeholder input.

SUMMARY OF FINDINGS

South Dakota concludes that South Dakota Medicaid recipients have adequate access to health care that is similar to the general population in South Dakota for primary care, physician specialist, maternity, behavioral health, home health and dental services.

Recipient data from South Dakota's annual CAHPS survey show that South Dakota Medicaid recipients have access to care when and where they need it and that access in South Dakota exceeds national averages for access to care. South Dakota's recipient call center information shows that few South Dakota Medicaid recipients have trouble finding a provider.

High rates of provider participation in South Dakota support robust access to care for Medicaid recipients. South Dakota Medicaid engages multiple provider groups and associations in an open and transparent process to provide specific input into the rate setting methodology and make recommendations.

PUBLIC COMMENTS

2016 PUBLIC NOTICE PERIOD

South Dakota's Access Monitoring Review Plan was available for public comment for 52 days from September 6, 2016 to October 28, 2016.

South Dakota provided three ways to make a comment:

1. **Email:** DSS.MEDICAID@state.sd.us
2. **Mail:** South Dakota Medicaid
ATTN: Access Monitoring Review Plan
700 Governors Drive
Pierre, SD 57501
3. **Phone:** 605.773.3495

TRIBAL CONSULTATION

South Dakota Medicaid distributed the draft access plan to all of South Dakota's nine tribes via e-mail on September 6, 2016. The e-mail contained a description of the access plan and how it affects Medicaid recipients, a link to the access plan and how to make a comment on the plan.

South Dakota Medicaid provided a presentation of the draft access plan in advance of the Public Notice period at the July 14, 2016 Medicaid Tribal Consultation Meeting and discussed the access plan at the October 14, 2016 Medicaid Tribal Consultation meeting. South Dakota Medicaid meets with members of South Dakota's nine tribes each quarter. South Dakota Medicaid also discussed the development of the access plan at the April 2016 meeting. Tribal consultation was favorable relative to the plan.

MEDICAID ADVISORY COMMITTEE

South Dakota Medicaid met with the Medicaid Advisory Committee about the plan on multiple occasions. South Dakota Medicaid discussed the formation of the plan with the Medicaid Advisory Committee at the April 2016 meeting. South Dakota Medicaid met with the Medicaid Advisory Committee via teleconference in August 2016 to present an outline of the access plan and gather input on the outline of the plan from Medicaid Advisory Committee members. South Dakota Medicaid held an open telephone meeting with the Medicaid Advisory Committee in September to review the access plan and gather input and feedback regarding the plan. Feedback from the Medicaid Advisory Committee was favorable.

OTHER PROVIDER, STAKEHOLDER, AND PUBLIC NOTIFICATION

South Dakota made the draft access plan available on the Department of Social Services' website on September 6, 2016. The draft access plan was posted online: <http://dss.sd.gov/keyresources/news/reports/default.aspx> South Dakota made written copies of the access plan available to individuals who contacted South Dakota Medicaid for assistance. South Dakota engaged providers, stakeholders, individuals, and the public during the Public Notice Period. South Dakota outreached the South Dakota Medical Association, the South

Dakota Association of Healthcare Organizations, the South Dakota Dental Association, and the South Dakota Council of Mental Health Centers during the public comment period. Notice was published in the South Dakota Association of Healthcare Organizations newsletter on October 5, 2016. South Dakota Medicaid presented the Access Plan to the South Dakota Council of Mental Health Centers on October 13, 2016. Feedback was positive. South Dakota Medicaid also presented the Access Plan to the South Dakota Association of Healthcare Organizations, who represents hospitals, home health agencies, and other providers on October 24, 2016.

South Dakota published notice of the access plan and comment period in the South Dakota Legislative Research Council *Register*. Notice was published on September 6, 2016 and is available online: <http://www.sdlegislature.gov/docs/rules/Register/09062016.pdf>

PUBLIC COMMENTS

South Dakota responded to comments received during the formal public notice period. Comments are summarized by subject area; similar comments are summarized together. Commenters requested additional clarification to some areas of the plan but did not request substantive changes.

PRIME AND HEALTH HOMES PROGRAMS

One stakeholder asked for additional information about how recipients may choose a provider who has a restricted caseload.

South Dakota explained the typical process for requesting permission to be added to a provider with a restricted caseload. Recipients are able to contact the provider and request that the provider indicate to South Dakota Medicaid that the provider has accepted the individual onto their caseload.

One stakeholder commented that South Dakota Medicaid recipients may benefit from a similar program for dental care and that individuals without a dental home may be limited in their ability to obtain an appointment and may have to travel for care.

South Dakota indicated that dental care is currently exempt from referral requirements for the PCP program, but that South Dakota Medicaid encourages individuals to establish a dental home. South Dakota currently operates a toll-free phone line for Medicaid recipients who need assistance finding a dental provider through South Dakota's dental vendor. The dental vendor is generally able to place individuals in need of care with a dentist within 1 business day. The dental phone line is available at 1.800.627.3961. Recipients are also eligible for non-emergency medical transportation (NEMT) to access needed care outside of the recipient's hometown.

One stakeholder commented that the Health Homes program is doing great things for the health and well-being of Medicaid recipients.

South Dakota agrees and will continue to assess opportunities to increase the number of health homes throughout South Dakota.

TELEHEALTH

One stakeholder commented on how telehealth is a positive for South Dakota and the telehealth resources in South Dakota are a great asset for recipients.

South Dakota agrees that Telehealth is one of South Dakota's strengths and will continue to assess opportunities to use telehealth to increase access to care.

PROVIDER PARTICIPATION

One stakeholder commented that the rate of participating dentists is likely trended downward due to the number of dentists licensed in South Dakota but not in active practice. The stakeholder commented that the rate of active dentists participating in Medicaid is likely higher than indicated in the plan, similar to the footnote regarding physician participation.

South Dakota agrees that a direct comparison of enrolled providers to state licensure data does not accurately capture the rate of enrolled providers to providers actively practicing and routinely seeing South Dakota patients.

PROVIDER RATE COMPARISON

Several stakeholders requested additional information about the comparison of rates from Private Health Plans to South Dakota Medicaid's rates for dental services. One commenter asked how dental services provided by FQHCs are reimbursed. Two commenters requested clarification be inserted into the plan regarding the source used for the dental rate comparison.

South Dakota provided information about the analysis used in the comparison. As a result of the comment, South Dakota added additional clarification to the section on provider rate comparisons to cite sources for the comparison. South Dakota indicated that the FQHC reimbursement for dental services was not part of the rate comparison since the payment methodology differs greatly from the fee for service methodology used for other providers.

One stakeholder requested information about Medicare rates in relation to private health plans.

South Dakota indicated that comparison data between private health plans and Medicare was not available.