

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

May 31, 2012

Kim Malsam-Rysdon, Secretary
Department of Social Services
Richard F. Kneip Building
700 Governors Drive
Pierre, SD 57501-2291

RE: South Dakota #12-001

Dear Ms. Malsam-Rysdon:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-001. This State Plan Amendment is submitted as required by Section 6401 (a) of the Affordable Care Act to establish procedures under which screening is conducted with respect to providers of medical or other items or services or supplier under Medicare, Medicaid and CHIP.

Please be informed that this State Plan Amendment was approved on May 30, 2012 with an effective date of April 1, 2012. We will be sending the CMS-179 and the amended plan page(s) in a separate e-mail.

If you have any questions concerning this amendment, please contact Betty Strecker at (303) 844-7028.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC: Brenda Tidball-Zeltinger
Mark Zickrick

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 12-1	2. STATE: South Dakota
	3. PROGRAM IDENTIFICATION: TITLE NINE OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2012	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(77), 1902(a)(39), and 1902(kk) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2012: \$0 b. FFY 2013: \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 79ad and 79ae	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

This State Plan Amendment assures that South Dakota complies with the provider enrollment, verification, and screening requirements of the Affordable Care Act.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
13. TYPED NAME: BRENDA TIDBALL-ZELTINGER	
14. TITLE: Chief Financial Officer	
15. DATE SUBMITTED: 3/30/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/30/12	18. DATE APPROVED: 5/30/12
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/12	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Richard C. Allen	22. TITLE: ARA, DMCHO

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

<u>Citation</u>	<u>4.46 Provider Screening and Enrollment</u>
1902(a)(77) 1902(a)(39) of of the Act adds 1902(kk); P.L. 111-148 and P.L. 111-152	The State Medicaid agency gives the following assurances:
42 CFR 455 Subpart E	<p>Provider Screening</p> <p><u>X</u> Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act. (The State will implement this provision by April 1, 2013.)</p>
42 CFR 455.410	<p>Enrollment and Screening of Providers</p> <p><u>X</u> Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq. (The State will implement this provision by April 1, 2013.)</p> <p><u>X</u> Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as participating providers. (The State will implement this provision by April 1, 2013.)</p>
42 CFR 455.412	<p>Verification of Provider Licenses</p> <p><u>X</u> Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers' licenses have not expired or have no current limitations at the time of enrollment or recertification. (The State will implement this provision by April 1, 2013.)</p>
42 CFR 455.414	<p>Revalidation of Enrollment</p> <p><u>X</u> Assures that providers will be revalidated regardless of provider type at least every 5 years. (The State will implement this provision by April 1, 2013.)</p>
42 CFR 455.416	<p>Termination or Denial of Enrollment</p> <p><u>X</u> Assures that the State Medicaid agency will comply with 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment. (The State will implement this provision by April 1, 2013.)</p>
42 CFR 455.420	<p>Reactivation of Provider Enrollment</p> <p><u>X</u> Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460. (The State will implement this provision by April 1, 2013.)</p>
42 CFR 455.422	<p>Appeal Rights</p> <p><u>X</u> Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation. (The State will implement this provision by April 1, 2013.)</p>

TN No. 12-1
Supersedes
TN No. NEW

Approval Date 5/30/12

Effective Date 4/01/12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: SOUTH DAKOTA

- 42 CFR 455.432 Site Visits
X Assures that pre-enrollment and post enrollment site visits of providers who are in "moderate" or "high risk" categories will occur. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.434 Criminal Background Checks
X Assures that providers as a condition of enrollment will be required to consent to criminal background checks including fingerprints if required to do so under State law or by the level of screening based on risk of fraud, waste or abuse for that category of provider. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.436 Federal Database Checks
X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.440 National Provider Identifier
X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.450 Screening Levels for Medicaid Providers
X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider. (The State will implement this provision by April 1, 2013.)
- 42 CFR 455.470 Temporary Moratorium on Enrollment of New Providers or Suppliers
X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance. (The State will implement this provision by April 1, 2013.)

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