

South Dakota Managed Care Program Features, as of 2014

Features	PRIME
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	10/2/2002
Waiver expiration date (if applicable)	
If the program ended in 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits	Mandatory
Low-income adults eligible under ACA Section VIII	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	
Native American/Alaskan Natives	Mandatory
Foster Care and Adoption Assistance Children	Exempt
Enrollment choice period	N/A
Enrollment broker name (if applicable)	
Notes on enrollment choice period	
Benefits covered	
Inpatient hospital physical health	X
Inpatient hospital behavioral health (MH and/or SUD)	X
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home (SSA 1945)	
Family planning	X
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	
ICF-IDD	

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Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry
Quality assurance and improvement	
HEDIS data required?	No
CAHPS data required?	No
Accreditation required?	No
Accrediting organization	
EQRO contractor name (if applicable)	
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Multiple Primary Care Providers
Notes	
Program notes	Individuals who are using waiver services or in a long-term care facility are not required to be enrolled in the managed care program. Therefore, those services are not covered under this program. Adults who are aged, blind, or disabled are mandatorily enrolled. Beneficiaries under the age of 19 who are blind or disabled are voluntarily enrolled.