

South Dakota Managed Care Program Features, as of 2015

Features	PRIME
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	10/02/2002
Waiver expiration date (if applicable)	
If the program ended in 2015, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X

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Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: Health home (SSA 1945)	
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Home health agency services	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Podiatry
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No

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Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives? Payment bonuses/differentials to reward plans	
Performance incentives? Preferential auto- enrollment to reward plans	
Performance incentives? Public reports comparing MCO performance on key metrics	
Performance incentives? Withholds tied to performance metrics	
Performance incentives? 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	Recipients under the age of 19 who are blind or disabled are not required to be part of the managed care program.